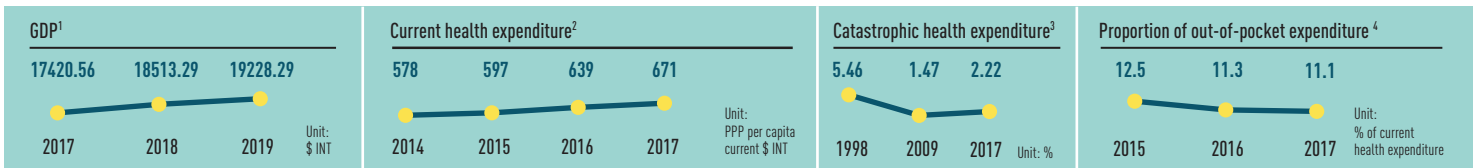


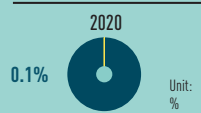
# Thailand: gender and health



## Why does gender matter for health in Thailand?

Gender is a major determinant of health for women and men in Thailand. Gender norms, roles and relations interact with biological factors, in turn influencing people's exposure to disease and risks for ill health. Therefore, it is important for health policy-makers to consider the different gender needs of all men and women. Tailoring health policies and programmes to take account of these differences and trends can improve their impact, reduce health inequities and advance the right to health for all.

### Poverty level<sup>5</sup>



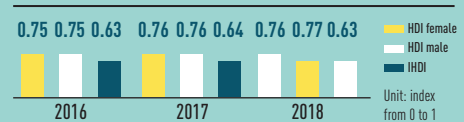
### Gini index<sup>6</sup>



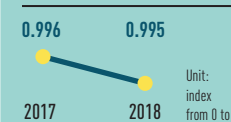
### Sex ratio at birth<sup>7</sup>



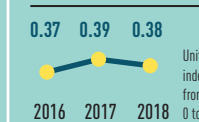
### HDI-IHDI<sup>8</sup>



### GDI<sup>9</sup>



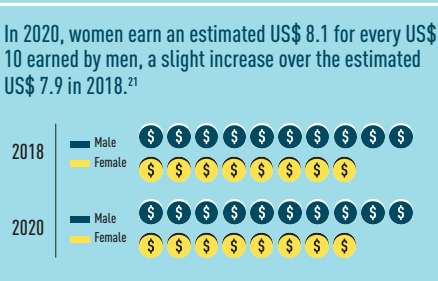
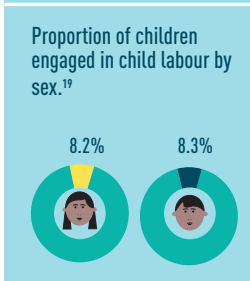
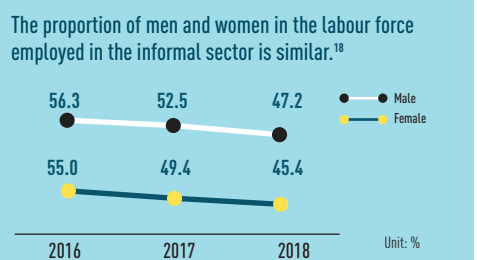
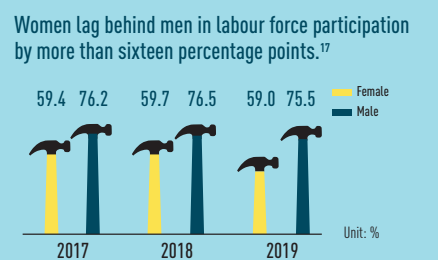
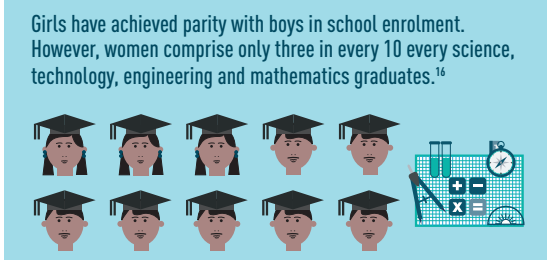
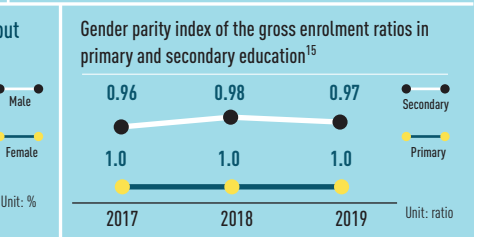
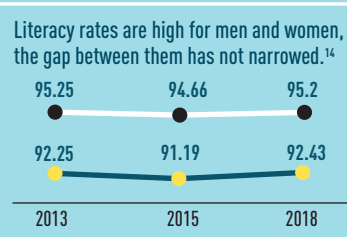
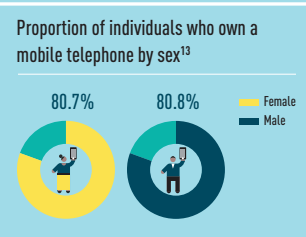
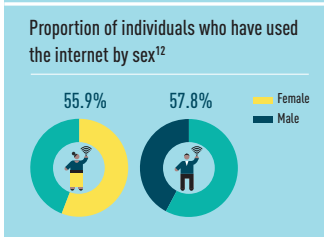
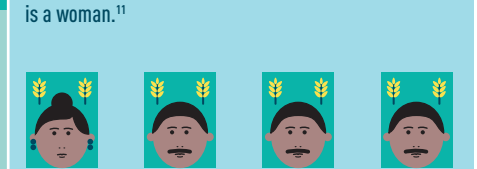
### GI<sup>10</sup>



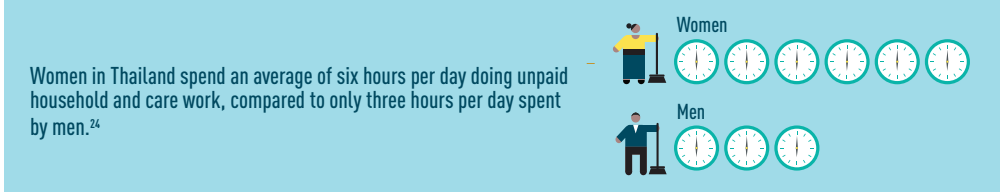
## Do men and women in Thailand have equal access to the determinants of health?

Health is significantly determined by social, economic, and environmental factors that lie beyond the health sector, such as poverty, education, employment and physical security. Gender inequality, an important determinant of health, remains a challenge in Thailand, as elsewhere. Women lag behind men in many indicators of social well-being, like literacy or tertiary education. Women's lower labour force participation rate and their higher average hours per day spent in unpaid care work also reflect gender inequality.

About one in every four agricultural holders in Thailand is a woman.<sup>11</sup>



Only 0.2 % of households in Thailand are now located more than half an hour from a water source.<sup>25</sup>



## Do men and women in Thailand have similar life expectancies?

Women have better life expectancy and healthy life expectancy at birth than men in Thailand.

Life expectancy and healthy life expectancy at birth by sex<sup>26</sup>



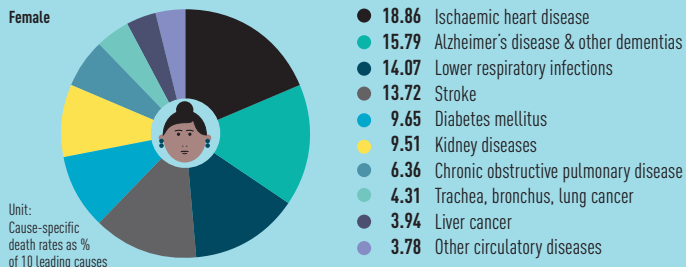
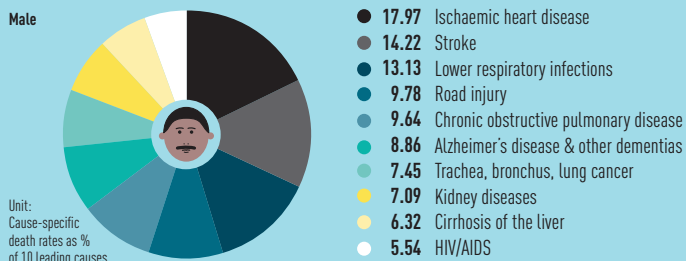
## Do gender, location of residence, education and income affect the health status of people in Thailand?

The health status of all women and men in Thailand, as elsewhere, is determined by the interaction between social (gender) and biological (sex) differences. The differences in health status between men and women go beyond sexual and reproductive health. Besides gender, factors such as location of residence (urban/rural), education and income also affect health status.

Disease burdens are different between men and women.

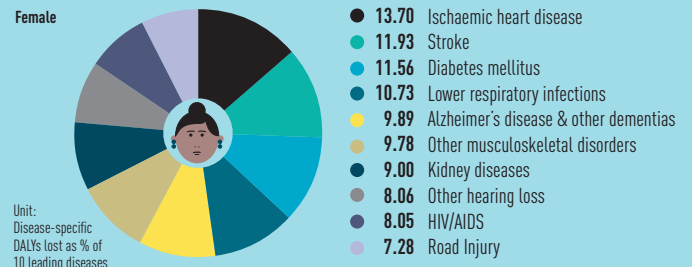
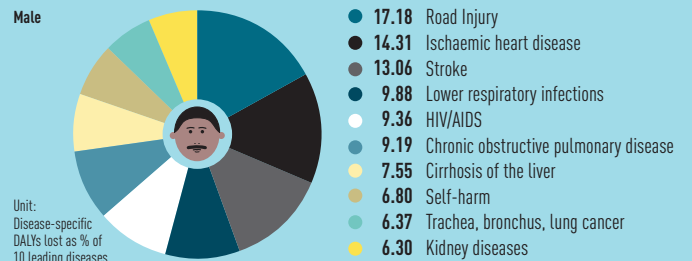
Road injuries, cirrhosis of the liver and HIV/AIDS feature in the 10 leading causes of deaths among men, but not among women. Diabetes mellitus, liver cancer and other circulatory diseases feature in the 10 leading causes of deaths among women, but not among men.

10 leading causes of death among men and women<sup>27</sup>



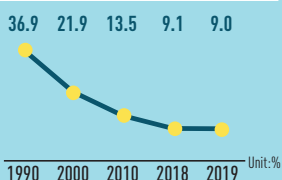
Chronic obstructive pulmonary disease, cirrhosis of the liver, self-harm and trachea, bronchus and lung cancers figure in the 10 leading causes of DALYs lost among men, but not among women. Similarly, diabetes mellitus, Alzheimer's disease, musculoskeletal disorders and hearing loss feature in the 10 leading causes of DALYs lost among women, but not among men.

10 leading causes of DALYs lost among men and women<sup>28</sup>

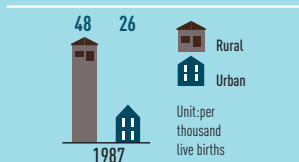


The survival and nutritional status of children under five years of age have improved steadily. However, children of mothers with lower education levels and children from lower-income or rural households tend to fare worse.

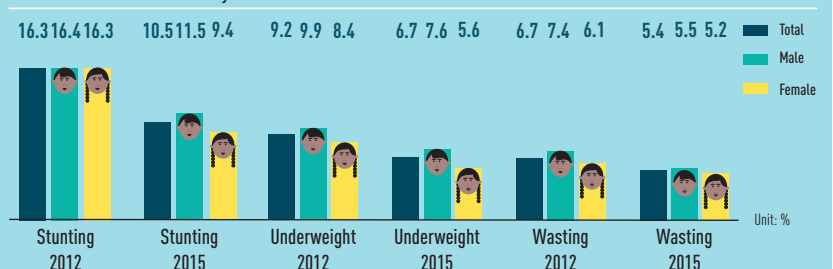
Under-five mortality rate by sex<sup>29</sup>



Under-five mortality rate by location of residence<sup>30</sup>

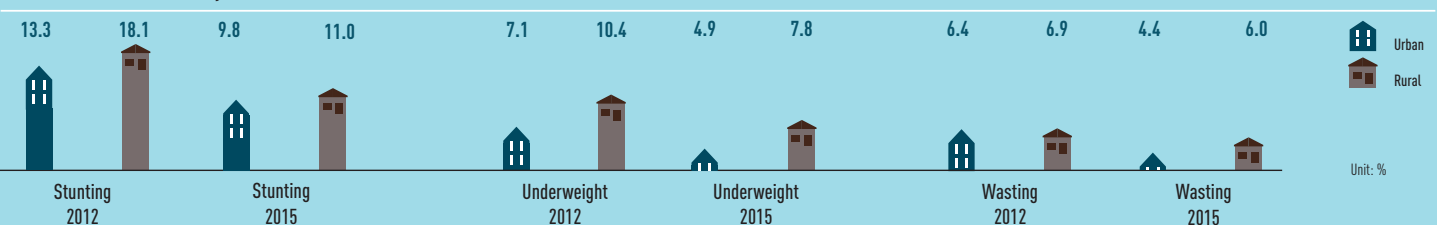


Nutritional status of children by sex<sup>31</sup>



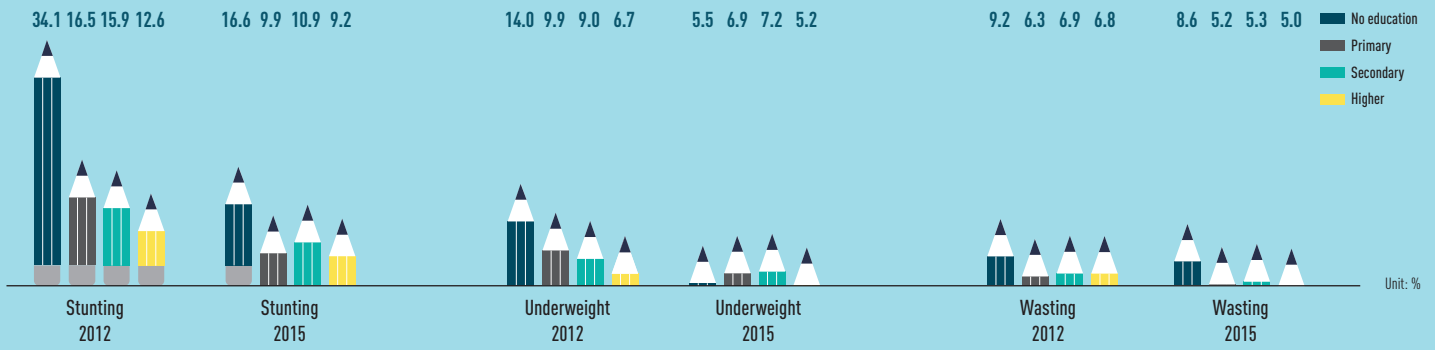
Compared to their urban counterparts, children from rural areas have a 12% higher risk of stunting, a 59% higher risk of being underweight and a 36% higher risk of wasting.

Nutritional status of children by location of residence<sup>32</sup>



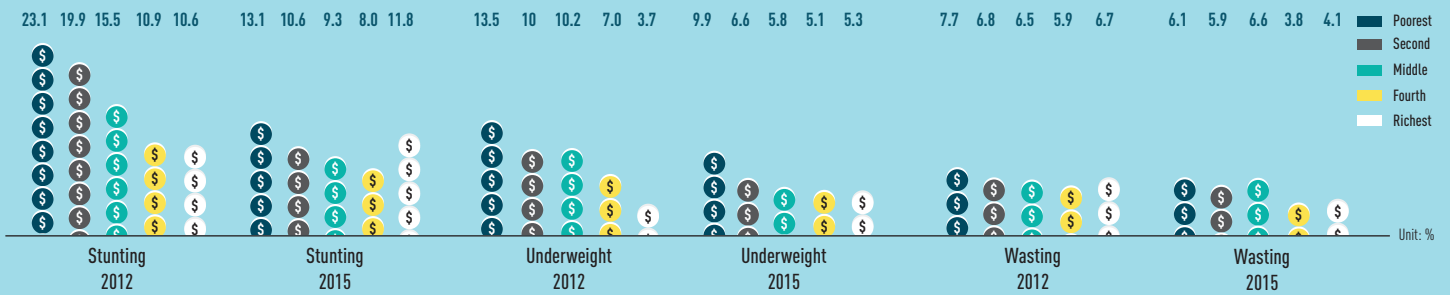
Compared to children under five of highly educated mothers, children of uneducated mothers have an 80% higher risk of stunting, a 5% higher risk of being underweight and a 72% higher risk of wasting.

Nutritional status of children by mother's education<sup>33</sup>



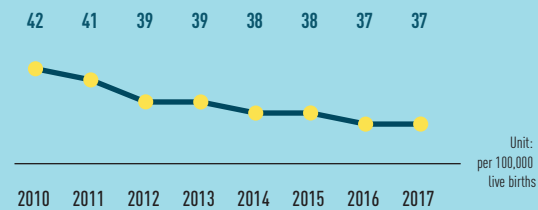
Compared to children from the richest households, those from the poorest households have an 11% higher risk of stunting, an 86% higher risk of being underweight and a 48% higher risk of wasting.

Nutritional status of children by household income quintile<sup>34</sup>

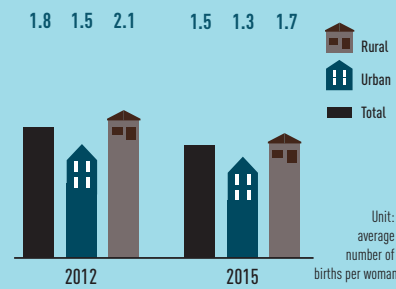


Mothers' chances of dying during and after childbirth in Thailand have reduced to about four-fifths of the level in 2010.

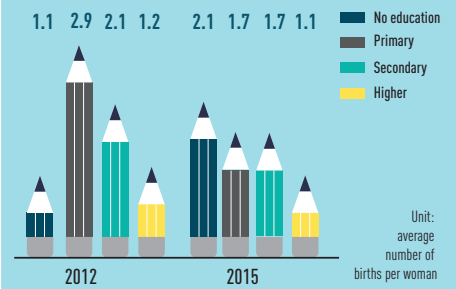
Trends in maternal mortality ratio<sup>35</sup>



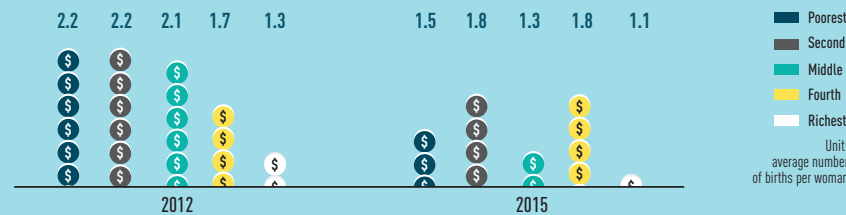
Total fertility rate by location of residence<sup>36</sup>



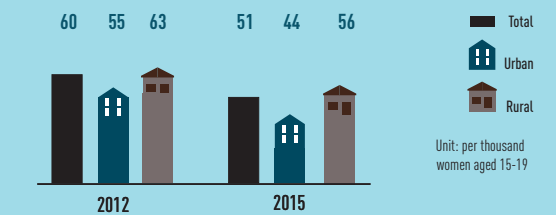
Total fertility rate by level of education<sup>37</sup>



Total fertility rate by household income quintile<sup>38</sup>

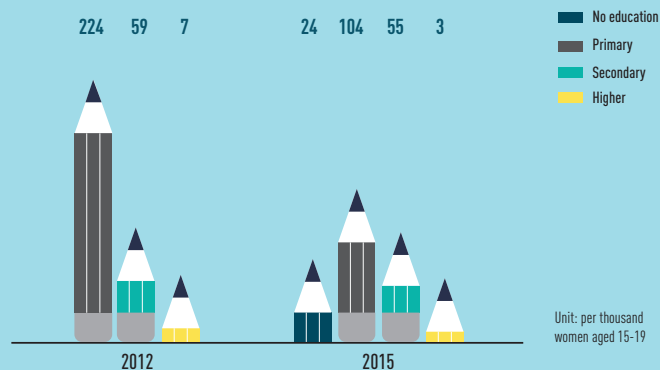


Adolescent fertility rate by location of residence<sup>39</sup>

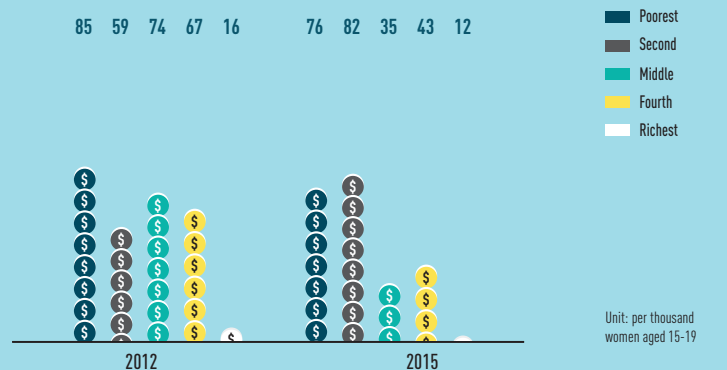


Fertility rates have declined more rapidly among adolescent women, compared to adult women, although inequities by location of residence, education and income persist.

Adolescent fertility rate by level of education<sup>40</sup>



Adolescent fertility rate by household income quintile<sup>41</sup>

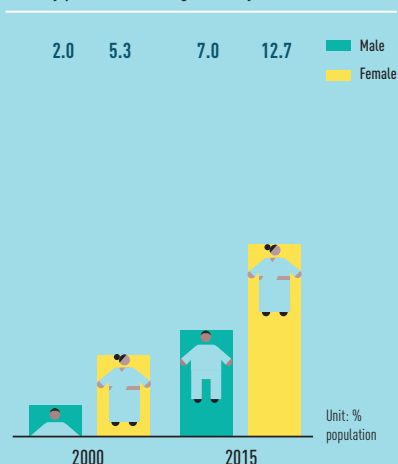


## Do gender, location of residence, education and income affect exposure to health risks and vulnerabilities in Thailand?

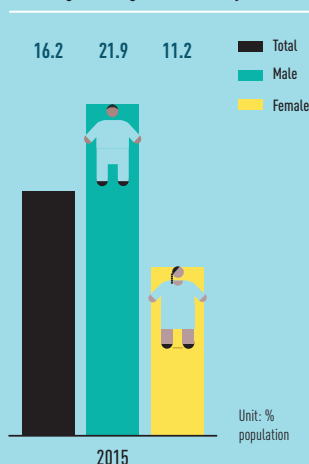
Biological and gender-related factors interact to result in differences between men and women in Thailand in their exposure to health risks and vulnerabilities. Besides gender, location of residence (urban/rural), education and income also affect exposure to health risks and vulnerabilities.

The higher prevalence of obesity among women than among men and lower prevalence of physical activity among girls than among boys represent higher exposure to risk of noncommunicable diseases.

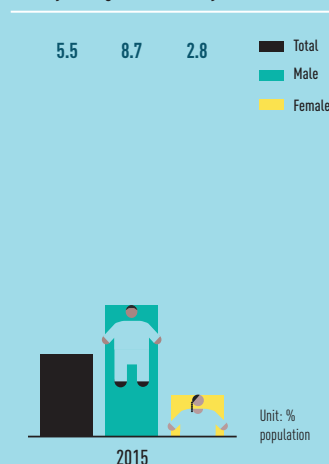
Obesity prevalence among adults by sex<sup>42</sup>



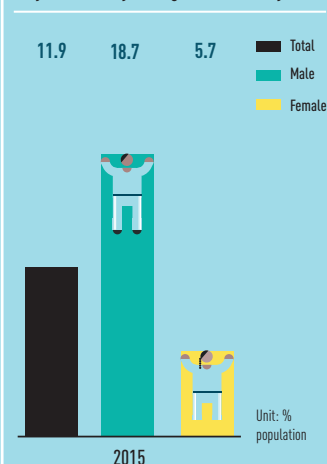
Overweight among adolescents by sex<sup>43</sup>



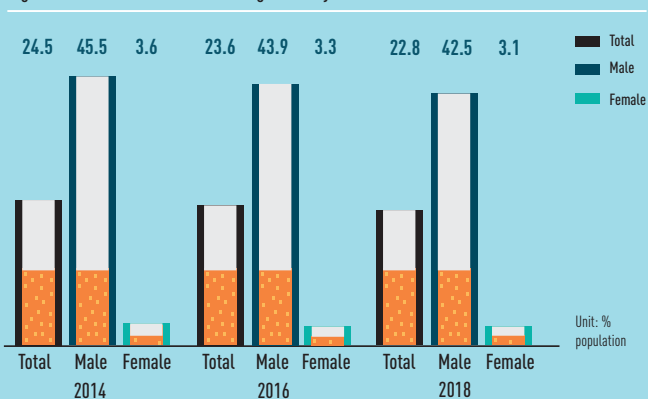
Obesity among adolescents by sex<sup>44</sup>



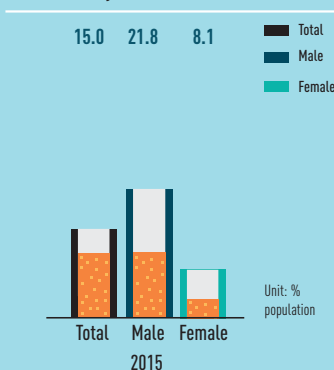
Physical activity among adolescents by sex<sup>45</sup>



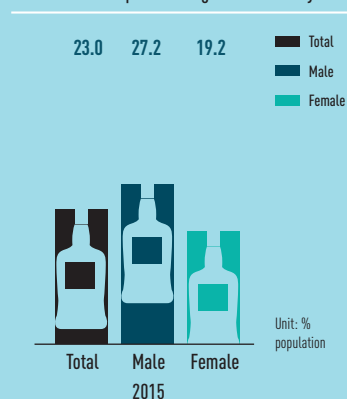
Age-standardized tobacco use among adults by sex<sup>46</sup>



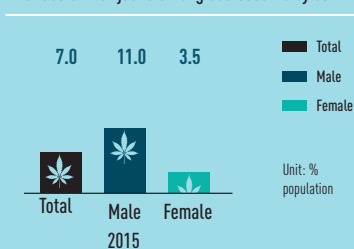
Prevalence rate of current tobacco use among adolescents by sex<sup>47</sup>



Alcohol consumption among adolescents by sex<sup>48</sup>



Ever use of marijuana among adolescents by sex<sup>49</sup>



Only about two in five adolescent girls in Thailand have comprehensive knowledge about HIV/AIDS.<sup>50</sup>



Nearly one in four women in Thailand experiences intimate partner violence.<sup>51</sup>



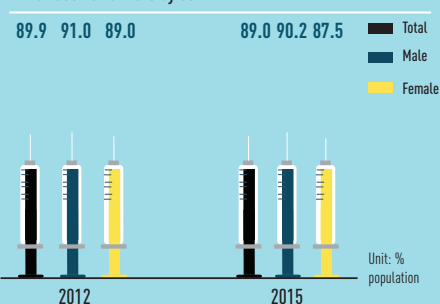
Women and girls are exposed to household smoke from unclean fuels, while performing their assigned gender role of cooking. In Thailand, less than one-fourth of the population relies on unclean fuels for cooking.<sup>52</sup>



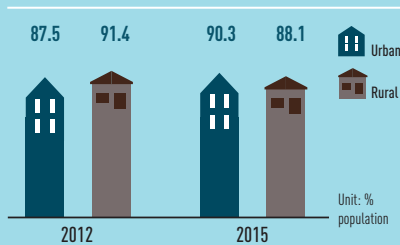
## Do gender, location of residence, education and income affect access to health services in Thailand?

Geographical, financial, socio-cultural or other barriers may compound gender-related barriers to access to services. Women in Thailand report facing gender-related barriers such as lack of availability of a woman health provider, problems in going alone to seek care, lower mobility, lack of access to household and / or public transportation or household resources such as money, and weak decision-making power.

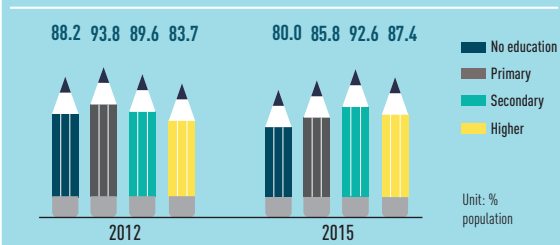
DTP3 vaccination rate by sex<sup>53</sup>



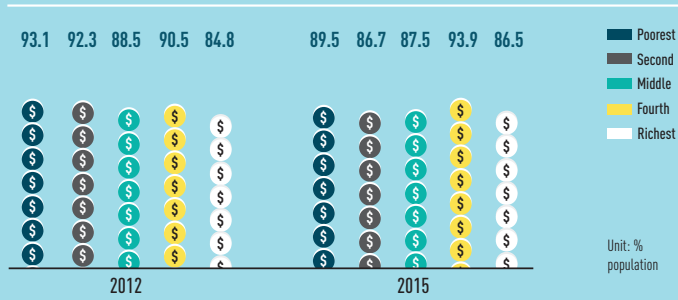
Children from urban areas have a 2% higher DTP vaccination rate than their rural counterparts. DTP3 vaccination rate by location of residence<sup>54</sup>



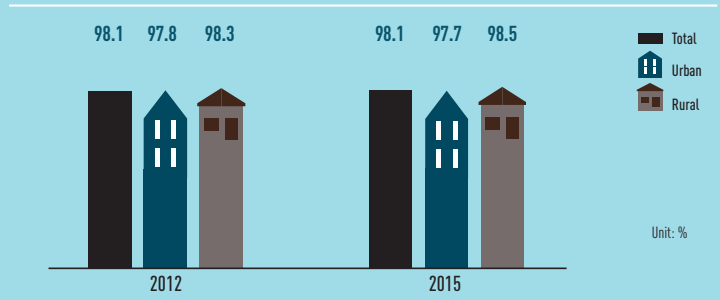
Children of mothers with the highest levels of education have a 9% higher rate of DTP vaccination than children of uneducated mothers. DTP3 vaccination rate by mother's education<sup>55</sup>



DTP3 vaccination rate by household income quintile<sup>56</sup>

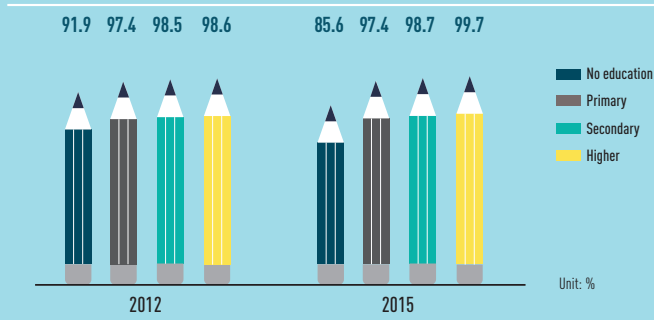


Antenatal care coverage by location of residence<sup>57</sup>

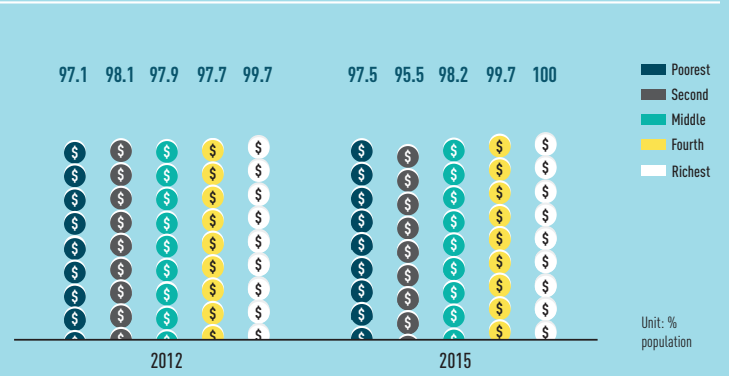


Women with the highest education levels have a 16% higher probability of receiving antenatal care than those with no education.

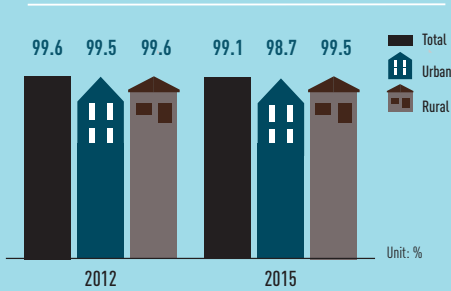
Antenatal care coverage by level of education<sup>58</sup>



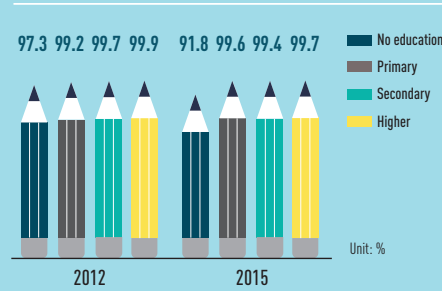
Antenatal care coverage by household income quintile<sup>59</sup>



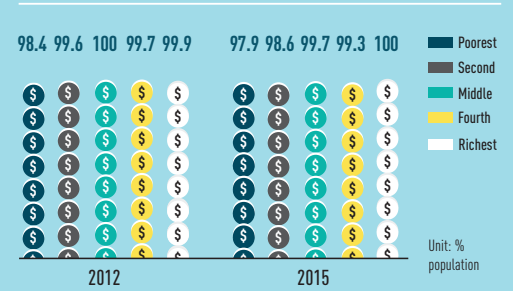
Skilled birth attendance by location of residence<sup>60</sup>



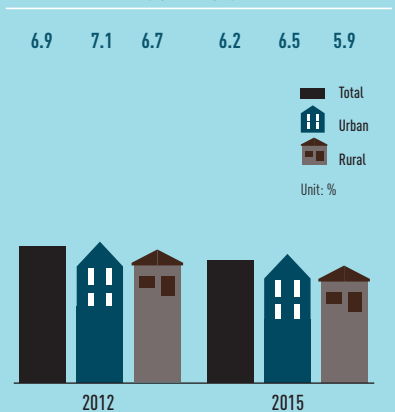
Skilled birth attendance by mother's education<sup>61</sup>



Skilled birth attendance by household income quintile<sup>62</sup>

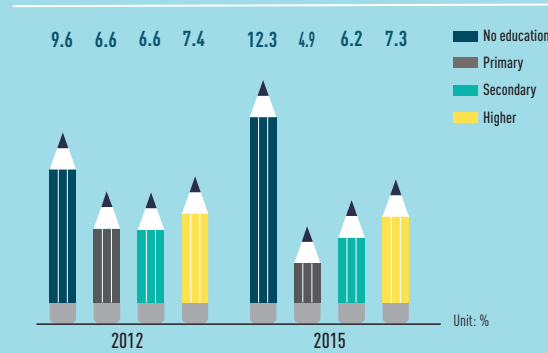


Unmet need for family planning by location of residence<sup>63</sup>

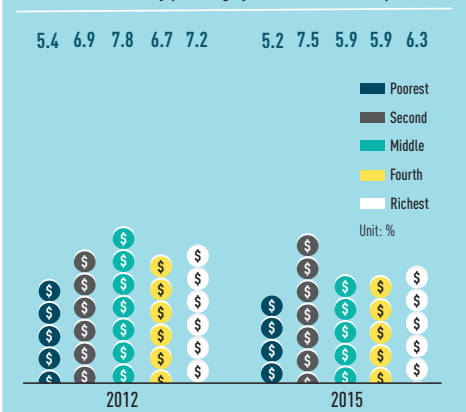


Uneducated women have a 68% higher probability of having an unmet need for family planning than women with the highest education levels.

Unmet need for family planning by level of education<sup>64</sup>

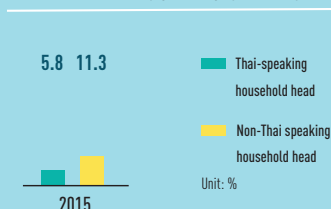


Unmet need for family planning by household income quintile<sup>65</sup>

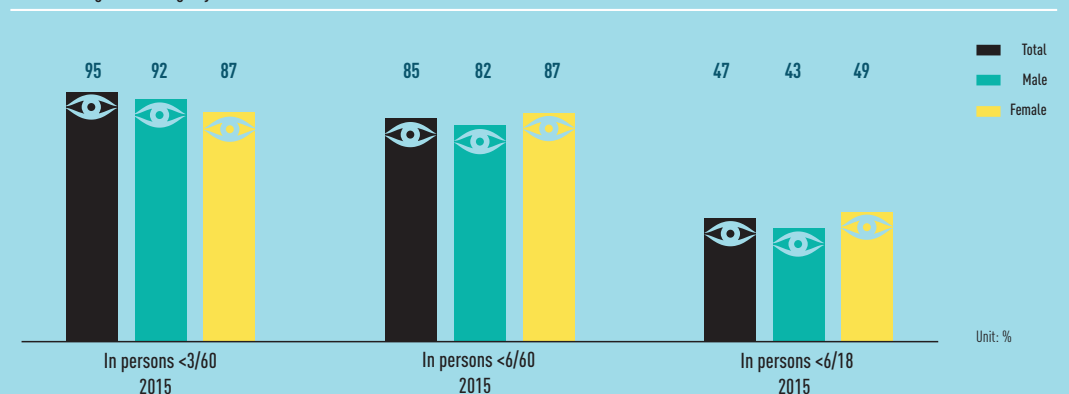


Women from households with a non-Thai-speaking head have a 94% higher probability of having an unmet need for family planning than those from households with a Thai-speaking head.

Unmet need for family planning by ethnicity<sup>66</sup>

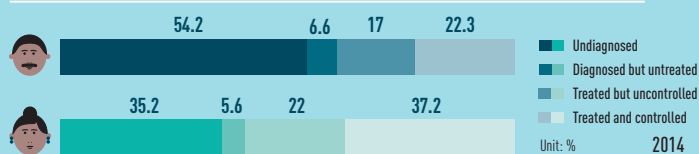


Cataract surgical coverage by sex<sup>67</sup>

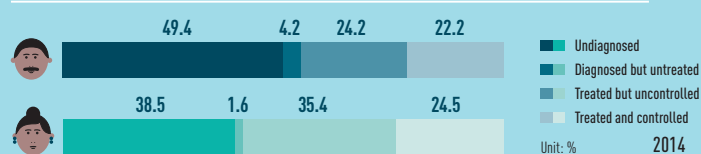


The blood sugar and blood pressure of a greater proportion of women than men remain uncontrolled despite treatment.

Diagnosis, treatment and control of blood pressure among adults by sex<sup>68</sup>



Diagnosis, treatment and control of blood sugar among adults by sex<sup>69</sup>



## Are gender, equity and human rights' perspectives reflected in the legal and institutional arrangements and capacity in Thailand?

### Ratification of treaties that include the right to health<sup>70</sup>

Ratified	International Covenant on Economic, Social, and Cultural Rights
Ratified	International Covenant on Civil and Political Rights
Ratified	International Convention on the Elimination of all forms of Racial Discrimination
Ratified	Convention on the Elimination of All Forms of Discrimination against Women
Ratified	Convention on the Rights of the Child
Nil	International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families
Ratified	Convention on the Rights of Persons with Disabilities

### Constitutional provisions on equality and non-discrimination<sup>71</sup>

- "Human dignity, rights, liberties and equality of the people shall be protected. The Thai people shall enjoy equal protection under the Constitution." (Section 4, Chapter I).
- "All persons are equal before the law, and shall have rights and liberties and be protected equally under the law. Men and women shall enjoy equal rights. Unjust discrimination against a person on the grounds of differences in origin, race, language, sex, age, disability, physical or health condition, personal status, economic and social standing, religious belief, education, or political view which is not contrary to the provisions of the Constitution or on any other grounds, shall not be permitted." (Section 27, Chapter III).

### Legal arrangements related to inheritance, land ownership, divorce, marriage, sexual orientation, gender identity and protection from intimate partner violence<sup>72</sup>

#### Inheritance

- 0** Widows and daughters enjoy the same rights as widowers and sons to inherit land and non-land assets. This applies to all groups of women. Customary, religious and traditional laws or practices do not discriminate against women's inheritance rights.
- 0.25** Widows and daughters enjoy the same rights as widowers and sons to inherit land and non-land assets. This applies to all groups of women. However, there are some customary, religious or traditional laws that discriminate against women's inheritance rights.
- 0.5** Widows and daughters enjoy the same rights as widowers and sons to inherit land and non-land assets. However, this does not apply to all groups of women.
- 0.75** Widows or daughters do not enjoy the same rights as widowers and sons to inherit land and/or non-land assets.
- 1** Widows and daughters do not enjoy the same rights as widowers and sons to inherit land and/or non-land assets.

#### Land ownership

- 0** Women and men have the same legal rights and secure access to land assets, without legal exceptions regarding some groups of women. Customary, religious and traditional laws or practices do not discriminate against women's legal rights.
- 0.25** Women and men have the same legal rights and secure access to land assets, without legal exceptions regarding some groups of women. However, some customary, religious or traditional practices or laws discriminate against women's legal rights.
- 0.5** Women and men have the same legal rights and secure access to land assets. However, this does not apply to all groups of women.
- 0.75** Women and men have the same legal rights to own land assets; but not to use, make decisions and/or use land assets as collateral.
- 1** Women do not have the same legal rights as men to own land assets.

#### Divorce

- 0** Women have both the same rights to initiate divorce and the same requirements to finalise divorce or annulment as men, without negative repercussions on their parental authority. This applies to all groups of women. Customary, religious and traditional laws or practices do not discriminate against women's rights regarding divorce or parental authority after divorce.
- 0.25** Women have both the same rights to initiate divorce or annulment as men, without negative repercussions on their parental authority. However, there are some customary, religious or traditional laws or practices that discriminate against women's rights regarding divorce and/or parental authority after divorce.
- 0.5** Women have both the same rights to initiate divorce and the same requirements to finalise divorce or annulment as men, without negative repercussions on their parental authority. However, this does not apply to all groups of women.
- 0.75** Women do not have the same rights over divorce as men: either their rights to initiate divorce and/or the requirements to finalise divorce or annulment are unequal, or their parental authority after divorce is restricted.
- 1** Women do not have the same rights over divorce as men: their rights to initiate divorce and/or the requirements to finalise divorce or annulment are unequal, and their parental authority after divorce is restricted.

#### Intimate partner violence<sup>73</sup>

- 0** The legal framework protects women from violence including intimate partner violence, rape and sexual harassment, without any legal exceptions and in a comprehensive approach.
- 0.25** The legal framework protects women from violence including intimate partner violence, rape and sexual harassment, without any legal exceptions. However, the approach is not comprehensive.
- 0.5** The legal framework protects women from violence including intimate partner violence, rape and sexual harassment. However, some legal exceptions occur.
- 0.75** The legal framework protects women from some forms of violence including intimate partner violence, rape or sexual harassment but not all.
- 1** The legal framework does not protect women from violence nor intimate partner violence nor rape and sexual harassment.

Thailand score

Name of law: Domestic Violence Victim Protection Act, B. E. 2550 (2007)

## Marriage<sup>74</sup>

According to Section 1448 of the Thai Civil and Commercial Code, "a marriage can take place only when the man and woman have completed their seventeenth year of age. But the Court may, in case of having appropriate reason, allow them to marry before attaining such age." The Penal Code Amendment Act (No. 19) of 2007 criminalizes marital rape.

## Legal protection for all sexual orientations and gender identities.<sup>75</sup>

Same-sex acts are legal. Same sex marriages are not recognized. The State offers protection against discrimination based on sexual orientation in employment. The Gender Equality Act B.E. 2558 (2015) prohibits unfair gender-based discrimination against all persons including male, female, and LGBT persons. Gender identities are recognized. Thai citizens can change their names based on their gender identity, but not their prefix/salutation on official documents, which is based on the sex assigned at birth.

## Legal arrangements related to sexual and reproductive health and rights<sup>76</sup>

### Abortion

Permitted in cases of rape, or when the mother's mental or physical health or general health will be negatively affected by the pregnancy.

### Direct support for family planning

Yes, direct support is provided by the legal framework.

## Institutional arrangements and capacity<sup>77</sup>

### National gender machinery

National Commission on the Policy and Strategy for the Improvement of Status of Women and Office of Women's Affairs and Family Development.

Whether national development policy mentions gender mainstreaming activities and the most recent one?

Yes, the National Strategy (2018-2037) commits to promoting gender equality and women's roles in social development.

Gender policy from national women's machinery and year introduced?

Yes. Women Development Plan or Women Development Strategy (2017-2021), third National Human Rights Plan (2014-2018) and draft fourth National Human Rights Plan (2019-2023).

### Gender-responsive budgeting<sup>78</sup>

Mention of gender-responsive budgeting in plans, year introduced

Yes. In 2017, the Thai Constitution committed to gender-responsive budgeting in national planning.

Legislation for gender-responsive budgeting

No

National plan/strategy for gender-responsive budgeting

Yes, Thailand Gender Budgeting Action Plan, 2020

Gender focal points in government<sup>79</sup>

Yes. There are Chief Gender Equality Officers and Gender Focal Points in ministries.

Gender policy/strategy in the Ministry of Health

Information not available.

Gender training for Ministry of Health staff

Information not available.

Gender analysis by the Ministry of Health<sup>80</sup>

Yes.

## Conclusion

Forward-looking policies, if effectively implemented through suitable institutional mechanisms and adequate capacity support the mainstreaming of gender, equity and human rights perspectives in health and enable change towards greater equity.

### Recommendations

- Given the influence of gender on health in Thailand, putting a gender perspective into health interventions is important. When applying a gender lens to health interventions, it is important to remember that gender interacts with other forms of social exclusion, such as ethnicity, age and socioeconomic position.
- Several tools are available for gender analysis, assessment and planning or programming, which can help to identify gender issues and inequalities in health and tailor the design, implementation and monitoring of health policies and programmes to take account of these differences, for improved outcomes. These tools include the WHO gender analysis matrix (GAM) and gender analysis questions (GAQ), the WHO gender responsive assessment scale (GRAS) and gender analysis tool (GAT), the WHO gender and health planning and programming checklist and the WHO gender responsive log-frame.<sup>81</sup>
- The Innov8 approach<sup>82</sup> and Human Rights and Gender Equality in Health Sector Strategies: how to assess policy coherence<sup>83</sup> are tools that support the development of equity-enhancing, gender-responsive and human rights-based national health policies, programmes and strategies. Additionally, using a human rights framework in health planning and policy making can help in identifying and adequately addressing the biological and sociocultural factors that differentially influence the health of men and women.

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