

# briefing

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international



## Minority and Disability Rights in Thailand's Deep South





Malay Muslim women with disabilities in the South of Thailand share agricultural produce.  
*Credit: Sakena Yuso*

Illustrations: Paeng Visual Notes



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### Minority Rights Group International

MRG is an international NGO working to secure the rights of ethnic, religious and linguistic minorities worldwide. MRG has consultative status with the United Nations Economic and Social Council (ECOSOC), observer status with the African Commission on Human and Peoples' Rights (ACHPR), and is a civil society organization registered with the Organization of American States (OAS). MRG and its partners in Thailand have researched and advocated for the rights of minorities in the Southern Border Provinces for many years.

### Institute of Peace Studies, Prince of Songkhla University (IPS)

IPS is the first peace education academic organization in the South. Founded in 2004, the objective of this institution is to build knowledge and skills in social and human resource development according to peaceful means. Moreover, IPS can provide conflict management processes in accordance with human rights and peaceful Islamic traditions. The main missions of the institute include teaching elective undergraduate courses for students, as well as the Master's degree courses offered in Conflict and Peace Studies. At present, the Institute of Peace Studies is focusing on holistic learning in order to produce a Master's degree for social change and provide the analytical potential to create a society for peace. Consequently, the institute collaborates on research and academic activities with various faculties, as well as partnering with various universities at both the domestic and international level.

### Center for Conflict and Cultural Diversity (CSCD)

CSCD was established in 2008 as an institution endorsed by the Prince of Songkhla University Council to develop research on conflicts and cultural diversity in the Deep South, using a multidisciplinary approach. By combining social sciences, humanities and economics with political sciences, it produces academic work as a supportive mechanism for resolving conflicts and violence in the Southern Border Provinces. As the unrest has continued for a long time, Prince of Songkhla University wants CSCD to stand out as a centre for research studies under Institute of Peace Studies (IPS) on issues of social and political conflicts in the area.

### Southern Association of Disabilities

Southern Association of Disabilities was founded in 2015 as a branch of the Association of Disabilities Thailand that drives work on disability rights in the Southern region of Thailand, including the Southern Border Provinces of Yala, Narathiwat, and Pattani. The activities of the association include promoting the rights of persons with disabilities in line with state legislation, including promoting access to education, vocational training, assistive devices and equipment, tourism and sports, and promoting the specific rights of women and children with disabilities.

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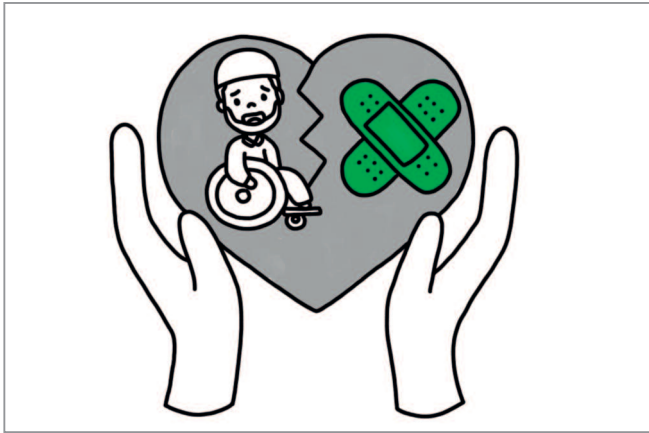
**Minority and Disability Rights in Thailand's Deep South** is published by MRG as a contribution to public understanding of the issue which forms its subject. The text and views of the author do not necessarily represent in every detail and all its aspects, the collective view of MRG.

# Minority and Disability Rights in Thailand's Deep South

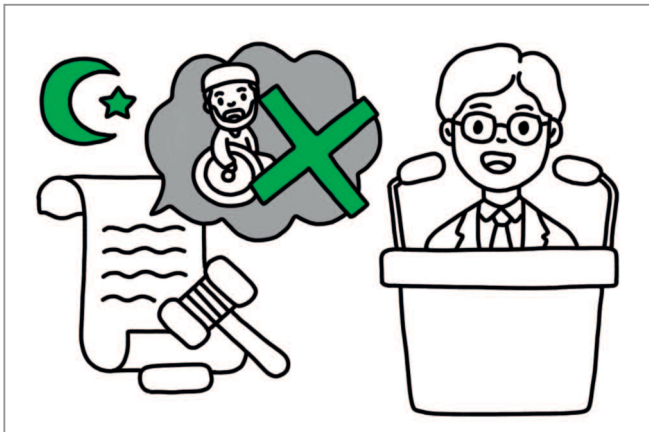
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# Easy Read Summary



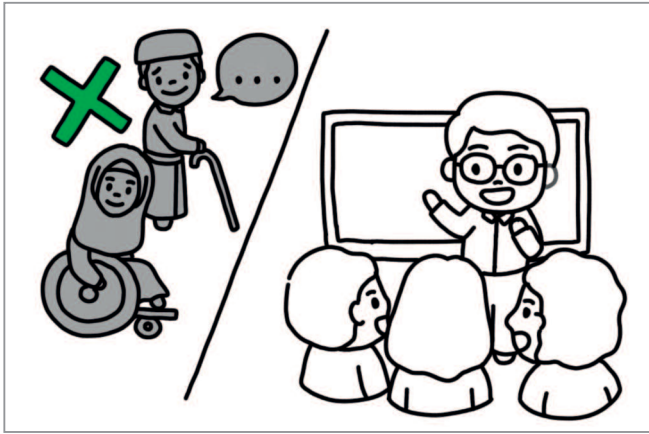
People with disabilities are a vulnerable group in the southern border provinces of Thailand. Most of them are Malay Muslim.



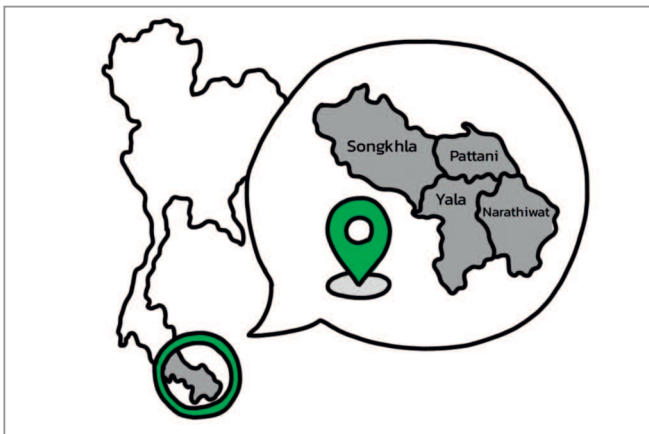
Malay Muslims with disabilities are also a minority ethnic group in Thailand who do not get enough attention in policies and projects about disability, development and solving conflict.



This report is about the needs of people with disabilities in the southern border provinces and their access to rights in Thailand.



People with disabilities are an important part of reducing conflict and improving development in the southern border provinces but they are often forgotten or excluded.



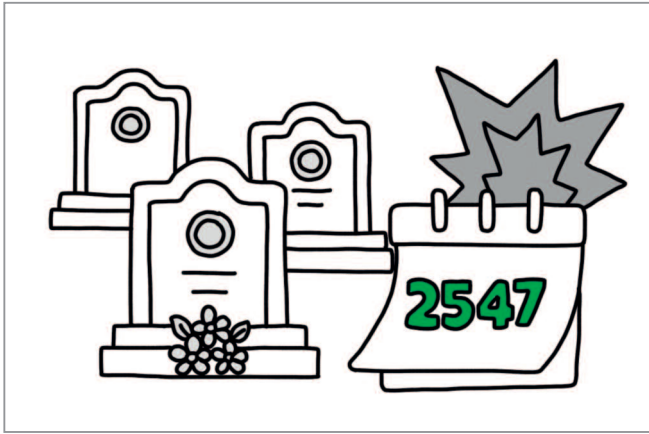
Thailand's southern border provinces include Pattani, Yala, Narathiwat, and four districts of Songkhla.



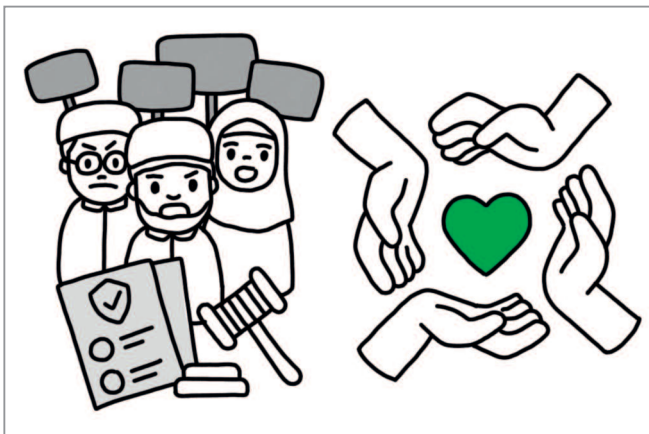
The southern border provinces are the home of Pattani-Malay speaking Muslims, Thai Buddhists and ethnic Chinese people.



The area continues to have conflicts between the Thai state and the Patani Independence Movement.



The conflict has caused a lot of damage and 7,000 people have died since 2004.



A key reason for the conflict is the fight for the right for Malay Muslims to make decisions about their future, social rights and political participation



And to stop discrimination and provide acceptance of their identity, language and culture.



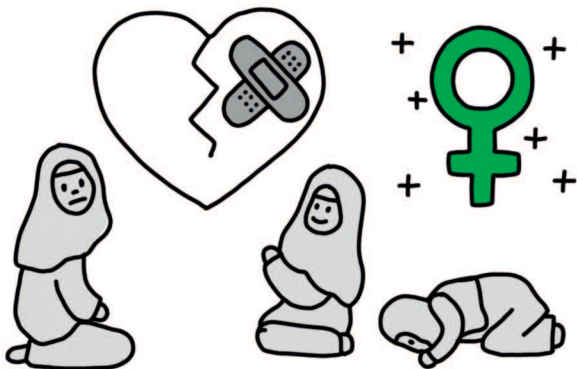
However, Malay Muslim people still face discrimination and problems accessing equal rights in the southern border provinces.



Discrimination creates barriers to good education, health care, employment and development opportunities in the region.



These problems are made worse by the conflict situation and neglect by the government.



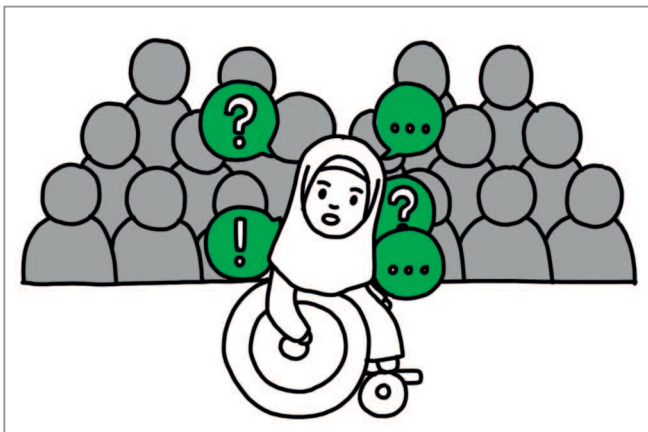
Malay Muslim women face even more barriers accessing their rights because of gender traditions and expectations.



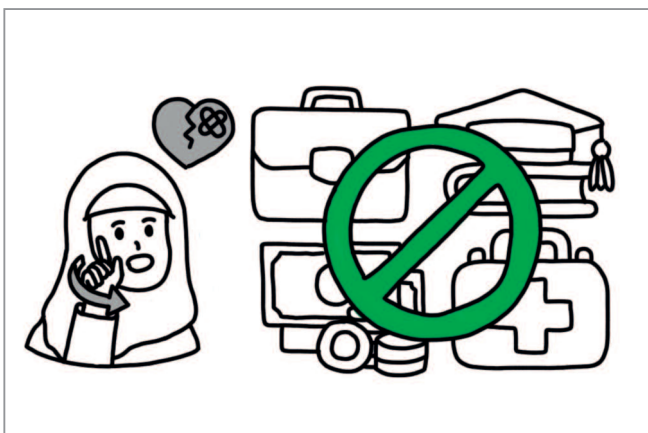
Women with disabilities are more at risk of sexual harassment and violence. Victims face barriers accessing their right to justice.



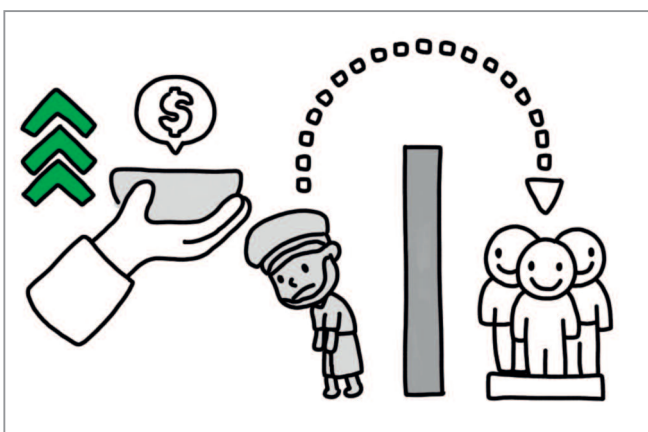
There are over 50,000 people registered with disabilities in the southern border provinces. They are affected by conflict and underdevelopment in the region



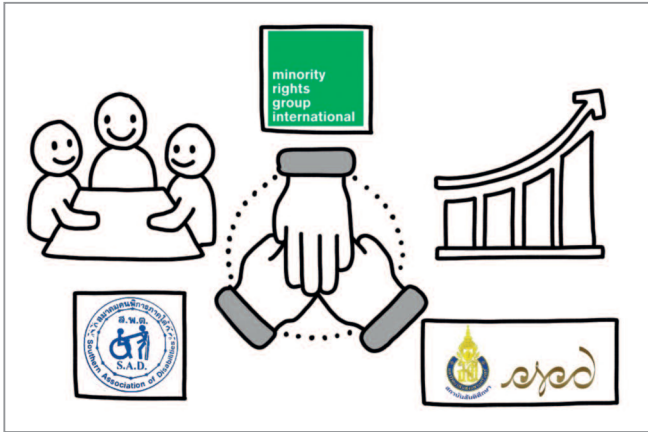
People with disabilities face lots of barriers to accessing their rights. These barriers can be administrative and physical barriers but also social barriers, like stigma and misunderstanding about disability.



These barriers mean that people with disabilities suffer from higher unemployment, poor access to education, poorer health and poor economic opportunity.



This increases poverty and exclusion from social and political participation.



To write this report, Minority Rights Group (MRG) worked together with the Center for Conflict and Cultural Diversity (CSCD) at Prince of Songkla University and the Southern Association of Persons with Disabilities.



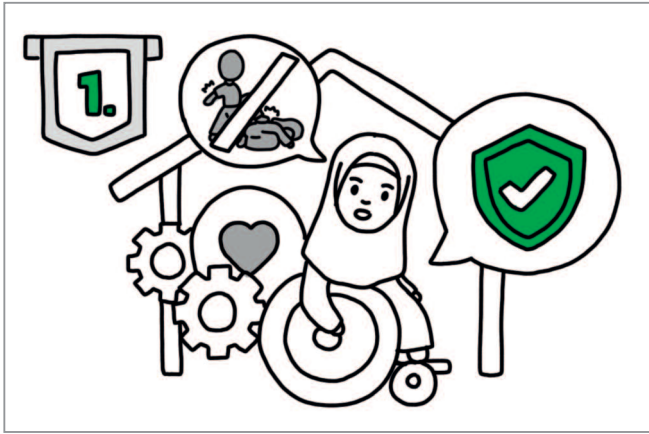
We collected information by talking to people with disabilities, government staff and other organizations in Songkhla, Narathiwat, Pattani and Yala provinces in 2020 and 2021.



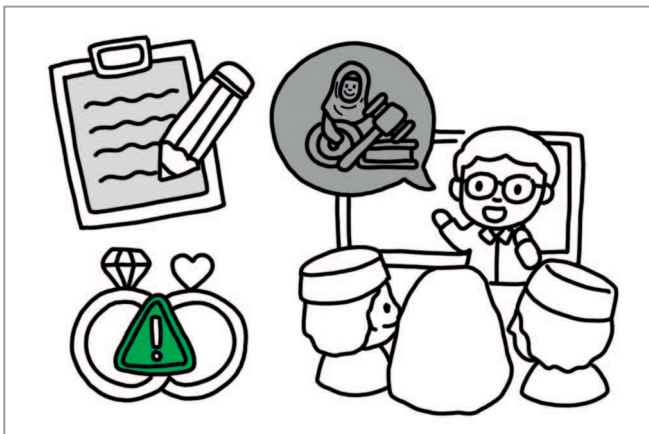
This report gives 9 recommendations to removing barriers to people with disabilities in the southern border provinces.



These recommendations can be used as a starting point. The main recommendations are:



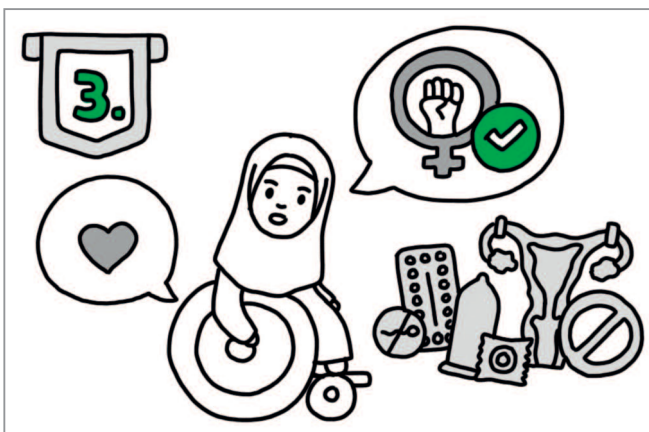
1. Create better systems to protect Malay Muslim women with disabilities in the southern border provinces from sexual and physical violence.



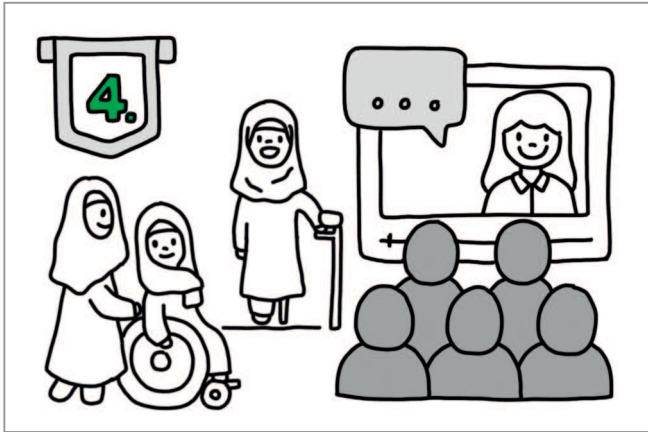
Work with the community to record violence when it happens and educate people about the rights of women with disabilities, including ending forced marriage to men who use physical and sexual violence.



2. Make sure that Malay Muslim women with disabilities have access to the criminal justice system and that people who use sexual and physical violence are caught and held to account.



3. Make sure that Malay Muslim women with disabilities access their sexual and reproductive rights. This includes access to sexual health services and protection from forced sterilization.



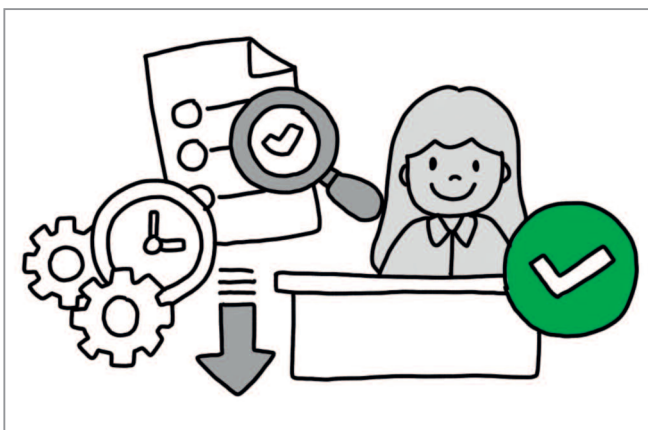
4. Include more Malay Muslim women with disabilities in community development, training and employment projects in the southern border provinces.



Make sure that organizations of persons with disabilities and victims of conflict are included in the conflict resolution, development and peacebuilding processes.



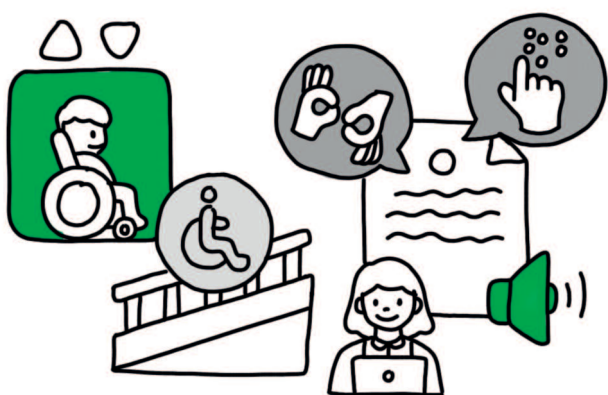
5. Educate people on the rights of people with disabilities by sharing information on disability registration, welfare, health, education and employment. Information should be in accessible language formats like Pattani-Malay and local sign language.



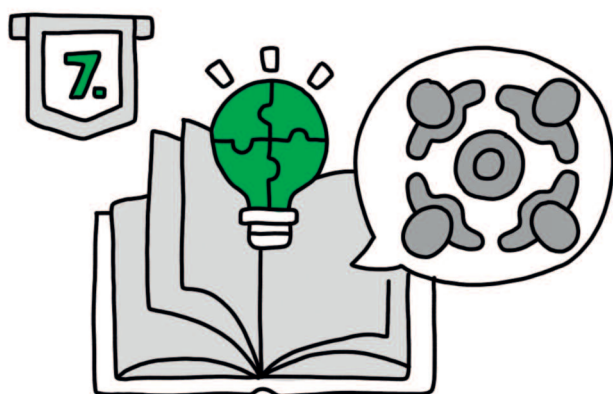
Remove barriers to accessing disability services by making processes simpler and training staff to provide better assistance to persons with disabilities.



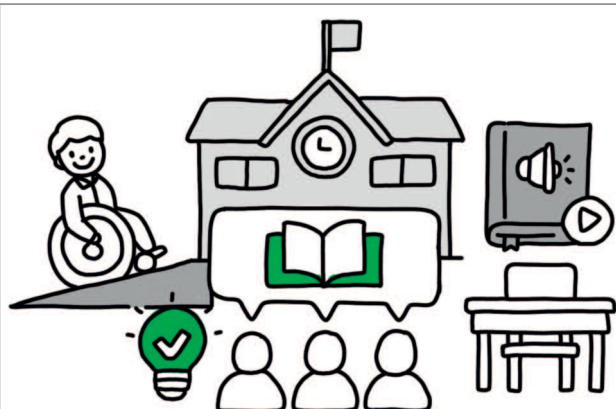
6. Make sure that people with disabilities in the southern border provinces can access their political rights by making public services and public spaces accessible. This includes public transport, hospitals and clinics, leisure and shopping centres, mosques, shrines, temples, schools, learning centres, universities, district offices, polling stations and government buildings.



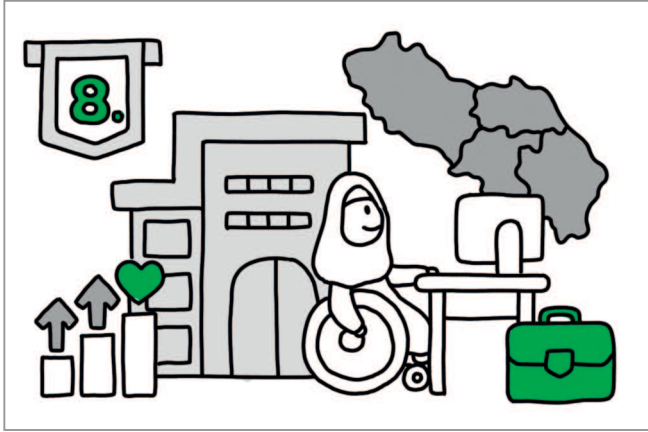
Make public spaces and services accessible by providing ramps, elevators, accessible toilets, information in sign language and braille and training staff on how to help people with disabilities.



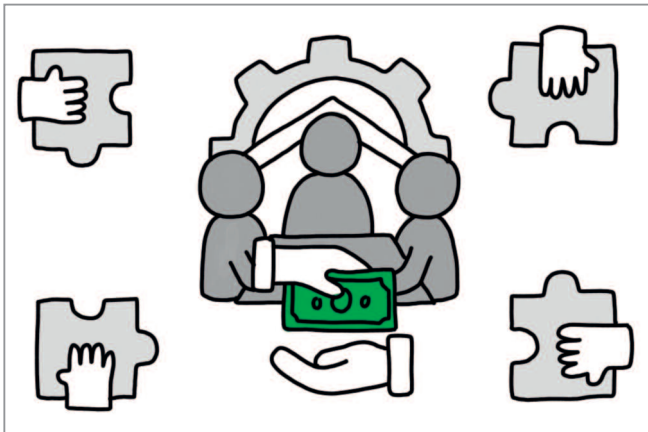
7. Make education and training accessible to children and young people with disabilities including in private Islamic schools.



Train teachers on inclusive education and make school buildings accessible to people with disabilities who use mobility aids like wheelchairs.



8. Make sure people with disabilities can access their right to work. Make jobs and workplaces accessible for people with disabilities and stop employment discrimination.



Work with organizations of people with disabilities to help people find jobs and make new policies for work schemes for people with disabilities in the southern border provinces.



9. Remove barriers to health care, social services and assistive devices for people with disabilities by making information and services accessible.



Train health care and social service staff about the rights of persons with disabilities. Make better systems to help victims of the conflict in the southern border provinces.

# Executive Summary and Recommendations

For Malay Muslim persons with disabilities in the SBPs of Thailand, the vulnerabilities they face as persons with disabilities are compounded by vulnerabilities which stem from their identity as an ethno-religious minority in the state of Thailand. Without immediate and sustained attention from policy makers, persons with disabilities in Thailand's SBPs will continue to be neglected by policies that are meant to address their needs in the wider context of disability rights in Thailand while also being overlooked in efforts to reduce conflict and increase development in the SBPs, deepening their marginalization from the wider society.

Thailand's SBPs are comprised of the provinces of Pattani, Yala, Narathiwat, and four districts of Songkhla. This region is home to Malay-speaking Muslims, with enclaves of Thai Buddhists and ethnic Chinese communities. It is also the site of a long-running Pattani independence movement that has been driven by armed insurgent forces, wracking the region in deadly violence that has killed over 7,000 civilians since 2004. At the heart of the conflict is a struggle for the right to self-determination for the Malay Muslim population, including the right to social and political participation, non-discrimination, and the recognition of their identity, language and culture.

Discrimination in equal access to rights and services for the general Malay Muslim populace is well documented. The right to quality education, health care, employment and development opportunities is constrained in the SBPs due to historic and ongoing neglect and discrimination from the central Thai government administration, further complicated and worsened by the ongoing conflict. Malay Muslim women, in particular, face specific vulnerabilities tied to their gender, including those stemming from traditional and conservative gender expectations.

For persons with disabilities, women in particular, these vulnerabilities that structure their daily lives as Malay Muslims are further compounded by their experience as persons with disabilities. With over 50,000 in the SBPs registered as persons with disabilities,<sup>1</sup> they are disproportionately affected by both the conflict and the under-development of the region. Barriers to protecting the rights of persons with disabilities are not only administrative or physical, but also psychosocial, with heavy stigma attached to disability in the SBPs. As a result, persons with disabilities suffer from high rates of unemployment, restricted access to education, poorer health, fewer economic opportunities, and increased poverty rates, as well as marginalization from social and political participation. Women with disabilities are at increased risk of sexual abuse and violence, and have greater difficulties accessing justice and rights-respecting recourse.

Persons with disabilities are not a uniform group, but instead, experience discrimination on account of a variety of overlapping and intersecting aspects of one's identity. These intersecting forms are evident when racial discrimination intersects with discrimination on the axis of ability, and can compound one's experience of discrimination. Individuals experiencing intersectional discrimination are often overlooked in the texts of the various UN Conventions. However, in recent years there has been increasing recognition of multiple and intersecting forms of discrimination facing persons with disabilities in the Concluding Observations of UN committees. Examples include the Committee of the Convention on the Rights of Persons with Disabilities (CRPD), the International Committee on the Elimination of Racial Discrimination (ICERD), and the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW): all of these have made observations and recommendations pertaining especially to women and girls with disabilities, but also those with other intersecting identities such as LGBTQI+ persons with disabilities, indigenous persons with disabilities, and persons with disabilities from ethnic minority communities.

This report aims to highlight the forms of discrimination faced by minorities with disabilities in the SBPs of Thailand. This report is written from the standpoint that intersectional discrimination on the grounds of disability and minority or other statuses cannot be separated, and therefore needs to be highlighted and addressed by relevant organizational bodies at the local, national and international levels.

It is in this context that Minority Rights Group, in partnership with the Institute of Peace Studies, Prince of Songkhla University (IPS), the Center for Conflict and Cultural Diversity (CSCD), and the Southern Association of Disabilities collected data through a series of interviews and focus group discussions that took place in August and September 2020 and in July 2021 in Songkhla, Narathiwat, Pattani, and Yala Provinces.

The report makes some key recommendations that will serve as first steps to address barriers to participation experienced by persons with disabilities in the SBPs and ongoing intersectional structural discrimination, including:

1. **Create comprehensive mechanisms to ensure the right to security of Malay Muslim women with disabilities in the SBPs and protect their right to be free from all forms of sexual and physical violence.** Work with communities to document instances of abuse and educate communities on the rights of women with

- disabilities, including ending forced marriage to perpetrators of sexual and physical violence.
2. **Ensure that the criminal justice system is accessible to Malay Muslim women with disabilities and strengthen efforts to hold perpetrators of sexual and physical violence to account.**
  3. **Guarantee the sexual and reproductive rights of Malay Muslim women with disabilities including access to reproductive health services and protection from forced sterilization.**
  4. **Include Malay Muslim women with disabilities in community development and training and employment initiatives in the SBPs.** Ensure that organizations of persons with disabilities and groups representing victims of the conflict who have become permanently disabled are included in conflict resolution, development and peacebuilding initiatives in the SBPs.
  5. **Promote awareness of the rights of persons with disabilities and their families including disseminating information on disability registration and benefits, healthcare, education, and employment schemes available in accessible formats, in Pattani-Malay language, and in local sign languages.** Remove barriers to accessing disability services by simplifying processes and training personnel to provide appropriate assistance.
  6. **Guarantee the political rights of persons with disabilities in the SBPs by increasing accessibility of all public services and public places, such as:** public transport, healthcare services, leisure and shopping facilities, mosques, temples, schools, learning centres, universities, district offices, polling stations, and public administration buildings by providing provisions such as, but not limited to, ramps, lifts, accessible information including sign language and braille, and accessible toilet and changing facilities and staff training.
  7. **Increase provisions for inclusive education and training for children and youth with disabilities, including in private Islamic schools.** Dedicate resources to training teachers on inclusive education practices and make all education buildings physically accessible to persons with disabilities who use mobility aids.
  8. **Ensure the right to work by generating employment opportunities for persons with disabilities in the SBPs and addressing discriminatory employment practices.** In conjunction with organizations of persons with disabilities, develop and implement employment schemes that are economically and culturally appropriate to the SBPs.
  9. **Remove barriers to accessing public health, medical care and social security, and procurement of assistive devices for persons with disabilities by making services and information accessible and providing disability rights training for all healthcare and social services personnel.** Develop initiatives to address psychological and physical healthcare needs of those affected by the conflict in the SBPs.

## Methodology

Data on the situation of persons with disabilities in Thailand's Southern Border Provinces (henceforth SBPs) were collected from a series of interviews and focus group discussions that took place in August and September 2020 and in July 2021 in Songkhla, Narathiwat, Pattani, and Yala Provinces. Data were collected from persons with disabilities from various marginalized communities and groups including Malay Muslims, Buddhists, women, and children, and involved consultations with local and national disabled persons organizations (DPOs), governmental organizations (GOs), and human rights non-governmental organizations (NGOs). A draft of the report was prepared by Minority Rights Group International and reviewed by the Institute for Peace Studies and the Southern Association of Disabilities before being finalized. This report was prepared adhering to the principle of 'Nothing About Us Without Us', in consultation and partnership with the disability community in the Deep South of Thailand.

# Background

Thailand's SBPs, including Pattani, Yala, Narathiwat, and four sub-districts of Songkhla, is the traditional territory of Pattani-Malay speaking Muslims that have descended from the independent Muslim sultanate that was annexed to Thailand (the Kingdom of Siam) in the early 1900s. Malay Muslims are Thailand's largest minority group, numbering 1.5 million people who make up a predominantly Malay Muslim majority of the southernmost region.<sup>2</sup> Muslims make up an average of 82.6 per cent of the population of the SBPs<sup>3</sup> but, according to the 2010 population census, just 4.9 per cent of the total population of the country.<sup>4</sup> However, only 18 per cent of Thai Muslims are ethnic Malays.<sup>5</sup> Buddhists make up around 21.6 per cent of the population of the SBPs, making them a regional minority, in comparison to their overwhelming majority of the total population of the country. Thai is the official state language, but mother tongue Kelantan-Pattani Malay (known as *Jawi*) speakers account for an average of 75.5 per cent of the population of the three southernmost provinces.<sup>6</sup> Several thousand people use Thai sign language as their first language in the region.

The Thai state has engaged in a decades-long campaign to erase the distinct identity of the Pattani people through Thai language and Thai identity assimilation policies. State institutions have treated the ethnic identity of the Pattani region as the biggest threat to the cohesiveness of the Thai state, while they have largely tolerated and supported the Muslim religious aspect of their identity. This approach, which many Pattani Muslims considered as the actions of a colonizing Thai state, led to a simmering insurgency, starting in the 1930s and eventually leading to the establishment of the *Barisan Revolusi Nasional* 'National Revolutionary Front' (BRN) in the 1960s that engaged in low-scale guerrilla warfare to advance their political goals. In the 1980s, the Thai state took a more reconciliatory approach that sought to accommodate the Malay ethnic identity and language, leading to a reduction in violence and the activity of the BRN. Yet after Prime Minister Thaksin Shinawatra took a more aggressive, assimilationist approach to the region, discontent increased and resulted in renewed insurgent attacks. The ensuing aggressive crackdown by state authorities, and in particular the October 2004 incident in the village of Tak Bai, where 85 Malay Muslims suffocated to death after being stuffed into army trucks, ended up radicalizing new segments of the community and re-energizing the insurgency.

Persons with disabilities are disproportionately affected by both the conflict and the under-development of the region. Official statistics put the number of registered persons with disabilities in Pattani, Yala, and Narathiwat at

18,364 persons, 12,329 persons, and 21,227 persons respectively in 2020, a total of 51,920 persons (23,072 women and 28,848 men) or 2.5 per cent of the provincial populations.<sup>7</sup> However, the National Disability Survey 2017 showed that disability registration rates are generally low across the country, with less than half (44.4 per cent) of the national population registered, falling to even lower levels (38.7 per cent) in the South.<sup>8</sup> Therefore, actual numbers of persons with disabilities in the SBPs are likely to be higher. Barriers to disability registration as cited by local disability organizations and in the National Disability Survey 2017 include lack of information, disability stigma, inaccessible transport and lack of assistance with the registration process, not all disabilities being included in the registration criteria, lack of identification documents, and people reporting no need for registration.<sup>9</sup> Disability data is not disaggregated by ethnicity nor religion, and so the numbers of persons with disabilities belonging to minority groups are unknown, although census data indicates that a majority of persons with disabilities in the SBPs are likely to be Malay Muslim, with a smaller number identifying as Sino-Thai or other ethnic and religious groups.

While there has been a decrease in violent incidents since peace talks began in 2013, unrest in the SBPs continues. From January 2004 to October 2021, there were a total of 21,235 incidents, 7,294 deaths and 13,550 injuries.<sup>10</sup> Although Malay Muslims have made up the majority of those killed and no community remains unaffected by the conflict, Thai-Buddhists have also been heavily affected due to the targeting of Buddhist temples and monks by insurgents. Beyond persons injured and killed during the conflict, 11,686 persons affected from 2004 to May 2020 have received assistance from the Ministry of Social Development and Human Security (MSDHS). Amongst this number are orphans, children whose parents have been seriously injured, widows, and hundreds of people who have developed disabilities as a result of the conflict, including 36 children and 151 teachers between 2004 and 2017.<sup>11</sup>

The situation of persons with disabilities in the SBPs continues to be affected by the region's structural, social, and economic conditions. Barriers to protecting the rights of persons with disabilities are not only administrative or physical, but also psychosocial, with heavy stigma attached to disability in the SBPs. As a result, persons with disabilities suffer from high rates of unemployment, restricted access to education, poorer health, fewer economic opportunities, and increased poverty rates, as well as marginalization from social and political participation. The ongoing conflict is likely to have specific

impacts on persons with disabilities and the right to health of minority groups within the SBPs: for example, 48 hospitals and nursing homes have been destroyed by separatist forces since 2004.<sup>12</sup>

Malay Muslim women with disabilities are particularly vulnerable, owing to multiple and intersecting discrimination on the basis of gender, ethnicity, language, religion, and disability. Anecdotal evidence indicates that rape of Malay Muslim women with disabilities in the SBPs is a widespread yet severely under-addressed issue, with little recognition by authorities or communities, and little or no assistance available to help victims report perpetrators or access medical or psychosocial care.

## Recognition and rights protections in state strategies

There are several legal frameworks explicitly relevant to persons with disabilities in the country. The 1997, 2007 and 2017 Constitutions all prohibit discrimination on the grounds of disability. The Persons with Disabilities Empowerment Act 2007 and its Amendment in 2013 (v.2) prohibit discrimination on the basis of disability and assert that the denial of reasonable accommodation constitutes discrimination.<sup>13</sup> They further outline the system for redress for such discrimination through the Department of Empowerment of Persons with Disabilities and the Sub-Committee on the Elimination of All Forms of Discrimination against Persons with Disabilities. The Empowerment Act further establishes the National Commission on Promotion and Development of Life Quality of Disabled Persons. Composed of several government ministries, the Commission coordinates various bodies for a centralized approach to policies and programmes for persons with disabilities; the Commission also has provincial sub-committees. The Act also mandates the creation of a fund to cover assistance for persons with disabilities including through representative institutions in the areas of health, education, rehabilitation, and vocational training. There is also a ‘One Stop Crisis Centre Hotline’ that accepts complaints regarding violations of the rights of persons with disabilities and can refer cases for remedial measures or to the judicial system if deemed necessary.

There are also some health and education provisions for persons with disabilities under national laws. The National Health Security Act 2002 does not make reference to any form of discrimination in access to health services, but establishes a ‘Quality and Standard Control Board’ which is mandated to include representatives from a selection of different areas, including disability rights.<sup>14</sup> The Persons with Disabilities Education Act was passed in 2008, protecting the rights of persons with disabilities to education and protecting the right to inclusive education.

The Thai government also develops national plans to strategize on and prioritise areas for the promotion of the rights of persons with disabilities. The latest National Plan on the Empowerment of Persons with Disabilities (2016–2020), targets five areas including general empowerment of persons with disabilities; support for independent living; promotion of comprehensive work on persons with disabilities; development of a disability database; and monitoring on implementation progress.

Despite these national laws and policies, there is no clear focus on minority or other intersectional issues facing persons with disabilities, and this oversight obstructs the realization of the rights of these exceptionally vulnerable groups. Furthermore, persons with disabilities in the SBPs complain of a notable lack of implementation in comparison to other parts of the country.<sup>15</sup> More research needs to be undertaken to gather clear data regarding just how effective these laws and policies have been in the SBPs, and the extent to which resources have been fairly distributed across services.

Thailand has taken steps to address the situation of Malay Muslim women in the SBPs via initiatives such as the Strategic Plan for Children, Women and Families in the SBPs B.E. 2562–2564 (2019–2021), the National Women’s Development Strategy (2017–2021) and Coordination Centres for Women and Children Affairs in the SBPs. However, there is little evidence that Malay Muslim women with disabilities are included or considered as part of these initiatives.

Finally, Thailand is also party to the CRPD, which makes explicit mention of persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status, in its preamble.<sup>16</sup>

# Issues for concern

## Women's rights and sexual violence

In the SBPs, women have been affected by persistent violence, suffering both physically and psychologically. Links have been made between the increase in conflict-related violence since 2004 and an increase in domestic and gender-based violence. Women suffer the burdens of becoming the primary income earner and care giver when husbands are detained, suffer from trauma post-detainment, are killed or displaced. Women-headed households are poorer than male-headed households, with few options for support or employment, compounded by cultural gender roles that place women firmly in the domestic environment. There are an estimated 3,000 women that have been widowed by the conflict,<sup>17</sup> who report discrimination from the wider Malay Muslim society, pressure to remarry in order to find security, or acute poverty.

Malay Muslim women face traditional and conservative gender stereotyping that can result in lack of autonomy, limiting economic opportunities and intimidating women from taking public leadership roles. Women report discrimination when they try to report domestic abuse to the police, who only refer them to Islamic Provincial Council as an issue under the Islamic Family law. Though not officially passed by parliament, the law is being applied in an inconsistent manner, often discriminating against women's rights, for example in cases of divorce, polygamy, and spousal violence.

Health indicators for Malay Muslim women in the SBPs are worse than women in urban and ethnic majority areas outside the SBPs, which can in part be attributed to the ongoing conflict. For example, as the conflict reignited, maternity mortality doubled between 2003 and 2006.<sup>18</sup> By 2012, the maternal mortality rate in the Deep South was 30.5/100,000 live births versus the national average of 18/100,000,<sup>19</sup> figures which are thought to be grossly underestimated.<sup>20</sup> Quality sexual and reproductive health education is nearly non-existent.<sup>21</sup> Female circumcision continues to be widely practiced among Muslims in the SBPs, putting girls' long-term health at risk.

For women with disabilities throughout Thailand, the threat of sexual violence is pervasive, with reports of women with disabilities being raped repeatedly by immediate family members, relatives or neighbours.<sup>22</sup> Similarly, in the SBPs, sexual violence against Malay Muslim women with disabilities is thought to be significantly under-reported: particularly in communities that rely on local leaders, the community, family members, and religious leaders prefer to keep incidents secret or deal

with them internally. As a result, perpetrators of sexual abuse are usually not apprehended or convicted, and there is no official record of assaults. It is common practice that victims are forced to marry perpetrators by local leaders and family members.<sup>23</sup> The inaccessibility of the justice system for women with disabilities and lack of government assistance for women with disabilities adds further barriers to protection and recourse to justice.

Women with intellectual, communication or complex disabilities are particularly at risk, and rape often results in pregnancy owing to lack of access to reproductive health services. In some cases, forced sterilization of victims is implemented as a solution without informed consent.<sup>24</sup> According to Nattaya Boonpakdee, a representative of United Nations Population Fund in Thailand, sterilization without informed consent is commonly used by families as a way to apparently deter sexual abuse and potential pregnancies in women with disabilities throughout Thailand<sup>25</sup>

## Access to justice

Since the conflict re-ignited in 2004, civilians have accounted for 70 per cent of all conflict-related deaths,<sup>26</sup> and the majority of those were Malay Muslim. Incidents have gradually decreased since 2007, and remained low during 2020, likely in part due to a ceasefire called by the BRN during the pandemic. According to local conflict monitoring organization Deep South Watch, in 2020 there was an average of 27.9 incidents and 23.1 casualties per month; in 2021, however, this increased to 38.8 incidents and 36.7 casualties per month, up to October 2021.<sup>27</sup> The insurgents largely use shootings, bombings and arson. Both sides of the conflict are responsible for attacks on civilians.

### Case study: Forced sterilization of a rape survivor with disabilities

A family residing in a village in Kapoho District, Pattani Province included a woman with psychosocial and intellectual disabilities living with her two daughters: one also with psychosocial and intellectual disabilities. This daughter was raped frequently by local villagers and became pregnant several times. She had three sons, two of whom were born with disabilities. After she gave birth to her last child, doctors sterilized her. A further solution implemented by the community was increased surveillance and house security. The rapists still have not been apprehended.

Civilians are often killed or injured during bombs placed in public areas by insurgent forces; civilians viewed as part of the state apparatus, such as teachers or village defence volunteers, have been disproportionately targeted. Security forces regularly commit extra-judicial killings of suspected insurgents; incidents of torture in custody are common. Local monitoring group Duay Jai has documented 150 cases of torture.<sup>28</sup> No members of state security forces have ever been successfully prosecuted, and authorities instead push for financial compensation in high profile cases.

Similarly, for those disabled in the conflict, compensation is the primary remedial avenue. According to the Remedial Policy for Victims of the Conflict in the SBPs, regular citizens who become permanently disabled as a result of being injured in the conflict are entitled to compensation of 500,000 THB, rehabilitation funds of 200,000 THB and a monthly allowance of between 1,000 and 3,000 THB.<sup>29</sup> However, some victims reported that they did not receive the full amounts they are entitled to because they have to rely on others to navigate the complex application process for compensation, and these people then steal some of the money.<sup>30</sup>

Although the Remedial Policy for Victims of the Conflict in the SBPs guarantees victims compensation from the state, this policy is only applicable to incidents that took place from 2002 onwards. There are approximately 100 soldiers who were injured prior to 2002, who are now aged between 60 and 70 and have not yet received compensation. Victims who were injured whilst serving or volunteering with the security forces after 2002 receive improved access to benefits, such as a continued salary or pension. The Thai Veterans Association plays a role in helping ex-staff or volunteers access assistance, such as scholarships and occupational funds. However, regular citizens or members of the armed forces who are injured whilst off duty are not guaranteed the same benefits and receive lower rates of state compensation, in line with the Remedial Policy for Victims of the Conflict in the SBPs.

Trauma-related psycho-social disabilities remain severely under-addressed in the SBPs. There is insufficient support, treatment, and therapies provided to persons, especially children, who have been affected by the conflict and are subsequently experiencing ongoing psychosocial disabilities.<sup>31</sup> Organizations of persons with disabilities in the SBPs and victims of the conflict who have become permanently disabled report that they are not aware of, nor have they been included in, any conflict resolution or peacebuilding initiatives by the local authorities of the SBPs.<sup>32</sup>

## Political rights and equal access to public service

Thailand is known for its highly centralized political system, dominated by either direct military rule or influence, and often strictly opposed to any forms of local

autonomy or decentralization. During the course of the junta-led National Council for Peace and Order (2014 to 2019) administration, provincial governors were directly appointed by the Ministry of Interior. The right to self-determination and political participation is at the heart of the conflict between the Pattani independence movement and the central government. According to the annual *Peace Survey* conducted by PSU, assessing public opinion on issues related to the peace process, in 2019 the government was given a confidence rating of 4.21/10, the lowest since they started the survey in 2016.<sup>33</sup>

One of the primary governance mechanisms that has been used by the Thai government in the SBPs is the Southern Border Provinces Administrative Centre (SBPsAC). Formed in 1981, SBPsAC helped facilitate more effective governance in the SBPs, serving as a bridge between the central administration and the local Malay Muslim populace, credited with calming the conflict throughout the 1980s and 1990s. After it was dissolved by Prime Minister Thaksin in 2002, violence escalated to unprecedented levels. The Centre was later reincarnated through the Southern Border Provinces Administration Act in 2010. Among other tasks, SBPsAC is mandated through this Act to prepare development strategies and coordinate those of other government ministries and offices; receive complaints on the conduct of local officials; provide assistance and remedy for those injured and affected by the conflict; provide culturally-appropriate trainings for officials working in the region; and promote multiculturalism. While there have been complaints about its organizational structure and overall impact, the SBPsAC is still considered a key communication channel with the central government.

Furthermore, persons with disabilities in the SBPs cannot enact their right to vote in person on an equal basis with others due to a lack of step-free access at province district polling stations, which makes them physically inaccessible to persons with disabilities who use mobility aids and wheelchairs. Reports from residents of Betong and Krong Pinang Districts in Yala Province indicated that polling stations have no ramps installed and persons with disabilities are left to rely on staff, family members, and neighbours to cast votes on their behalf during elections, or were otherwise excluded from voting.<sup>34</sup>

## Economic, social and cultural rights

Across Thailand, people with disabilities struggle to access their economic, social and cultural rights and are significantly overrepresented in the poorest households in comparison to the richest, at 11.4 per cent and 3.1 per cent respectively.<sup>35</sup> Poor living conditions and poor access to nutrition and healthcare may explain this disparity. In the SBPs, these disparities can be further exacerbated by sociocultural factors that prevent access to state

mechanisms to assist persons with disabilities. There is a lack of information available in Malay language about disability rights distributed to persons with disabilities in the SBPs, especially in rural and remote areas. Inaccuracies in interpretation of information on disability rights, policies and services from Thai to Malay language creates further barriers to persons with disabilities enjoying their economic, social and cultural rights in the SBPs.<sup>36</sup> Issues with sign language interpretation between Thai and Malay language and the limited availability of sign language interpreters prevents sign language users from accessing services and getting the correct information about their economic, social and cultural rights.<sup>37</sup>

Lack of information about disability rights contributes to the high levels of disability stigma in the SBPs. Disability stigma based on misinformation leads to discrimination against persons with disabilities and the creation of barriers to their full participation in society. Stigma leads to many persons with disabilities being hidden by their families within the home and not being registered with a disability card.<sup>38</sup> Therefore, many do not receive the benefits for which they are eligible and are prevented from participating in public life, which further compounds their marginalization.

## The right to work

The increase in conflict during the 2000s resulted in worsening economic and employment prospects for the SBPs. Malay Muslims experience on average worse economic disparities than their counterparts, including Thai Buddhists living in the SBPs, populations in the neighbouring provinces, people in Bangkok, as well as those living across the border in Malaysia. By 2015, the poverty rate in the SBPs was at 33 per cent, compared to the national rate of 7.2 per cent.<sup>39</sup> By 2017, poverty levels in the provinces of Pattani and Narathiwat had increased to 34.2 per cent and 34.17 per cent respectively,<sup>40</sup> the highest in Thailand.

Although Thailand has specific targets and strategies to promote employment of persons with disabilities in the government and private sectors, rates of employment of persons with disabilities within these sectors in the SBPs remain low. The ministerial regulation passed in relation to the disability employment quota (sections 33, 34, 35 of the Persons with Disabilities Empowerment Act) requires government agencies and private businesses with more than 100 employees to employ at least one person with disabilities for each 100 employees thereafter.<sup>41</sup> However, this quota is not effectively implemented in Narathiwat, Pattani, and Yala Provinces, due to the lack of large businesses with more than 100 employees in the region.

For persons with disabilities who are unemployed, there is a joint learning centre for skills development located in Pattani Province. The centre aims to develop the skills

capacity of persons with disabilities in line with sections 33 and 35 of the Persons with Disabilities Empowerment Act. However, assistance to unemployed persons with disabilities is not yet comprehensive, owing to the lack of available assistance and accessible facilities at the centre.

Discriminatory employment practices favour non-disabled applicants in the SBPs. Lack of accessible or disability-friendly facilities in workplaces, such as accessible toilets, makes workplaces inaccessible to many persons with disabilities in the SBPs. For government agency positions, complex requirements make accessing these jobs difficult for persons with disabilities, many of whom have received a low level of education due to disability discrimination.<sup>42</sup> Persons with disabilities in the SBPs are met with discriminatory stereotyping behaviours from employers and the general public, which limits their free choice of employment by promoting the idea that people with certain types of disabilities can only undertake certain forms of employment.<sup>43</sup>

According to Persons with Disabilities Empowerment Act persons with disabilities and their carers are eligible to apply for start-up business loans for small enterprises from the Promotion and Development of the Quality of Life of Persons with Disabilities Fund<sup>44</sup> However, interviewees in the SBPs reported discriminatory behaviour from employees of the Ministry of Social development and Human Security, who withheld information about the scheme and how it could be accessed.<sup>45</sup>

Persons with disabilities in the region are unable to benefit from income generation from the national Thai lottery quota. The quota allocates 1.3 million tickets to vendors with disabilities,<sup>46</sup> who generate income from the scheme. However, the lottery scheme is culturally inappropriate for Malay Muslim persons with disabilities, as it is considered to be against the laws of Islam. For Thai Buddhists, who constitute a minority in the region, the scheme is little known about or promoted by officials and therefore remains inaccessible as a source of income for Thai Buddhist persons with disabilities.

## Right to health, social security and social services

Health indicator data from the SBPs show a population that generally has worse health outcomes than the national average. According to a UNICEF report released in 2021, children in the SBPs are among the most malnourished in the country. In the provinces of Pattani, Yala and Narathiwat, around 23 per cent of children under five are stunted or have a low height for age ratio, almost double the national average of 13 per cent.<sup>47</sup> Narathiwat had the highest stunting rate among 17 provinces that were surveyed. Immunization is also concerning low in the SBPs among children: full immunization for children aged 1 to 2 was only 50 per cent for children in Narathiwat, compared to 82 per cent nationally.<sup>48</sup> Life expectancy in the SBPs is lower

than the rest of Thailand: according to statistics from 2012, life expectancy at birth for Pattani Province was 60.6 years for men and 67.3 years for women, compared to the overall Thai population, 71.9 and 78.7 respectively.<sup>49</sup>

Achieving the right to health for persons with disabilities in the SBPs is further complicated by discrimination and differential access. According to the National Health Security Act (2002), persons with disabilities are eligible for a Universal Health Coverage Gold Card for use at public hospitals and free community-based rehabilitation (CBR). However, persons with disabilities in the SBPs report discrimination in accessing their right to public health and rehabilitation services from healthcare workers, who are not trained on the needs and rights of persons with disabilities.<sup>50</sup>

Access to the national disability grant is reliant on an assessment and diagnosis via the Ministry of Public Health followed by registration and procurement of a disability ID card, through the Ministry of Social Development and Human Security (MSDHS). The national survey of people with disabilities in 2017 revealed that 55.6 per cent of persons with disabilities were still unregistered country-wide, meaning that the majority of persons with disabilities were not accessing their full entitlement to social assistance, such as the disability grant.<sup>51</sup> Local organizations of persons with disabilities estimate that the number of unregistered persons with disabilities in the SBPs is higher than the national average owing to the lack of information on disability rights, widespread discrimination, and inaccessibility creating additional barriers to the registration process. As the process for procuring a disability ID card is complicated and involves travel to multiple locations, the process can exclude persons with disabilities in the SBPs for whom accessible public transport is limited.<sup>52</sup>

Indeed, travel is a major barrier to accessing healthcare services for persons with disabilities in the SBPs because public transport infrastructure is poor and inaccessible to them. There is an emergency ambulance hotline, but this service is only available in the daytime and persons with disabilities reported discriminatory attitudes from healthcare service providers who would not facilitate access to accessible hospital transport. Many persons with disabilities are therefore reliant on family members, neighbours, or carers for transportation to hospitals. A lack of accessible car parking facilities at hospitals in the SBPs, abuse of accessible facilities by non-disabled patrons of hospitals, and regulations that do not allow a family member or carer to access these facilities when escorting persons with disabilities to hospital appointments act as further barriers to accessing health services.<sup>53</sup>

There is a budget available from SBPsAC to support assistive devices for persons with disabilities in the SBPs, such as hearing aids, wheelchairs, and walking devices. However, there are barriers to the procurement of assistive devices, which can leave persons with disabilities without the necessary equipment indefinitely or for long periods of time. According to the 2017 Disability Survey, 15.9 per

cent of persons with disabilities in the South of Thailand, including the SBPs, do not have access to required assistive devices or equipment.<sup>54</sup> The most common assistive devices or equipment needed but not received are walking sticks, hearing aids, glasses, and wheelchairs. Barriers to procurement of assistive devices and equipment include a lack of specialist doctors required to complete evaluations and order equipment at hospitals in the SBPs and reductions in the number of locations where devices can be procured. Lack of assistive equipment maintenance services in the SBPs mean that even if devices can be procured, when damaged or broken they become unusable.<sup>55</sup>

Furthermore, for deaf and hearing-impaired persons, availability of sign language interpreters at health facilities in the SBPs is lacking. This means that they are unable to communicate their health needs and wishes effectively to healthcare staff, therefore compromising their personal safety and the quality of medical treatment received.<sup>56</sup>

## The right to education

Because of the disruption in education attributable to the effects of conflict and regular school closures, children in the Deep South are more likely than those in other regions to not be enrolled in school, with 5.6 per cent of children not enrolled.<sup>57</sup> Schools in the SBPs have been specifically targeted by the insurgents, with bombings of schools and killings of teachers. There are limited opportunities for Malay Muslim youth to obtain a quality secondary education. Thai language skills are often lacking, and many do not pass the competitive national entrance exams, where there are no quotas to guarantee minority placements. Many complete their high school education from private Islamic schools, in order to accommodate Islamic study and practice, but the quality of the education prevents them from gaining placements in universities, or causes them to struggle once they are accepted.<sup>58</sup> The education available at open-entrance universities to which anyone can apply is often not high-quality enough to guarantee employment thereafter, and these institutes are primarily located in Bangkok.

The 1999 Education Act guarantees the right of all children, including those with disabilities, to free, quality education for 12 years, extended to 15 years in 2009. The 20-Year Educational Strategic Plan for the Southern Border Provinces (20-ESPSBPs) from 2017 to 2036 includes an action point relating to the improvement of educational attendance among vulnerable groups and those with disabilities.

Despite the efforts by the government to improve and ensure the right of access to education, children with disabilities in the SBPs face particular barriers to having these rights realized. Estimates of local disability activists in the SBPs put 50 per cent of children with disabilities as not enrolled at school or receiving any formal education. Local

## Case study: Compensation for conflict-related disabilities

On 20 January 2007, a student at a private Islamic school (*pondok*) in Yala Province was shot at an intersection while returning home. Four bullets hit him in the chest and left him paralyzed from the waist down. While seemingly random shootings were quite common at the time, Helam believes the attack was a reprisal in response to the shooting of a Buddhist two days earlier.

At first, his physical condition was terrible. He could not flip his body on his own, nor did he have physical sensation in his legs. It took him three years to recuperate, receiving physical therapy until his injuries improved.

Shortly after the incident occurred, his parents were shocked and saddened because the victim was their only son. To make matters worse, his father lost his eyesight in the same year that he was shot. His mother shouldered much of the responsibility in the family.

The young man started physical therapy and his physical capabilities began to improve. The doctor in charge

of his treatment together with an instructor at a physical education institute persuaded him to join the national disability sports team playing badminton. Thereafter his physical condition improved considerably: his legs were no longer numb and he could do daily tasks on his own including driving a car.

Through his participation with the disability sports team, he came to know about his eligibility for state compensation for his injuries. He received a total of 500,000 THB which was split into a first instalment of 200,000 THB and yearly tranches of 100,000 THB until he was fully paid. He is also eligible for a disability allowance of 3,000 THB a month. Playing on the badminton team also enables him to earn a salary of 9,000 THB per month.

He is planning to set up a capacity development club for persons with disabilities in Yala Province in order to educate disabled people in the area about their rights and how to reach out to state agencies.

universities in the SBPs are generally inaccessible for persons with disabilities, therefore most persons with disabilities have to study in Bangkok, which is an additional expense and barrier to progression to higher education in the region. Lack of access to quality education for deaf and hard of hearing persons in the SBPs also contributes to problems with communication and access to their economic, social and cultural rights.<sup>59</sup>

Information about services available to support access to education for children with disabilities is also lacking. This include, for example, information about where and how to get assistive devices and information about alternative education, including home education. A lack of specially trained teachers, resources, and accessible facilities, such as braille, sign language, ramps, accessible toilets, bilingual education, one-on-one support, and accessible school transport prevent participation of children and youth with disabilities at all levels of education in the SBPs. In private Islamic schools, a lack of accessible facilities limits the option of religious education for Malay Muslim children with disabilities.<sup>60</sup>

Whilst in other parts of the country, specialist education centres are available in each province to provide specialist teaching and training, there are currently none located in the three southernmost SBPs, with the first currently under construction in Yala Province.<sup>61</sup>

## The right to public and cultural participation

Persons with disabilities in the SBPs face a variety of barriers to participating in different areas of public life,

from religious and cultural activities to sports and social engagements. According to the National Disability Survey 2017, 38 per cent of persons with disabilities in Thailand's Southern region faced restrictions or difficulties in participating in community activities. Of those who faced barriers to participation, the top reasons cited were their disability (60.6 per cent), inaccessible transport (26.6 per cent), family members not wanting them to (10.5 per cent).<sup>62</sup>

The Sports Authority of Thailand Act of 2015 holds some key provisions for the inclusion of persons with disabilities in national sports promotion efforts. Such provisions include tasking the Sports Authority to develop, support, and promote sports for persons with disabilities; establishing a Sports Authority Commission which includes the President of the Paralympic Commission of Thailand as a member; and mandating that an expert on provincial sports committees must possess knowledge and expertise of disabled sports.<sup>63</sup> Despite these provisions, opportunities for engagement in sports, recreation, and leisure activities are limited for persons with disabilities. Inaccessibility, stigma, and lack of resources to enable inclusivity in sports, recreation, and leisure facilities create barriers to equitable participation for persons with disabilities in the SBPs.<sup>64</sup>

A majority of mosques remain inaccessible to Malay Muslims with physical disabilities in the SBPs. Requests for installation of ramps by locals who require them are met with excuses about the negative impact on the aesthetics of the building and surrounding areas.<sup>65</sup> In other areas, too, stigma and lack of disability rights awareness in the SBPs creates barriers to the general enjoyment of rights of persons with disabilities to public services. For example, persons with disabilities can face harassment on public

transport by other passengers and are not able to access allocated accessible seating.<sup>66</sup>

## Conclusion

These findings point to ongoing structural discrimination faced by persons with disabilities in the SBPs, stemming from discriminatory differential treatment in access to healthcare, education, employment, social and cultural rights, political participation, and access to justice. These experiences stem from discrimination on the basis of

their identity as persons with disabilities and as persons belonging to an ethnic-religious-national minority. While the findings are preliminary, they show how policies that are meant to advance the rights of persons with disabilities are not adequately implemented in the SBPs, and that their particular experience as persons with disabilities and as minority Malay Muslims, and the resulting intersectional vulnerabilities this entails, is being overlooked. Persons with disabilities in Thailand's SBPs are at great risk of deepening marginalization and falling through the cracks of any policies that are meant to address their needs in the wider context of disability rights in Thailand.

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## Minority and Disability Rights in Thailand's Deep South

Thailand's Southern Border Provinces (SBPs) are comprised of Pattani, Yala, Narathiwat, and four districts of Songkhla provinces. The region is home to Malay-speaking Muslims, with enclaves of Thai Buddhists and ethnic Chinese communities. It is also the site of a long-running Pattani independence movement that has been driven by armed insurgent forces, wracking the region in deadly violence that has killed over 7,000 civilians since 2004. At the heart of the conflict is a struggle for the right to self-determination for the Malay Muslim population, including the right to social and political participation, non-discrimination and the recognition of their identity, language and culture.

Whilst Thailand has made improvements in promoting the rights of persons with disabilities in recent years, this group continues to face significant vulnerabilities and barriers to their full participation in society. The situation is especially acute for persons with disabilities in the SBPs, who continue to be neglected by policies that are meant to address their needs in the wider context of disability rights in Thailand while also being overlooked in efforts to reduce conflict and increase development in the region, deepening their marginalization from the wider society.

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The text does not necessarily represent in every detail the collective view of MRG or its partners.

This study is available online at [www.minorityrights.org](http://www.minorityrights.org).



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