Children in Difficulties

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Background: *Children in difficulties are characterized by: chronic neglect; disability; physical, emotional or sexual abuse; HIV or one/both parents with HIV and/or limited socio-economic opportunities.*
Objective: *To review the current situation by reviewing the incidence of problems affecting children and exploring both potential short-/long-term strategies, including the role of pediatricians.*
Material and Method: *The authors reviewed the incidence and situations of children in difficulties, did a synthesis of guidelines and made recommendations.*
Results: *The fundamental causes of difficulties include: failed macro-economic policies; inadequate and inaccessible education system; and weakness of the family unit, which is associated with: separation and divorce; violence between partners and/or toward their children; neglect and abandonment; inappropriate child-rearing; and child exploitation, including trafficking.*
Conclusion: *GOs and NGOs need to work collaboratively for child protection. Pediatricians can play a vital role in strengthening the family (a) by providing timely, strategic, informal education for parents on healthy child-rearing (b) by being attuned to signs, symptoms and attitudes of children in difficulties from childhood through adolescence and (c) by working interactively with children/teens, their families, teachers and communities. Medical schools need to revise the curricula to include these crucial roles for pediatricians in child and family advocacy.*

Keywords: *Children in difficulties, child abuse and neglect, child labor, child prostitution, children in slum, street children, children in criminal justice system, children with disabilities*

From the First National Economic and Social Development Plan (1991-1996) until the Tenth (2007-2011), the government has emphasized economic growth as the key performance indicator; such that most of the budget has been invested in the construction of roads, dams for irrigation and electrical generation and other public utilities. Inadequate monetary controls resulted in an uneven distribution of the resources which widened the gap between the haves and the have-nots in society. The poor resided principally in rural areas and depended on agriculture to survive. Rising expectations and the lure of employment in cities resulted in hundreds of thousands migrating to cities, especially Bangkok (BKK). Herein lies the start of a negatively-reinforced, downward spiral: (i) migration to BKK (ii) slums full of workers not families (iii) children left upcountry with grandparents (iv) separation of families (v) break down of nurturing (vi) children needing to become income earners, lacking vision, abandoning education (v) child rearing in absentia equating to little or no guidance for children (vi) violence and abuse as a result of frustration and powerlessness (v) children vulnerable to abuse and/or trafficking.

The Draft Fiscal and Financial Master Plan for Social Development for 2008-2012 focused on self-reliance and the long-term sustainability for Thai society and utilizing taxes from the government lottery for disadvantaged children. The implementation of these policies, strategies and measures have resulted in some significant outcomes and gains in terms of children's well-being, particularly in (a) the reduction of poverty and hunger (b) improvement of the nutritional status and (c) extensive implementation of the nine years of compulsory education. Almost every child in Thailand now receives at least a primary level of education. Disadvantaged children, including AIDS-infected children, have benefited from all aspects of development, including social protection.

Objective

The authors' purposes are (a) To review the definitions of children in difficulties (b) To survey the

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current situation of children in difficulties with a consideration of the incidence of problems and (c) To explore both potential short- and long-term strategies, including the role of healthcare professionals, especially pediatricians, for reducing both the prevalence and incidence of children in difficulties.

Definitions

In Thailand, the children in difficult circumstances are usually called "underprivileged children" or "disadvantaged children". The definition of children in difficult circumstances, according to UNICEF is a person under 18 who lacks basic needs for daily life and loss of access to protections and primary education. The number of children in difficulties reported by advocacy organizations vary significantly; partly because some children have multiple, complex problems with numerous confounding sequelae, which may in turn spawn other problems.

Current situation

Problems of children in difficult circumstances
Economic

This group of children usually comes from families with low socio-economic status. Their parents spend most of the time working for a subsistence living- with very low wages. Most of the children have no or very limited schooling leading to no or limited working skills. Most of the children, therefore, become common, low-paid laborers at a very early age. The family unit is hereby weakened, leading to further psychosocial stressors that end in relational problems, separation/ divorce, alcohol use disorder, substance/drug use disorders and inappropriate child-rearing.

Social and environmental

Most of the children in difficult circumstances live in slums, which are usually non-hygienic thereby exposing residents to various infections. In addition, the slums have a higher risk for accidents and illegal behaviors/activities.

Educational

The Thai education system emphasizes rote learning rather than problem solving through observation, analysis and solution testing; consequently, students are not acquiring crucial life and employment skills. The educational situation for children in difficulties is worse, as they may not attend regularly enough to learn any more than basic literacy and numeracy.

Social services

Social welfare in Thailand is quite limited because most of the state budget is spent on capital projects and on education and social services.

Classification of children in difficult circumstances

The criteria for classifying children in difficult circumstances depends on the policies, guiding vision and/or determination of patrons or supporters of the respective GOs or NGOs. For example, the Ministry of Social Development and Human Security of Thailand must deal with a broad spectrum of difficulties affecting children, including: prostitution, abuse, orphans, HIV infection, homelessness, children born in a transient worker situation, child labourers, children born of a foreign immigrant worker (legal or illegal), children in an observation and detention home or children born in prison or living with mother in prison.

The Office of Welfare Promotion, Protection, and Empowerment of Vulnerable Groups[1] categorizes children in difficulties in three groups according to the welfare of the child:

- Children in difficult circumstances who have special needs are classified into six subgroups:

Subgroup 1. Neglected children including homeless children, beggars, orphans, slum dwellers.

Subgroup 2. Rights violated because of: prostitution, sexual abuse, labour.

Subgroup 3. With inappropriate behaviors including drug abuse/addiction, pregnancy, criminal conviction, ward of an observation and detention home, working in a nightclub or bar.

Subgroup 4. Disabled child including physical, mental and emotional disability.

Subgroup 5. Underprivileged such as no-schooling, born of migrant construction workers, unemployed/unemployable parent(s).

Subgroup 6. HIV-infected children including orphans whose parents died of AIDS.
- Gifted children.
- Normal children.

UNICEF

Classifies children in difficulties into five groups:
- Rights violated
- Neglected
- Having inappropriate behavior(s)
- Disabled
- HIV-infected
Some of the neighboring countries of

Thailand have had civil war and minority ethnic groups have had to seek refugee status in Thailand; thereby becoming "persons without a nationality". Children born from the latter group are classified as children in difficulties and also needing special assistance.

Strategies for resolution
Thailand's plan

The national action plan to solve the problem of children in difficulties (2002-2006 emphasizes both vertical (from the central government to the peripheral local units) and horizontal cooperation. It was recognized that the fundamental units in child raising (*i.e.,* local administration, religious institutions and family) need to work collaboratively to maximize their helping children to have a sustainably better quality of life, minimize duplication of work and use budgets more efficiently. The measures in the plan of action for child protection include:

- Sustainably strengthening the family, community and media;
- Developing the system for helping, protecting and rehabilitating children in the risk group proactively;
- Ensuring that the social service system provides coverage to the whole community;
- Establishing and developing local units for helping children in difficult circumstances; and
- Passing laws that protect children so that perpetrators have no access to children and that prevent children from being victimized by the legal process.

The Office of National Economics and Social Development Board has endorsed this plan and encouraged the National Youth Bureau to participate by:

- Working collaboratively, systematically and efficiently with GOs, NGOs and communities to help children in the difficult circumstances more effectively and with greater areal coverage;
- Emphasizing child protection through the establishment of real access to social services for children and assisting enforcement of the child protection law;
- Establishing a (a) monitoring network (b) a data-base for collecting information safely and systematically (This information can be used for planning assistance as well as documenting success and setbacks) (c) sound indicators for detecting children at risk and for following-up after a situation has been exposed and/or dealt with.
- Developing personnel in local administration

units and communities so that they are aware of the importance of this issues and of working collaboratively to protect and help children in difficulties.

Steps for developing protections for children in difficulties

1. Establish a complete database which will serve as an input for a strategic action plan. The information therein needs to include: the degree/extent, incidence/prevalence and severity of the problem. Current information is spotty due to lack of collaboration between GOs and NGOs and among organizations/units within GOs and NGOs.

2. Develop tools for use in helping children as well as sound indicators for monitoring children being assisted or family situations being investigated/scrutinized.

3. Strengthen the family unit by helping them to overcome the problems endemic with a welfare mentality. With an improved socio-economic status will come opportunities for the children to have schooling and a secure, nurturing home situation.

4. Relieve poverty through government identification of poverty areas and implementation of protective, developmental measures in such areas, including land reform for agriculture, guaranteed prices for agricultural products and employment opportunities upcountry thereby minimizing urban migration.

5. Establish welfare support for mothers, children and pregnant women. An education program for the young people is needed to teach: how to become a good parent, how to raise a child, how to do healthy self-care during pregnancy, how to breastfeed, how to supportively discipline children (without violence) and where to get counseling for parents.

6. Establish daycares for children so that parents will be able to get work to earn an income.

For sustainability, the preceding measures need to be implemented at the local administration and community level.

Specific measures for teens

1. Provide life skills training.
2. Establish a program to educate teenagers about the pros and cons of globalization.
3. Provide scholarships.
4. Provide safe recreation areas free of alcohol, cigarettes and any other drug/substances.
5. Establish counseling centers.
6. Establish a systematic, child-friendly social

services center for emergencies. Relatedly, train multidisciplinary teams to provide one-stop service for children in emergency situations.

Educational Reforms

Curricula need to include life skills and emphasize cognitive skill development (applied problem solving) rather than memorizing information.

- Provide a development program so that teachers can model the problem-solving paradigm;
- Establish a screening system to identify the children in the risk group and provide interventions to help protect them;
- Establish educational welfare support;
- Establish counseling centers on education; and
- Establish a network for helping children in education in order to locate available resources.
- Establish a hot-line to help children in an emergency situation.
- Establish a working network to share information and resources.

Role of pediatricians in helping children in difficulties

The individual pediatrician cannot change the macro-policy of the nation but may still influence pediatric patients and families in areas related to his/her expertise in the traditional areas plus new recommended areas designed to improve the situation of children in difficulties. Since the pediatrician works closely with each, he/she has opportunity to educate the family directly and subtly in proper child-rearing and health promotion, which in turn empowers the fundamental unit of society-the family. Specifically, then, the pediatrician can also advocate for children in difficulties by:

1. Strengthening the family by:
- Educating couples to be good parents; raise children, understand the stages and importance of child development and how to discipline without violence.
- Counseling the parents who encounter problems in child-rearing.
- Supervising daycare(s) and teaching staff there how to care of children.
2. Working with children/teenagers and schools to develop awareness and supportive attitudes.
3. Providing health care service in the school and screen/identify the children in the risk group, then intervene as early as it possible.
4. Providing training for teachers in how to care for children physically, mentally and emotionally.

5. Advocating for children especially those in difficult circumstances by participating in a multi-disciplinary team to help children according to the Child Protection Act (2546). The pediatrician would have to study the law related to child protection and be aware of the resources available.
6. Raising awareness in society on the importance of children as the nation's future.
7. Conducting research related to child protection.

Role of institutions training pediatricians

Medical schools for pediatricians will need to review their educational objectives in the curriculum as to whether or not they match or respond to the current needs of society.

Due to advances in medical knowledge and technology, the susceptibility to infections and patterns of disease have changed from acute to chronic and complex diseases, both in adults and children. In addition, children can also have developmental and behavioral problems and disorders, some of which, it is thought, have become more prevalent in modern, industrial societies. To meet the challenges of this changing world, training curricula need to modified. The teaching learning method should emphasize direct/hands-on experience in the community. Implementing the well-known experiential learning cycle (as per Kolb) should prove a powerful and fruitful tool. The followings are the content-objectives that need to be included in the curriculum.

Child and family development

The pediatrician has to have the ability (1) to assess the status of the child and his/her family (a) to provide advice about the processes of child development (b) to advise the family about the causes and impacts of violence (c) to properly allocate resources to the family as needed; (2) to work as part of a multidisciplinary team; and (3) to develop a proactive planning skill.

Daycare centers

There are many daycare centers available for parents who have to go to work; therefore, pediatricians have to understand the daycare system and be able to act as an advisor to the staff.

Schools

School has the second most important impact on and for child development. The pediatrician needs

Table 1. Situation, Problem, Impact, Solving guidelines, and Responsible organizations

Situation	Problem and Impact to Children	Solving Guideline		Responsible Organizations
		Short term	Long term	
1) Child abuse & neglect - Actual national incidence not known - Most systematic review by Bureau of Health Administration, Ministry of Public Heath, data collected from 297 One-Stop-Crisis-Centers (OSCC)[2] - Number of abused children in 2007 = 9,598 - Sexual abuse most common type of report - Most cases severe, needing medical or legal management - Study in Khon Kaen province in 2005 [3] found the incidence at the OSCC in Khon Kaen = 0.62/1,000/yr, while incidence in community = 232.5/1,000/yr. - Physical abuse most common form in cohort study in community, while emotional abuse most common reported in self-administered questionnaire - Cases reported sexual abuse from OSCC were mostly consensual sex	- Multi-form of child abuse common. - Physical abuse mostly associated with harsh discipline[3]. - Low child self-esteem and tendency to abuse others. - Sexually abused children especially intra-familial have severe impact, resulting in depression, low self-esteem, & poor elationships with others. - Domestic violence major cause of emotional abuse[3]. - Risk factors of children abused, beside domestic violence: alcohol/substance abuse by parents, unhappy & separated families, & the attitude toward violence of the community[3].	- Provide counseling to child caregivers. - Provide welfare to the families. - Establish integrated care for affected children. - Campaign in community on awareness against violence to children & women.	Primary prevention - Provide education on: parental preparedness, child-rearing practices & child development. - Continuous campaign on violence prevention Secondary prevention - Risk group screening & follow-up. - Rehabilitation for alcohol/drug/substance abuse. - End domestic violence. - Provide counseling and welfare to the families at risk. Tertiary prevention - Early diagnosis & effective intervention. - Establish multidisciplinary team service for affected children.	SDHS MOH ME RTP MJ PAO/ SAO NGOs

Table 1. Cont.

Situation	Problem and Impact to Children	Solving Guideline		Responsible Organizations
		Short term	Long term	
Child labor - From 1984-2000, number of child laborers (aged 13-17 years old) decreased from 3.5 million (1984) to 1.04 million (2000)[4] due to government's policy of increasing educational opportunity for Thai children. - Other contributing factor the issue of Labor Protection Act 1998, which limited the age of child labor to 15 instead of 13. - Extending Thai Child Labor Laws to foreign children - In 2006, number of child laborers (15-19 years) = 1.5 million, two-thirds of whom worked in informal economy[5]. - At least 100,000 foreign child laborers worked in 43 provinces[6]. - In 2007, registered number of child laborers (15-17 years) = 104,253[5].	- Entering labor force at young age resulted in low/un-skilled labor - Low payment due to lack of skills - Exposed to dangerous environment, *i.e.*, chemical exposure affecting health - Lack of opportunities for age-appropriated development results in lack of social skills - Exploitation by employers - Health problems due to improper & unhealthy living environment & limited opportunity to access healthcare services	- Community campaign via media on problems of child labor - Inform employers & children to recognize their rights - Inspection of workplace hygiene/ environment & working hours	- Rehabilitation & reintegration of child victims. - Establish & empower OSCCs. - Strengthen the Child Protection Act. - Educate community leaders in child labor issues - Encourage employers to establish welfare for child labor - Set strict punishment for employers who violate the law - Encourage community to be watchful of child labor - Set standard for child & family welfare - Monitor compulsory education for children - Establish vocational education for child labor	RTP MLSW Business sectors NGOs

Table 1. Cont.

Situation	Problem and Impact to Children	Solving Guideline		Responsible Organizations
		Short term	Long term	
Child prostitution - Estimated number of child prostitutes depends on source figures & methods of estimation. Real number not known - According to Archavanitkul[6], estimates of number of child prostitutes in Thailand, 1989-1996 were: CPCR (1989) 840,000; CDC, MPH (1995) 16,276; Dept of Social Welfare (1995) 20,000; ECPAT (1996) 200,000. - Sexually exploited children include both Thais & other lower Mekong countries - Thailand highly attractive to sex tourists - Increasing numbers of child prostitutes among students due to increase of materialism & consumerism among Thai teenagers	- Lack the opportunities for personal development. - Being abused & exploited - Increasing risk of unintentional pregnancy, complications from criminal abortion, HIV infection & other sexually transmitted diseases - Low self-esteem from social rejection & attitudes	- Prevent children from entering into sex business - Rescue victims from exploitation - Rehabilitation & provision of vocational training - Enforce law more systematically - Provide accessible & holistic healthcare, especially sexual health - Counseling services	- Collaboration between GOs and NGOs on protection & implementation on helping children who have been trafficked - Campaign rights & attitudes of children contra trafficking - Include family issue in educational curriculum - Raise funds for business investment (starting business) - Enforce law against pedophiles	MSDHS RTP MPH NGOs
2) Neglected & Abandoned - According to report from MSDHS[7], ~30 children being abandoned each month - Ministry of Social Development & Human Security reported that between 2004-2005, 1,975 children abandoned at hospitals, public places & daycares - Number of children being taken care of in orphanages & shelters = 22,171 in 2009[7] - Tsunami disaster of 26 December 2004 affected southern part of Thailand & resulted in 1,221 orphans in 6 affected	- Affected children were nurtured by someone other than their parents resulting in lack of attachment - Unwanted pregnancy among teenagers gradually increasing. Incidence of delivery in teenagers was 336 cases/day, i.e., 16/year/all deliveries (2009)	- Provide help for pregnant women by providing education as well as shelter if needed - Establish hospital surveillance system to detect abandoning of newborn babies - Publicize information	- Strengthen family to prevent abandonment - Promote child-friendly hospitals - Promote attachment of newborns to mother - Arrange adoption, foster care or group	MSDHS ME NGOs

Table 1. Cont.

Situation	Problem and Impact to Children	Solving Guideline		Responsible Organizations
		Short term	Long term	
southern provinces & another 208 orphans in other areas[8]	- Most pregnancy result of inappropriate sexual relationship[9]	about available services for pregnant women	home care for neglected or abandoned children	
	- Age of mother also gradually decreasing		- Establish foster care, avoid putting children into orphanages	
	- Increased family problems & more complex (e.g., alcohol/drug/substance abused, immaturity & psychiatric problems during pregnancy), affecting health & mental status of unborn child		- Provide sex education to prevent unintentional pregnancy	
			- Provide family welfare	
			- Provide psychological support to victimized children affected by disasters	
Children in slums - In 2000, 5,500 slums with 6.7 million inhabitants of which 1.5 million were children[10] - According to Community Organization Development Institute's survey, 1,266 slums in Bangkok with 178,415 habitats[11] - Thailand Multiple Indicator Cluster Survey revealed 9.09% of households in municipal area were in slum condition & no less than 300,000 children lived in those households[12]	- Children living in unhealthy & poor hygienic environments prone to accidents, delayed development & poor health	- Establish easy-access to healthcare service in communities	- Establish social service centers, recreation centers for children & teens, sports centers, public libraries, and vocational education centers	MSDHS ME PAO, SAO NGOs
	- Also at risk of crime: victim of/or perpetrator of	- Establish non-formal alternative education programing	- Establish daycare center in communities	
	- Poor access to education, social welfare, health care services which affect their personal development - Children at high risk of entering non-skilled into labor force	- Establish centers for emergency support for children and families	- Provide opportunity for schooling	
			- Establish peer help groups	

Table 1. Cont.

Situation	Problem and Impact to Children	Solving Guideline		Responsible Organizations
		Short term	Long term	
Street children - Situation analysis of number of street children between 2007-2009, found 20,000 street children which will increase to 30,000 in the next 3 years - Only 5,000 children could be supported by organizations[13] - Street children congregate in large cities - Some children brought from the northern and northeastern borders used as beggars or child laborers[13] - Street children in Pattaya sexually exploited to serve foreign tourists[13]	- All street children from broken families - Difficult to rehabilitate due to chronic exposure to violence, all type of abuse, & poverty - Lack official documents (birth certificate, census registration) so no access to social welfare, education & health services - Have health problems due to limited resources for basic needs - At high risk of being victims of abuse, crime commission, drug/substance addict, child trafficking, prostitution, HIV/sexual transmission diseases	- Approach street children & implement support as early as possible - Earlier intervention, more chance of successful home integration - Family tracing & reunification - Increase educational opportunity by using volunteers as teachers in the field	- Strengthen families (Proactive manner) - Establish open-shelters for street children & provision of rehabilitation. - Establish a comprehensive & effective protection program for street children - Encourage the GOs & NGOs to work collaboratively - Reinforce law on adults who commission street children for sex trade - Provide official identities for access to all social, health, & educational services	RTP MLSW MSDHS Business sectors NGOs PAO, SAO
3. Children in the criminal justice system - Juvenile courts in every province in Thailand since 2006 - In 2010, 40,431 children & adolescents committed crimes - Types of criminal charge included: drug abuse 33.3%, stealing/robbing 22.1%,	- Half the children who committed crimes came from separated families - Domestic violence prevalent - Most early adolescence,	- Assessment of physical & mental status of children - Provide access to advocacy, protection,	- Resolve family problems, - Teach parents child-rearing practices, especially for adolescents - Solve violence issue in	MJ MSDHS RTP PAO, SAO

Table 1. Cont.

Situation	Problem and Impact to Children	Solving Guideline		Responsible Organizations
		Short term	Long term	
physical assaults 12.4%, & sexual assault 4.1% - Majority male (90%) - 5,559 children repeat offenders[14] - Most cases, sentence probation - Only 0.7% convicted	critical period in development with emotional and behavior problems. - Lack self-esteem, hasty, aggressive & unfriendly - Children in retention centers have minor health problems, but mental & behavioral problems major concern - Shortage of mental health personnel in remand centers leads to ineffective rehabilitation	economic assistance, counseling, health & social services - Social reintegration with long-term follow-up - Provide education & vocational training - Teaching communication & social skills, building self-esteem	the family - Develop education system that promotes life skills - Establish school-help service center - Establish effective rehabilitation program - Community-participation rehabilitation program - Access to child-friendly justice system	
4. Child with disabilities - Number of disabled (0-19 years) = 66,585 - Type of disability: 17.1% hearing, 4.2% physical, 22.9% psychiatric & behavioral, 1.6% cognitive, 28.9% complex problems[15] - Enactment of Empowerment of Persons with Disability Act (2007) leading to registration & comprehensive healthcare & easier access to social support for persons with disabilities[16]	- Encounter problems with self-care & dependency - Less opportunity for education & employment - Need more healthcare & social services - Psychological impacts from disabilities	- Early diagnosis & intervention of disabilities by access to specialist referrals - Early corrective treatment & rehabilitation to reduce degree of disabilities - Provide social welfare/service: monthly stipend, medical, equipment, aids	- Search for disabled children - Early & effective screening - Provide education for parents, communities & other relevant persons on needs of disabilities - Provide special & formal educational system responsive to child's needs	MPH ME MSDHS NGOs

Table 1. Cont.

Situation	Problem and Impact to Children	Solving Guideline		Responsible Organizations
		Short term	Long term	
- Provide vocational			training & job provision for future income earning - Provide self-care training - Support organizations for the disabled	MPH ME MSDHS NGOs
5. Children affected by AIDS - Number of children under 5 and under 13 years whose parents died from AIDS rose from 5,598 & 115,474 in 1996 to 235,115 & 268,512 in 1999 - In 2000, number of orphans (0-5 years) from AIDS = 85,663 - Number of HIV-positive pregnant women rose from 0% in 1989 to 2.3% in 1995 & gradually decreased - Prevalence 1.4% in 2000, which = 15,000 HIV positive in 1 million pregnant women - Vertical transmission rate from mother to child decreased from 18.6% in 1996 to 10.0% in 2000 - Number of AIDS deaths in children was 50,000 in 2000[17]	- AIDS a major health problem especially during the economic recession, which affected health services - HIV-infected children face delayed development and emotional & mental problems which need special healthcare providers - Due to prejudices regarding HIV infection, this group of children is rejected & also have problems with schooling	- Establish easily accessible medical care & other associated mental health services - Continuously campaign for protection and prevention of HIV infection via every kind of media	- Provide education to community about HIV & AIDS inculcating right attitudes toward HIV infected persons - Provide education about how to protect oneself from HIV infection & other social problems	

Table. 1 Cont.

Situation	Problem and Impact to Children	Solving Guideline		Responsible Organizations
		Short term	Long term	
6. Foreign children - Number of foreign children reported by the Institute for Social & Population Research is ~100,000[18]	- Registration of foreign workers does not include foreign children - Healthcare services still limited for this group of children - Foreign children limited opportunities in schooling	- Campaign for equal service for foreign children	- Establish systematic registration for this group of children - Develop guidelines to help this group of children with schooling, healthcare service & child protection.	RTP MLSW MSDHS NGOs

MSDHS - Ministry of Social Development and Human Security; MPH - Ministry of Public Health; ME - Ministry of Education; MJ - Ministry of Justice; PAO – Provincial Administrative Organization; MLSW - Ministry of Labor & Social Welf; SAO – Sub-district Administrative Organization; NYB - National Youth Bureau; RTP – The Royal Thai Police

(a) to make him/herself aware of the school-health (b) to work collaboratively with teachers to create a healthy school environment (c) to educate children about how to take care of their own health, sex education and basic life skills (d) to provide training for teachers and (e) to serve as an advisor for teachers in planning, teaching and screening children who might be at risk.

Community

The pediatrician also needs to learn how to do needs-assessments in the community and to be able to work collaboratively with the community member.

Concrete work experience

The curriculum must provide opportunities for medical students to work with a team helping children in difficulties; so that the pediatrician will have real, direct experience and have learned from current experts in the field.

The learning experiences mentioned above may not all be available at a single school; therefore, schools need to share learning resources and offer elective opportunities to students from other schools. In the long-term, every medical school will have to reform their training program to systematically meet all of these recommendations.

Conclusion

Children in difficult circumstances are a vulnerable group needing special help to guarantee their proper development and to protect the nation's future generations. In the past, medicine emphasized diagnosing and treating disease but paid little attention to the problems in society, the community and the home. With only limited knowledge and experience, when the new/young pediatrician encounters children in difficulties, he/she cannot effectively define the problem and design the help. Since the problems found in children vis-a-vis social and developmental aspects are more frequent nowadays, the training program must be designed to prepare the pediatrician to tackle modern problems and to function with equanimity in the face of the challenges and stressors of modern medicine.

Limitations

The obvious limitation to doing research on children in difficulties is the lack of objective research and current statistics. This is a sensitive and life-affecting subject, which demands policy and action over against academic interests. Studies must therefore be action research with qualitative rather than

quantitative outcomes. Deference must be given to advocates for children and mothers/caregivers rather than a narrow interest in statistical significance and/or publication impact factors.

Potential conflicts of interest

None.

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เด็กในภาวะยากลำบาก

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*ภูมิหลัง: เด็กในภาวะยากลำบากเป็นเด็กที่ประสบปัญหาและไม่ได้รับการตอบสนองความต้องการพื้นฐาน และ
ต้องการการช่วยเหลือจากสังคมเป็นพิเศษเพื่อให้สามารถดำรงชีวิตได้อย่างเป็นปกติสุข เด็กเหล่านี้ได้แก่ เด็กถูกปล่อย
ปละละเลย เด็กถูกละเมิดสิทธิ์ เด็กประพฤติตนไม่เหมาะสม เด็กพิการ เด็กขาดโอกาส และเด็กที่ได้รับผลกระทบ
จากเอดส์*

*วัตถุประสงค์: เพื่อทบทวนสถานการณ์ของเด็กในสภาวะยากลำบาก โดยศึกษาดูอุบัติการณ์ ความสำคัญของปัญหา
ผลกระทบที่เกิดขึ้นกับเด็ก พร้อมทั้งแนวทางการแก้ปัญหาทั้งระยะสั้นและระยะยาว นโยบายของรัฐในการคุ้มครองและ
พัฒนาเด็กและเยาวชนในสภาวะยากลำบาก วิเคราะห์บทบาทรับผิดชอบของกุมารแพทย์ที่สามารถเข้าช่วยป้องกัน
ไม่ให้เกิดเด็กในภาวะยากลำบากและการดูแลและฟื้นฟูเด็กกลุ่มนี้ เพื่อเป็นข้อเสนอแนะแก่สถาบันฝึกอบรมกุมารแพทย์
ในการจัดหลักสูตรการเรียนรู้ที่สามารถตอบสนองแก่สังคมในภาวะปัจจุบัน*

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*ผลการศึกษา: เด็กในภาวะยากลำบากมีหลายกลุ่ม ส่วนใหญ่สถิติข้อมูลของเด็กเหล่านี้มักไม่สามารถทราบตัวเลข
ที่แน่ชัด เนื่องจากไม่มีการรวบรวมรายงานระดับชาติ ข้อมูลบางส่วนต้องใช้สถิติจากองค์กรภาครัฐและเอกชนที่ทำงาน
กับกลุ่มเด็กดังกล่าว รวมถึงข้อมูลบางกลุ่มอาจมีการขึ้นทะเบียนต่ำกว่าความเป็นจริง ปัจจัยพื้นฐานที่สำคัญที่ก่อให้เกิด
เด็กในภาวะยากลำบากเกิดจากรูปแบบ การพัฒนาที่ใช้นโยบายเศรษฐกิจแบบทุนนิยมก่อให้เกิดการจัดสรรทรัพยากร
ที่ไม่ทั่วถึงก่อให้เกิดเด็กด้อยโอกาส การศึกษาที่ไม่สามารถพัฒนาศักยภาพเด็ก การอ่อนแอของสถาบันครอบครัว
ก่อให้เกิดปัญหาความรุนแรงในครอบครัว การหย่าร้าง การเลี้ยงดูเด็กอย่างไม่เหมาะสม การใช้ความรุนแรงต่อเด็ก
การดูแลช่วยเหลือและคุ้มครองเด็กในภาวะยากลำบากจำเป็นต้องอาศัยการบูรณาการการทำงานของหน่วยงานต่างๆ
ที่เกี่ยวข้องทั้งภาครัฐและเอกชน กุมารแพทย์มีบทบาทที่สำคัญในส่วนของสร้างความเข้มแข็งให้แก่ครอบครัว
เตรียมความพร้อมแก่พ่อแม่ ให้ความรู้เกี่ยวกับการเลี้ยงดูเด็ก ให้คำปรึกษาแก่ผู้ปกครองที่มีปัญหาในการเลี้ยงดูอบรม
สั่งสอนเด็ก ช่วยพัฒนาศักยภาพบุคลากรที่ให้การดูแลเด็ก สร้างภูมิคุ้มกันและพัฒนาเด็กวัยเรียนและวัยรุ่น
ทั้งจากการทำงานกับเด็กและครอบครัว รวมถึงการทำงานกับโรงเรียนและชุมชน กุมารแพทย์มีบทบาทในการคุ้มครอง
และปกป้องสิทธิเด็ก โดยเฉพาะเด็กในภาวะยากลำบากโดยการเข้าร่วมเป็นส่วนหนึ่งของทีมสหวิชาชีพ
ที่ให้การดูแลเด็กในภาวะยากลำบาก กุมารแพทย์ต้องมีความรู้เกี่ยวกับกฎหมายที่เกี่ยวข้องกับเด็กและครอบครัว
รวมถึงต้องทราบแหล่งทรัพยากรที่สามารถนำมาบริการแก่เด็กและครอบครัวได้ มีส่วนชี้นำสังคมให้เห็นความสำคัญ
ของเด็กและครอบครัว เป็นผู้ให้ข้อมูลที่ถูกต้องแก่สังคมเกี่ยวกับการเลี้ยงดูและปกป้องเด็ก*

*สรุป: ควรมีการจัดทำฐานข้อมูลที่สมบูรณ์เพื่อนำมาใช้ในการวางแผนกลยุทธ์ ในการแก้ปัญหาของเด็กในภาวะ
ยากลำบาก การเพิ่มความมั่นคงให้แก่สถาบันครอบครัวในส่วนภาครัฐโดยการแก้ไขปัญหาความยากจนอย่างจริงจัง
รวมถึงการจัดสวัสดิการแก่เด็กและครอบครัว การจัดระบบการศึกษาที่มีประสิทธิภาพ กุมารแพทย์มีบทบาทที่สำคัญ
ในการสร้างภูมิคุ้มกันให้กับครอบครัวและพัฒนาเด็กวัยเรียนและวัยรุ่น รวมถึงการทำงานแบบบูรณาการ
กับหน่วยงานต่างๆทั้งภาครัฐและเอกชน แต่การที่กุมารแพทย์จะมีความตระหนักและมีประสบการณ์การทำงาน*

ในการดูแลเด็กที่อยู่ในภาวะยากลำบากจำเป็นต้องเกิดการผลักดันจากสถาบันฝึกอบรมกุมารแพทย์ในการปรับปรุง และพัฒนาหลักสูตรที่สามารถสร้างกุมารแพทย์ที่มีคุณสมบัติดังกล่าว