

Promoting quality births and child growth for population development

The 16th National Health Assembly, having considered the report on promoting quality births and child growth for population development,¹

Realizes that Thailand's birth rate has been lower than the death rate since 2021 and the country became a full-fledged aging society in 2023. This situation poses a challenge as the country requires an adequate population of good quality for national economic and social development. Due to the population decline, quality of human development is essential, particularly in the first 2,500 days from birth, which is crucial to building a strong foundation of quality human beings, leading to a good quality of life and society, as well as a national competitive advantage. A quality population also means lower risks of social problems across various dimensions. Well-raised children tend to be less involved with violence, drugs, mental disorders, non-communicable diseases, and many other problems;

Realizes that early human development requires support systems in all dimensions, including creating good health, family planning, prenatal and postpartum healthcare, good nutrition, taking good care of children's needs, opportunities for quality learning, protection for safe living, and supporting those with infertility but wishing to have children, and the LGBTQ+ population;

Acknowledges that during the past years, this issue has been highlighted by the government and many sectors. An array of activities has been implemented continuously and has resulted in progress, including the promotion of building quality families, schools designed for parent education that provide information on prenatal and postpartum care, promotion of breastfeeding, and early childhood development across all dimensions. Laws and guidelines across all areas have been put in place while relevant organizations and networks have joined forces in planning and implementing activities to promote quality births and child growth for population development. In addition, regional and local organizations with a good understanding of local contexts, are key actors in turning policies into practices and in integrating work across different sectors;

Admires that the government through the Ministry of Public Health has set the promotion of childbirth as a national agenda and implemented diverse policies and projects to **support a conducive environment for fertility**. Among the projects are the cabinet's approval to set up childcare centers for children less than 3 years of age, paternity leave promotion, and extended maternity leave from 90 days to 98 days. In terms of **preventing adolescent pregnancy**, a push for the implementation of the national strategy on Adolescent Pregnancy Prevention and Solutions to the Problem has been made. This includes adding life skill-based sex education to the school curriculum, legalizing abortion for women no more than 12 weeks pregnant, and issuing a ministerial regulation to ensure that pregnant students are not expelled from the education system in order to provide educational opportunities for pregnant students. Among the projects on **protection and assistance for safe and stable families**, is welfare for single mothers and vulnerable families, and a child support grant for poor families. To promote **family well-being and relationships**, a system has been set up to disseminate knowledge on family life among friends and families. To create **network integration for family institution development**, local family development centers across the country have been integrated with local administration organizations and local partners and upgraded to sub-district One Stop Crisis Centers (OSCC) to empower the family institution, provide a holistic support system and organize creative activities at the community level;

Is concerned that despite the efforts to reduce the problems, there are limitations in implementation. To address challenges in different contexts, proactive measures at the local level are needed. Implementation at various dimensions needs fine-tuning, for example, *the quality of*

¹ The document on the 16th National Health Assembly / Main 3

childbirth, and the family support system. In terms of the quality of childbirth, the prevalence of teenage pregnancy rates in certain areas with repeat pregnancies implies low birth weight, social problems, and poor parenting. On the family support system, a great number of children lack access to resources, state welfare, and institutions that provide proper services for children under 2 years old;

And, **is worried** that infants may face subnormal development. This is due to low pregnancy checkup rate and low exclusive breastfeeding rate for the first 6 months of life, which is still far behind the global nutrition targets. Over 30% of infants are either underweighted and skinny or overweight. Besides, more than 25% of children aged 0-5 face suspected developmental delays. Meanwhile, a number of children are too hurriedly developed, resulting in a lack of motivation for long-term learning. Moreover, over 2 million children live in incomplete households, and around half of children aged 1-11 face mental or physical abuse by parents because parents lack understanding and readiness for childrearing and there is rushed brain development through overlearning in cram schools in order to pass kindergarten entrance exams. Some are raised as spoiled children or allowed excessive electronic media use;

Also, **is worried** that too many miss out on the government's child support through the baby grant scheme and that the scheme does not cover other costs/public services in childrearing. In addition, challenges remain in managing childcare services to employees in workplaces and communities, as the regulations are still unsupportive in allowing parents to spend time with their children. This, coupled with the social welfare for parents, is insufficiently comprehensive, which has impacts on the work of mothers after childbirth;

Views that improving the public policy on "promoting quality births and child growth for population development" is crucial to boosting the national birth rate, ensuring every birth is a quality birth in families wanting a child. Additionally, a child has the right to have a good environment for quality growth with proper physical and mental development, and support from communities and the government to grow up as valuable human capital and wealth of the nation. This can be considered a solution to address the problems faced by Thailand, a full-fledged aging society.

Hereby, adopts the policy statement:

All parties in the society have become aware of the value and significance of children as future of the nation and joined forces to create a shared value "**Transforming Thailand through Raising Quality Children**", with a focus on quality development, which is a solid foundation of national development. The concept of this shared value is "**Happy Child - Happy Family - Happy Community.**"

Creating the shared value can be done by (1) Building momentum to trigger a paradigm shift to raise awareness on upgrading development for quality births and child growth, (2) Pushing for family-friendly policies that support childbirth and childcare, (3) Embracing community-led approaches in creating safe and supportive environments for childcare and child development learning, and (4) Developing supporting systems for effective policy planning in the next stages.

The core contents of the policy statement are as follows:

1. Building momentum to trigger a paradigm shift by creating a shared value.

"Transforming Thailand through Raising Quality Children". Every child born is a nation's human capital. All parties in society must be well aware of the significance of child development, in particular during the first 2,500 days. To raise this awareness, a strategy in building momentum is aimed at key influencers, such as 1) individuals including movie stars/celebrities, leaders in government, business, and local sectors, to communicate proper childrearing, 2) networks through amplifying the success of child development cases in the communities or networks as inspiration for other areas, 3) social media on all platforms to present childrearing guidance and good practices for different groups such as families, new generations, the elderly who need to look after their grandchildren and single parents, etc.

2. Pushing for family-friendly policies by encouraging an environment conducive to childbirth and childcare through mandatory measures along with family welfare incentives in 4 dimensions; which are

2.1 **Time:** for example, **promoting a flexible work system for parents** such as shortening work hours or workdays, and allowing remote work for parents to have more time to take care of children while still being employed; and **extending parental paid leave to comply with the international standard.** The International Labor Organization (ILO) standards mandate a minimum maternal leave period of 14 weeks or six months after giving birth to correspond with the suggested exclusive breastfeeding period and to allow male employees to take care of their families.

2.2 **Finance,** which includes **feasibility studies on childbirth grants and monthly newborn allowances** to lighten the burden of new parents, taking into account the consumer price index and fiscal sustainability, as well as **child education support** such as tuition fee reduction for families with many children, etc.

2.3 **Childcare Support System,** which includes **setting up childcare centers for children under two that offer quality services at affordable prices** with a Public-Private-People-Participation approach, in collaboration with local administrative organizations, **promoting the roles of the private sector in childcare** through tax incentives, i.e. encouraging the setting up of industrial estates networks to start childcare centers and supply breastfeeding rooms for employees.

2.4 **Laws and regulations:** To push for laws and regulations that support family building for people of all groups, in particular the laws on same-sex marriage and adoption rights, surrogacy, and acknowledging infertility as a disease to allow people to be treated using social security benefits.

3. Embracing community-led approaches in creating safe and supportive environments for childcare and child development learning by:

3.1 **Engaging local working committees of all sectors** to learn about childcare and children's development in harmony with local cultures on the principle of quality births and child growth. Children should be raised in a way that allows them to develop their potential, feel proud of themselves, and see their self-worth. They should have an opportunity to develop proper Executive Function (EF) in different phases of life. Actors at the sub-district level may include local and community organizations while actors at the district level may include the District Health Board, acting as community managers to collaborate with provincial actors and other sectors in supporting knowledge, and referring cases when they need help. Local actors also need to have at hand a central database of targeted children, in particular, those in early childhood in diverse types of families.

3.2 **Encouraging the use of local childcare and child development grants,** for such activities as parents' school, brain-based learning children's playgrounds in all early childhood development centers, and support in parenting resources for the vulnerable families.

4. Developing support systems for policy planning

4.1 **Determining the future scenario of desirable Thai children** for children development policy planning, which corresponds with changing contexts and timing.

4.2 **Promoting the development of local database systems** using local tools for compatible systems and networks to make it convenient for data use in policy planning to be able to assist particular targets in particular areas, i.e. the number of toddlers, the number of children facing hardship, families with different lifestyles and the vulnerable. A central authority should be appointed to analyze the data and draw a meaningful interpretation of the national overall statistics.

4.3 **Supporting studies and research:** 1) Longitudinal survey studies, such as research into contributing factors to early childhood development with continuous follow-up, 2) Behavioral research, i.e. in childrearing among different groups of families, which can be built upon for further childcare guidance on positive parenting, or nudge parenting, and 3) Assessment of implementation process and outcomes of childcare measures or welfares, as well as cost-benefit analysis, to encourage the government's investments that truly bring benefits to children and families.

The resolution of the National Health Assembly:

1. To adopt the policy statement and the key contents of the statement of promoting quality births and child growth for population development as proposed.

2. To report the progress in the implementation of this resolution to the 18th National Health Assembly.