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Master's Thesis of International Studies

**The Well-being of Children in
Southeast Asia: Assessment through
the framework of the Convention on
the Rights of the Child**

**동남아시아 아동의 후생: 아동권리
협약의 틀을 통한 평가**

August 2022

**Graduate School of International Studies
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**The Well-being of Children in
Southeast Asia: Assessment through
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the Rights of the Child**

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Abstract

The Convention on the Rights of the Child (CRC) has been signed by all ten ASEAN member states, which have seen many improvements in the well-being of children in the past decades. However, issues remain. This thesis assesses and compares the well-being of children in Southeast Asia through the framework of the CRC. To achieve this, data on the well-being of children in Southeast Asia is analyzed together with a documentary analysis of reports by the Committee of the Rights of the Child, which allows for a comparison of the well-being of children in the region organized by four pillars of the CRC: survival, protection, development, and participation. This comparison brings on a discussion of the non-economic factors that are also having an effect, such as geography, politics, and culture. The thesis finds that culture affects the well-being of children through difference in standards between countries and the effects of traditional practices and views, as they can bring on discrimination. In terms of politics, not only does political conflict interfere with the well-being of children, but also political organization and the political system of a country affects how resources are allocated and if child well-being related issues are prioritized. Finally, geographical inequalities affect the well-being of children as those living in remote areas have limited access to good quality services. The thesis concludes with recommendations on ways for these issues to be addressed.

Keywords: Southeast Asia, child rights, Convention on the Rights of the Child.
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Chapter 1. Introduction

1. Study background

The Convention on the Rights of the Child (from now on CRC) was first implemented on November 20, 1989, setting a minimum standard for children's rights (Cohen, 1989). It is supervised by the Committee on the Rights of the Child, to whom each country submits a first report after two years of their access to the CRC and then a periodic one every five years, which is examined by the Committee who presents concerns and recommendations (OHCHR, 2021a). One hundred ninety-six states have ratified the CRC, making it the most adopted human rights agreement in history (UNICEF, 2021a).

The CRC has been ratified by all members of the Association of Southeast Asian Nations (hereafter, ASEAN), and in recent decades, child rights protection in Southeast Asia has significantly improved. However, there are still issues that require improvement (Save the Children Sweden, 2016).

According to data from The State of the World's Children 2021 Statistical Tables published by UNICEF in October 2021 (UNICEF Data, 2021), more than 667 million people are living in ASEAN, out of which 200 million are under 18 years old, and 55 million are under five years old (See **Table 21** in Appendix). Between the years 2000 and 2020, the population in the region has, on average, had an annual population growth of 1.2 percent (See **Table 22** in Appendix) which has been declining in the past few decades, seeing over 11 million births in 2020 (See

Table 23 in Appendix). The under-five mortality rate in the region went from 46 in the year 2000 to 21 in 2019, and life expectancy has been increasing, going from 67 years old in 2000 to 73 in 2020 (UNICEF Data, 2021) (See **Table 3** and **Table 24**). Although there has been an increase in children in the region, there has also been a change in the population pyramid, making it, so the share of people under the age of 19 has lowered from 42.0% to 33.1%, which is related to a lowering in both fertility and mortality rates (ASEAN, 2021).

Assessing the well-being of children in Southeast Asia is very relevant as it varies between children in the region depending on different factors. In addition, Southeast Asia is vastly culturally diverse, with countries having different definitions and standards of children's rights (ASEAN and UNICEF, 2019).

This diversity brings about the need to analyze the different approaches Southeast Asian states have had in improving the well-being of children and identify the areas in which countries have been prosperous and the ones where there is still progress to be made. And from this, place the factors influencing the countries' progress.

2. Purpose and Significance of the Study

Purpose of the study: This research aims to assess the well-being of children in Southeast Asia through the framework of the CRC.

Currently, Southeast Asian nations attempt to work together to improve the well-being of children through their ASEAN human rights mechanisms. However, these have been identified as “lacking teeth,” and it is generally understood that

they cannot fulfill a protective role. This issue occurs partly because of the absence of agreement between ASEAN countries on what constitutes human rights, and specifically, in this case, what child rights should be protected and how. The relevance of this study comes from the fact that it assesses and compares the well-being of children in these countries and identifies the factors affecting it, proposing ways to work towards a more coherent region. The hope is that through this discussion, Southeast Asian nations can find ways to better the well-being of their children that are consistent with each other and with the standard set by the CRC while being mindful of regional and national differences.

3. Research Question and Hypothesis

Research question: What factors influence children's well-being in Southeast Asia?

Hypothesis: Economic development, politics, culture, and geographical differences between Southeast Asian states influence the well-being of children in the region.

Chapter 2. Literature review and research design

1. Literature Review

Child rights in Southeast Asia are managed regionally by the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC) was founded in 2010 (ASEAN & UNICEF, 2019).

However, many have questioned the motives and efficacy of this human rights apparatus. According to Narine (2012), ASEAN's efforts to advance human rights (via organizations like the ACWC) are not particularly noteworthy because they mainly reflect the association's goal to gain external legitimacy. The author justifies this by saying that ASEAN efforts have had little effect on the member states as their domestic context is more powerful.

Similarly, Pisanò (2016) questions if the establishment of the ACWC will mean a betterment of women and children's rights in ASEAN, as we have seen that the mechanism's capabilities to enforce proper protection are feeble. However, the author does recognize that the judgment of the commission's effectiveness will be more productive once time has passed, as these issues require time to show progress.

In this same line, Doyle (2014) explains how ASEAN's human rights mechanisms are unproductive, as the ASEAN Intergovernmental Commission on Human Rights (AICHR) cannot receive complaints or directly intervene. Moreover, the ACWC cannot address specific countries' issues as the region has varied

definitions of women and child rights, and this lack of consensus makes it hard to intervene.

Correspondingly, Ciorciari (2012) examines the AICHR and the ACWC, explaining the reasons for their creation, their limited scope, and how they could develop. According to the author, these institutions can have a double effect by institutionalizing human rights. On the one hand, they provide more clear definitions and duties, but, at the same time, they allow the member states to address their faults in the non-guarantee or violation of human rights in a controlled and comfortable space. Bui (2016) also recognizes this issue, suggesting that ASEAN is incapable of protecting human rights as it doesn't have a court of human rights that can act on violations, recommending the creation of not only a court but also other mechanisms that can help it promote and protect human rights.

The diagnosis of ASEAN's human rights commissions as purely promotional can be found in the research of different approaches. Phan (2019) explores the design of the AICHR, concluding that it is more of a promotional mechanism than a protective one. It cannot directly act on behalf of human rights protection when it comes to a member country's issues. Plus, it is bound by the fact that all decisions are made based on the member states' consensus. Phan does recognize that the promotional aspect of the commission has allowed it to develop norms and standards that have positively impacted the region, which may allow it to, in the future, have a more protective role. Hara (2019) reviews this topic from a human rights regime theory and concludes that the AICHR is not yet in a stage of implementation or enforcement regime, being described once again as a

promotional institution. The author believes that ASEAN is transitioning to an implementation regime, but it is a difficult path as members are reluctant to give more enforcement power to the AICHR.

With all of this, it is clear that Southeast Asian states share different values, standards, and principles, which makes it complicated for them to work together on these issues. However, by signing three significant conventions that have an impact on the subject—the Convention on the Rights of the Child (CRC), the Convention on the Elimination of Violence against Women (CEDAW), and the Convention on the Rights of Persons with Disabilities (CRPD)- all ten ASEAN members have demonstrated a commitment to the protection of children's rights (ASEAN & UNICEF, 2019). However, only Thailand has ratified the CRC-OPIC^① (see **Table 25** in the Appendix for details).

Although these treaties have been signed, their implementation varies between ASEAN states. The lack of consistency in child rights within ASEAN is reported by ASEAN and UNICEF (2019); showing as an example of this issue how member states have different definitions for what a child is, with several member states' definitions differing from the CRC's definition of any individual below eighteen years old.

The lack of consistency can also be seen in the presentation of reservations. Several ASEAN states have signed CRC but presented reservations and declarations. According to the UN Glossary of terms relating to treaty action

①CRC-OPIC stands for the Optional Protocol to the Convention on the Rights of the Child on a communications procedure.

(2021), when a State presents a reservation, it will not consider the specified provisions in its' implementation of the treaty even though it agrees to its general terms. However, it is also established that reservations should be compatible with the treaty's object and purpose (United Nations, 2021).

Reservations are regulated by Section 2 of the Vienna Convention of the Law of Treaties (1969), articles 19 to 23, which define its formulation, acceptance of and objection, legal effects, withdrawal, and procedure. Article 20 specifies that if the treaty authorizes a reservation, then no other acceptance is necessary by other states for it to be valid. This is the case of the CRC, as specified in article 51^②. With this, States can present reservations to the CRC if they do not go against its general sentiment.

Reservations become flexible as determining the meaning of the compatibility of a reservation to a treaty is open to interpretation. The International Law Commission's Guide to Practice on Reservations to Treaties (2011) explains that the purpose of a treaty is agreed in good faith considering its context and title (International Law Commission, 2011, p. 32).

This flexibility allows for the interpretation that more significant participation in a treaty is preferred over ensuring its implementation is consistent between signing states.

In examining ASEAN countries' reservations to international treaties, Linton

^② Point 2 of Article 51 of the CRC expresses that “A reservation incompatible with the object and purpose of the present Convention shall not be permitted.” (United Nations, 1989)

(2008) explains that this allows them to present themselves when they do not comply with the treaty. This brings negative consequences for the children in the state as their rights are not fully met. Linton asserts that part of the reason for this is the absence of an ASEAN-wide standard governing children's rights, going so far as to claim that there is no common denominator to rely on. In this sense, Linton also points out that ASEAN used to be considered a “bastion of relativism” but that today, this would not apply as there is not one exact value that encompasses all the nations (including relativism). Their values vary primarily according to their context and culture.

With the knowledge of ASEAN members’ lack of common standards when it comes to child rights the question of the well-being of children in the region becomes crucial. The well-being of children in Southeast Asia has seen progress over time, but many issues remain, with different actors and circumstances affecting it.

Kampan and Tanielian (2016) go over the strong and weak points of ASEAN member states regarding promoting and protecting child rights. They evaluate several different issues (malnutrition, exposure to violence, sexual and economic exploitation, STDs, drug use, and education) and look at what can be done in the region considering the new ASEAN Economic Community (AEC). The authors propose that as much as ASEAN and individual governments can pass laws and improve their efforts to protect child rights, the real change must come from the regional communities, as are everyday people who must support the principles of the state. In this sense, it is the role of adults in the region to recognize, respect, and

promote child rights.

In this line of research, others emphasize the role of the state. For example, a report on what ASEAN integration would mean for children by UNICEF (2018a) looked at the effects of the Post-2015 ASEAN Vision on children's rights. As a result of their research into the region, they discovered that while ASEAN has systems in place to protect children's rights, its human rights body (the ACWC, for instance) cannot hear complaints or look into member states' alleged violations. With this, the protection of child rights is in the hands of each member, which is problematic as we have established that they all have their standards for themselves. With this, the UNICEF (2018a) report recommends that, first, member states improve their child rights protection standards (be it by their laws, policies, enforcement mechanisms, etc.) and increase their investment in services that impact the lives of children. A second recommendation is for nonprofits and international organizations to participate and assist in the regional debate over child rights and helping countries guarantee children's rights.

Similarly, the study commissioned by Save the Children Sweden (2016), which looks at the current situation of child rights in ASEAN nations, recommends that ASEAN countries pay attention to their legal and policy frameworks, as they should work in favor of the promotion and protection of child rights, for which the states are directly responsible. For ASEAN, the study suggests they should focus on child rights in their regional plan to help fix the differences that exist within the region. Equally, it recommends that nonprofit organizations provide backing of policies and instruments of child rights protection within ASEAN institutions (like

the ACWC).

Finally, Mubarak (2015) points out a different sphere where this lack of coordination negatively affects child rights. He explains how the proliferation of ICT (Information and Communications Technology) has worsened the exploitation of children in ASEAN. The author discusses the dangers that ICT presents for children (such as online bullying and sexual exploitation) and how legislation over these issues varies between countries. In this sense, he explains that some countries have legislated over cybercrime while others have not. This difference in definitions between nations and the lack of cooperation in this area makes it so criminals can exploit children across borders. The author believes that the rich countries in ASEAN should contribute to the protection of children in the region as the economic gap has a strong effect on the disparity over child protection. He also recommends that ASEAN pushes for the protection of children in cyberspace by promoting cooperation between its members on this issue.

2. Analytical Framework

To assess the well-being of children in Southeast Asia, this research uses the framework of the CRC.

The CRC's implementation in each signing state is monitored by the Committee on the Rights of the Child, which receives reports on each country's progress in its implementation, evaluates, and gives feedback. Given that this research uses these reports as a source, their understanding of the "implementation of the CRC" is key, as that is what they are looking at when they analyze the well-

being of children.

The Committee on the Rights of the Child understands implementation as the actions taken by the States on various topics (such as the legislature, coordination, monitoring, training, and others) to achieve the goals of the provisions of the CRC, working with all members of society, including children (CRC, 2003). Therefore, this thesis understands the implementation of the CRC as the actions taken by the ratifying State to realize the provisions of the treaty.

To look at the well-being of children in the region through the measures taken by each country and compare their achievements and areas where they are lacking, the provisions of the treaty are organized into four big pillars, based on the information provided by UNICEF (2019a) (see **Figure 1**). These pillars are understood in the context that the implementation of the rights must be done centered on the beliefs of non-discrimination and of considering the child's best interest.

First is the right to survival, which makes governments responsible for providing children with an environment where they can not only survive but also thrive (such as the right to life, birth registration, not being separated from their families, access to healthcare, proper nutrition clean water and sanitation, and others).

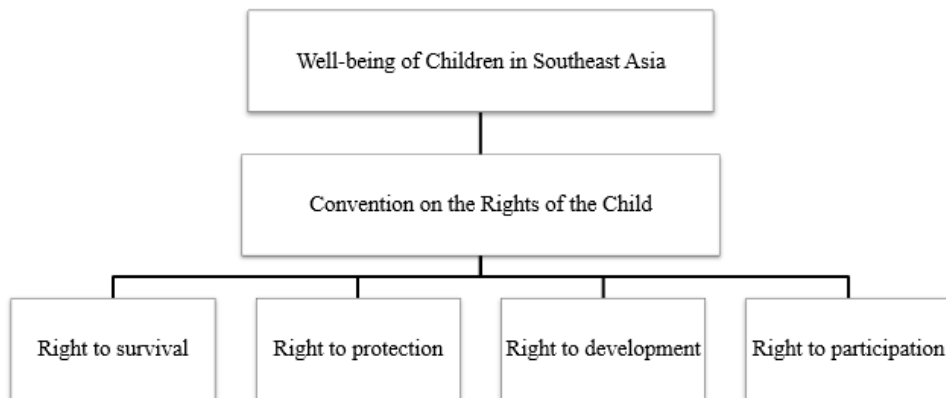
Second is the right to protection, by which children should be protected from all forms of violence. The State must provide proper justice and treatment (from violence such as physical, psychological, economic, harmful substances, trafficking,

and others).

The third is the right to development, where the State must guarantee that all children (regardless of gender, race, disabilities, etc.) have equal access to development and education opportunities.

Finally, the fourth pillar is the right to participation, which makes it so States must provide the space for children to participate in society, expressing their thoughts and opinions, with their voices being heard and taken seriously.

Figure 1. Analytical Framework Diagram: Assessing the well-being of children in Southeast Asia



Source: this thesis.

The previously mentioned organization of the CRC allows for an organized assessment of the well-being of children in the region, which later brings on a question of the factors that are having an effect, with the literature identifying

several relevant aspects that affect the well-being of children, specifically: economic development, culture, politics, and geography.

In terms of economic development, as Kampan and Tanielian (2016) explain, reports have shown that those from poorer countries face human rights abuses, as fundamental rights cannot be guaranteed without economic investment from the governments, which requires economic growth.

For culture, although the role of the state is clear, adults and local communities are vital in improving the well-being of children, as they are the ones who interact with children directly every day. Hence, they must acknowledge children's rights and respect the laws (Kampan & Tanielian, 2016).

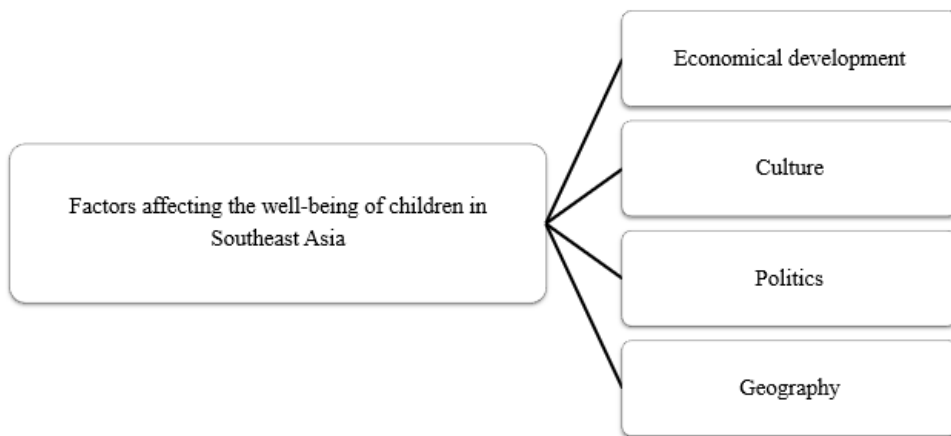
Regarding politics, ASEAN nations have, in general, legal frameworks that protect human rights. Still, these are not necessarily supported in practice by people and the courts, leading to an issue of inefficiency and inconsistency (Kampan & Tanielian, 2016). Plus, political unrest and conflict in countries in the region put children at risk of violence.

Finally, looking at the influence of geography, children in urban areas face different challenges than those in rural areas. In ASEAN, children living in remote areas experience inequalities caused by the absence of quality services and infrastructure (UNICEF, 2018a).

Although economic development could be expected to be the main determining factor in a country's children's well-being, this thesis argues that economic development is only one of the factors having an effect, as the other mentioned

factors are also greatly affecting the conditions under which measures to better the lives of children are taken. With this, this thesis assesses the effect of culture, politics, and geography on the well-being of children in the region (see **Figure 2**).

Figure 2. Analytical Framework Diagram: Factors affecting child well-being in Southeast Asia



Source: this thesis

3. Research Design

The study looks at the ten ASEAN member states: Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Viet Nam.

Information on the well-being of children in each country is assessed through several sources:

1. ASEAN members' progress reports submitted to the Committee on the

Rights of the Child: Each country offers a first report and then a report every five years, which is examined by the Committee that presents concerns and recommendations (OHCHR, 2021a) (for detailed information on the reporting cycle and data collected for each country, check **Table 26** in Appendix). These reports allow access to expert opinions on the state of the children in each country, not by just looking at data points but also by explaining cultural traditions, laws, and government policies.

2. UNICEF on The State of the World's Children 2021 Statistical Tables (UNICEF Data, 2021): this source provides essential data to assess and compares the well-being of children in each country by different indicators.
3. Several other primary and secondary sources, such as the country's Constitution, laws, and regulations, the United Nations Treaty Collection, and data by ASEAN and UNICEF.

The following steps of analysis are taken:

- (1) Data on the well-being of children in Southeast Asia is compiled, tabulated, and analyzed.
- (2) A documentary analysis methodology is used to examine the Committee of the Rights of the Child reports. The Committee's concerns and recommendations for each State are codified and organized through it.
- (3) Based on this, a comparison of the well-being of children in the studied countries is presented, organized by the four pillars (survival, protection,

development, and participation), which leads to a comparison of two cases: Indonesia and Cambodia.

- (4) The influence of non-economic factors on the well-being of children in Southeast Asia is presented through a look a discussion on the effects of culture, politics, and geography.

In terms of limitations, given that this thesis is looking at the well-being of children in Southeast Asia through secondary sources (such as the data made available by UNICEF and the Committee's reports) and the legal and normative framework of each country, some cultural aspects that can explain the differences may escape the scope of this study.

States are responsible for the well-being of children and the implementation of the CRC, but State measures (such as legislation, policy, and awareness campaigns) are not the end-all-be-all of an issue, as even though a country may have comprehensive definitions of a right and monitor it to the best of their ability, in day to day the practice of the right may be restricted by cultural practices or actions by individuals (peers, parents, teachers, etc.) that are not being perceived by this study. The Committee's reports on each country try to explain these cultural nuances. Still, it should be noted that no direct data collection is being done in the countries with the specific goal of complementing this study. Therefore, there are cultural aspects relevant for interpretation that could be missed.

Another limitation worth considering is that the region lacks a lot of data on this issue, and the available data is not always for the same years for every country. This should be kept in mind when interpreting the results.

Finally, it is essential to remember that the data and information collected for the analysis have, in most cases, been translated into English from the original language, which means there may be some subtleties that get lost in the process.

Chapter 3. State of child rights in Southeast Asia

seen through a review of the CRC

1. Right to survival in Southeast Asia

1-1. Birth registration

Article 7, paragraph 1 of the CRC states that children have a right to be registered after being born, receiving a name and nationality.

The variable birth registration measures the percentage of registered children under age five, using each nation's most recent data between 2011 and 2020 (UNICEF Data, 2021) (See **Table 1**). For the region in general, the average is 86.2% total, specifying 86.1% of males and 85.6% of females. Four countries have a registration percentage of over 90% (Philippines, Singapore, Thailand, and Vietnam), while three have a percentage registration of around 70% (Cambodia, Indonesia, and Laos).

Table 1. ASEAN Member States' Birth Registration Under de Age of Five years old (%), 2011–2020

	Total	Male	Female
Brunei	-	-	-
Cambodia	73.3	73.7	72.9
Indonesia	74.4**	-	-
Lao PDR	73**	72.8**	73.1**
Malaysia	-	-	-
Myanmar	81.3	81.9	80.6
Philippines	91.8	92.3	91.2
Singapore	99.9	-	-
Thailand	99.8	99.7	99.7
Viet Nam	96.1	95.9	96.3
ASEAN	86.2	86.1	85.6

Source: this study with data from UNICEF Data (2021). Data is for the latest year available in the time period. Note: “-“ for No data available.

Both Malaysia and Singapore presented reservations to this article. The Committee recognized Malaysia's efforts to improve birth registration but expressed concern over fees being applied to late registrations and to the fact that non-Malaysian children are in danger of not being registered, recommended that the country improve its system and make sure undocumented children are allowed access to essential services (Committee on the Rights of the Child, 2007). To Singapore, the Committee simply recommended the withdrawal of the reservation (Committee on the Rights of the Child, 2019).

Some recommendations made to other countries on this issue were first urging Cambodia to acknowledge children of Vietnamese origin and making sure they can access birth registration (Committee on the Rights of the Child, 2011), to which Cambodia has said that they do not discriminate against nationalities and that legal residents who give birth in Cambodia can register their children (Committee on the Rights of the Child, 2018a). Second, recommending to Indonesia that its registration is made free of charge, that religious affiliation be removed from the identity cards, and that they change the law so that children do not risk being stateless (if both parents are immigrants and they are unable to pass citizenship) (Committee on the Rights of the Child, 2014), and in their latest report the State has focused on the efforts made to make birth registration more easily accessible and broadening the legal standing of children born to couples who are not married so that they are also issued birth certificates (Committee on the Rights of the Child, 2021b). Finally, with Lao PDR, there was great concern over the number of children who remained without a birth certificate and over the costs of registration, asking the State to make the process more accessible and increase awareness of its

importance (Committee on the Rights of the Child, 2018b).

1-2. Child health.

Another vital dimension in the survival of children is child health. The CRC guarantees various health-related rights, with Article 24 explicitly stating that children have a right to receive treatment and shall not be deprived of access to health care services (United Nations, 1989).

The article mentions certain actions states should take to implement this right. For instance, it emphasizes the necessity of providing women with sufficient prenatal and postnatal health care. (Article 24, 2.d). In terms of maternal and newborn health, in 2020, the region's total fertility averaged 2.0 live births per woman, with Singapore having the lowest total fertility (1.2) and Lao PDR having the highest (2.6) (See **Table 27** in Appendix). When specifying the adolescent birth rate, taking a look at each country's latest data between 2015 and 2020, the rate of births per 1,000 teenage girls between fifteen and nineteen years old is, on average, 29, with the highest being Lao PDR (83 births) and the lowest being Singapore (2 births) (See **Table 28** in Appendix).

The natal care received by these women and their children during pregnancy and birth varies depending on the country (See **Table 2**). Looking at the latest data for each member between 2015 and 2020, in most ASEAN countries, over 80% of women received antenatal care at least once in all countries (except Lao PDR, where the percentage is 78.4). Still, that number reduces when the number of visits is increased to 4, where the average for women in the region ages 15 to 49 is 78.7% (with the highest being 97.4% in Malaysia and the lowest being 58.6% in

Myanmar). When specifying adolescent women ages 15 to 19, the average for the region is 69.9% (the highest and lowest being again Malaysia and Myanmar, with 94% and 47.1%, respectively). When it comes to delivery care, an average of 88.5% of women ages 15 to 49 (81% for adolescents ages 15 to 19) were attended by skilled health personnel during the birth of their child (doctor, nurse, or midwife), with Brunei, presenting the highest percentage in general (99.8) and Thailand the highest for adolescents (98.2), while Myanmar has the lowest percentage in general (60.2) and Lao PDR has the lowest for adolescents (56). Finally, in terms of postnatal health checks, the percentage of women (between fifteen and forty-nine years old) who had a health checkup within two days of giving birth on average was 72.9, with Lao PDR having the lowest (47%) and Cambodia the highest (90.3), and in terms of postnatal checks for newborns, the average was off 61.3%, with the lowest percentage being 36.4% in Myanmar, and the highest being 89.1% in Vietnam.

Table 2. ASEAN Member States' Natal Care: At least one or four antenatal care visits, Skilled Birth Attendant (S.B.A) and Institutional Delivery (I.D), and Postnatal Checks for Newborns (NB) and Mothers, 2015-2020

	Antenatal care visits (%)					Delivery care (%)			Postnatal check (%)	
	One	Four		S.B.A	I.D	C-S	NB	Mom		
		15– 49	15– 19	15– 49	15– 19					
Brunei	99*	93.2*	-	99.8	-	99.8*	-	-	-	
					91.4					
Cambodia	95.3*	75.6*	71.4*	89	*	83.2*	6.3*	78.8*	90.3*	
Indonesia	97.5	77.4	64.8	94.7	86.9	79	17	76.1	87	
Lao PDR	78.4	62.2	52.2	64.4	56	64.5	5.8	47.1	47.2	
Malaysia	97.2*	97.4	94	99.6	98	98.9*	20.7	-	-	
Myanmar	80.7	58.6	47.1	60.2	60.8	37.1	17.1	36.4	71.2	
Philippines	93.8	86.5	79.7	84.4	85.9	77.7	12.7	85.7	86.1	
Singapore	-	-	-	99.6	-	99.5	-	-	-	
Thailand	98.6	90	81.4	99.1	98.2	99	34.5	-	-	
					86.9					
Viet Nam	95.8*	73.7*	54.5*	93.8	*	93.6*	27.5*	89.1*	89.8*	
ASEAN	89.8	78.7	69.9	88.5	81.0	76.1	18.0	61.3	72.9	

Source: this study with data from UNICEF Data (2021). *Data is for the latest year available in the time period.

As we can see, the two countries present very interesting cases. Myanmar presents the lowest levels of at least four antenatal care (for women and adolescent girls), the lowest proportion of births attended by trained medical personnel, and the lowest percentage of newborn postnatal checks. In comparison, Lao PDR has the lowest percentage of births attended by skilled health care personnel for adolescent mothers and the lowest level of maternal postnatal health checks. This is important as it points to the health rights of both mothers and children not being met. As we will next, these two countries also have the highest rates of under-five child mortality in 2019.

This brings us to Article 24, paragraph 2(a), the diminishing of infant and child mortality. An indicator of this is child mortality; the under-five mortality rate

calculates the likelihood of dying between birth and age five, measured as a percentage per 1,000 live births (UNICEF Data, 2021). In ASEAN, the average under-five mortality rate went from 64 out of 1,000 live births in 1990 to 21 in 2019, showing a steady decline in average, with all countries having lower rates than they had in 1990 (See **Table 3**).

Table 3. ASEAN Member States' Mortality Rate For Children Under Five Years Old, By Year (for every 1,000 live births)

	1990	2000	2019
Brunei	13	10	11
Cambodia	116	106	27
Indonesia	84	52	24
Lao PDR	153	106	46
Malaysia	17	10	9
Myanmar	115	89	45
Philippines	57	38	27
Singapore	8	4	3
Thailand	37	22	9
Viet Nam	51	30	20
ASEAN	64	46	21

Source: this study with data from UNICEF Data (2021).

Although there has been a reduction, the child mortality rate continues to be an issue. Lao PDR currently has the highest under-five mortality rate, with 46 per 1,000 live births in 2019. In their last cycle of reports in 2018, the Committee expressed concern over the fact that the majority of these deaths are preventable and they affect mothers and children differently depending on their location, ethnic group and education, and socioeconomic status, advising the state to take actions to correct this issues by increasing health care funding, improving facilities and staff's skills and equal access by all (Committee on the Rights of the Child, 2018b).

The country with the second-highest rate in 2019 is Myanmar (45 deaths per 1,000 births). In their last reporting cycle in 2012, the Committee advised that the

country increase funding for health care and implement the Health Strategic Plan 2010-2014 to ensure proper treatment for mothers and children suffering from common illnesses (citing acute respiratory infections, pneumonia, diarrhea, and malaria) (Committee on the Rights of the Child, 2012a). The under-five mortality rate was 58 at the time of the report, and like it was previously mentioned, it has been reduced to 45 in 2019.

A key component of infant care and the lowering of child mortality is to prevent diseases through immunization (Koenig, Fauveau, & Wojtyniak, 1991). When looking at the percentage of immunization for the vaccine on preventable diseases (tuberculosis, diphtheria, pertussis, tetanus, polio, measles, hepatitis B, Haemophilus influenza type b, rotavirus, pneumococcal conjugate vaccine, and protection against tetanus) in ASEAN in 2020, Brunei, Cambodia, Malaysia, and Vietnam have over 80% immunization for all vaccines (with Brunei having over 97% in all of them), while Indonesia, Laos, and the Philippines present lower levels of immunization, for example having 49%, 47%, and 68% immunization respectively for the second dose of the measles-containing vaccine (See **Table 4**).

The Committee has pointed this issue out to Indonesia. In its concluding observations for their most recent cycle of reports, it pointed out how worrisome the implementation of the immunization program was unsatisfactory and asked that the country expand access to preventive health, which included universal immunization services (Committee on the Rights of the Child, 2014). According to the latest report by Indonesia, complete basic immunization has seen a decline between 2013 and 2019, going from 59.2% to 57.9%, but emphasized that the

Ministry of Women Empowerment and Child Protection (MoWECP) continues to promote measures to obtain complete basic immunization (Committee on the Rights of the Child, 2021b).

Table 4. ASEAN Member States’ Infants Who Received Immunization for Vaccine-Preventable Diseases (%), 2020

	BC G	DT P1	DT P3	Polio 3	MC V1	MC V2	Hep B3	Hi b3	PC V3	PA B
Brunei	99	99	99	99	99	97	99	99	-	97
Cambodia	98	94	92	94	84	80	92	92	90	95
Indonesia	87	83	77	76	76	49	77	77	4	85
Lao PDR	90	87	79	78	79	47	79	79	77	93
Malaysia	99	99	98	98	95	84	99	98	-	95
Myanmar	87	87	84	86	91	90	84	84	86	90
Philippines	64	74	71	72	72	68	71	71	66	91
Singapore	-	-	-	-	-	-	-	-	-	-
Thailand	-	-	-	-	-	-	-	-	-	98
Viet Nam	95	96	94	80	97	93	94	94	-	96
Total	89	89	86	85	86	76	86	86	64	93

Source: this study with data from UNICEF Data (2021). Note: “-“ for No data available. BCG –Bacilli Calmette–Guérin (vaccine against tuberculosis). DTP1 – First dose of diphtheria, pertussis and tetanus vaccine. DTP3 – Three doses of diphtheria, pertussis and tetanus vaccine. Polio3 – Three doses of the polio vaccine. MCV1 – First dose of the measles–containing vaccine. MCV2 – Second dose of measles–containing vaccine as per national schedule. HepB3 – Three doses of hepatitis B vaccine. Hib3 – Three doses of Haemophilus influenzae type b vaccine. PCV3 - Three doses of pneumococcal conjugate vaccine. Protection at birth (PAB) –Tetanus toxoid.

1-3. Family planning.

Another key factor in child and adolescent health care is access to family planning methods. Paragraph 2(f) of Article 24 of the CRC requests that the states provide family planning education and services, parenting advice, and preventative health care. When it comes to the satisfaction of the demand for family planning by modern methods for women between the ages of 15 and 19 years old, with the most recent data for each country between 2015 and 2020, the ten countries average 68.2% of needs satisfied, with Indonesia presenting the highest percentage (82) and

the Philippines has the lowest (47) (Cambodia has the lowest level with 45.8% but its data discusses a year prior to this period, see **Table 5**).

Table 5. ASEAN Member States' Satisfaction of Family Planning Modern Methods (%), for Women Ages 15 to 49, between 2015 and 2020

Brunei	No data
Cambodia	57*
Indonesia	77
Lao PDR	72
Malaysia	No data
Myanmar	75
Philippines	56
Singapore	No data
Thailand	88
Viet Nam	70*

Source: this study with data from UNICEF Data (2021). *Data is for the latest year available in the time period.

Access to contraception does not only help prevent early pregnancy, but it also prevents STIs. In 2021, in ASEAN, the projected amount of new Hiv cases per 1,000 people who are not affected but are at risk of contracting HIV (see **Table 6**) was an average of 0.05 for children (ages 0 to 14) and 0.15 for adolescents (10 to 19), being higher for adolescent boys (0.20) than girls (0.09). The country with the highest incidence for children was Indonesia (0.13), and for adolescents, it was the Philippines (0.26), while countries with the lowest were Malaysia (<0.01) and Vietnam (0.03), respectively. Finally, when differentiating the adolescents by gender, Malaysia and Vietnam had the lowest incidence among girls (0.03), and Lao PDR had the highest (0.14), while Vietnam had the lowest for males (0.03) and the Philippines had the highest (0.46). Regarding the AIDS-related deaths per 100,000 people (See **Table 29** in Appendix), the region averages 1.07 deaths in children and 0.42 in adolescents, with the highest numbers being recorded in Indonesia (3.28 in children) and Thailand (1.24 in adolescents).

Table 6. HIV Incidence Per 1,000 Uninfected Population, 2021

Ages	0-14	10-19	Girls 10-19	Boys 10-19
Brunei	-	-	-	-
Cambodia	0.04	0.18	0.13	0.23
Indonesia	0.13	0.15	0.12	0.18
Lao PDR	0.07	0.13	0.14	0.11
Malaysia	<0.01	0.08	0.03	0.12
Myanmar	-	-	-	-
Philippines	0.01	0.26	0.05	0.46
Singapore	-	-	-	-
Thailand	0.02	0.22	0.13	0.3
Viet Nam	0.03	0.03	0.03	0.03
ASEAN	0.05	0.15	0.09	0.20

Source: this study with data from UNICEF Data (2021). Note: “-“ for No data available.

A very important factor in lowering HIV and other STI infections is reproductive health education. When looking at the latest data for each member between 2012 and 2020, the percentage of adolescents ages 15 to 19 who correctly identify the two methods of avoiding HIV transmission through sexual contact, who are aware that HIV can exist in people who appear healthy, and who refute the two most widespread myths about HIV transmission (See **Table 7**), average in ASEAN 27.8% for males and 28.2% in females, with the highest percentage coming from Vietnam (48.1 males and 50.5 females) and the lowest being Indonesia (4.0 and 12.4 respectively).

Table 7. ASEAN Member Adolescents Ages 15–19’s Detailed Knowledge and understanding of HIV (%) By Gender, 2012–2020

	Male	Female
Brunei	-	-
Cambodia	42.4	32.7
Indonesia	4.0	12.4
Lao PDR	24.6	23.3
Malaysia	-	-
Myanmar	14.3	13.4
Philippines	15.4	15.7
Singapore	-	-
Thailand	45.5	49.2
Viet Nam	48.1	50.5
ASEAN	27.8	28.2

Source: this study with data from UNICEF Data (2021). Note: “-“ for No data available. Data is for the latest year available in the time period

The Committee has shown concern over this issue in the Philippines. In their most recent report cycle in 2009, the Committee explained that the low rates of access and use of contraception contributed to high rates of teen pregnancy and maternal death, requesting that they provide reproductive health education to adolescents and focus on the prevention of early pregnancy and STIs (Committee on the Rights of the Child, 2009). This was addressed by the country in their state report for the following cycle, expressing that in response to the Committee’s requests, the Philippine Congress enacted Republic Act No. 10354 (also known as the Responsible Parenthood and Reproductive Health Act of 2012, RPRH Law), and through it, the right of minors to counseling on reproductive health without the need of parental consent has been included to the law (Committee on the Rights of the Child, 2020b). The state also mentioned it had made efforts in other areas, such as including sex education in all schools and the implementation of programs to prevent teen pregnancy and the transmission of STIs.

This issue has also been brought up in Lao PDR, which has the second-lowest

percentage of demand for family planning satisfaction (60%). The Committee expressed that the prevalence of early pregnancy was especially in girls who do not have proper access to health education and contraceptives, given the ethnic group they come from or their family's socioeconomic situation (Committee on the Rights of the Child, 2018b). They encouraged the state to take action to address this problem by guaranteeing teens access to contraception, free and safe abortion, and sexual and reproductive health education in school curricula (Committee on the Rights of the Child, 2018b).

Finally, the issue has also been raised by the Committee in Indonesia who, as was mentioned before, has the highest incidence of HIV and AIDS-related mortality in the region for children ages 0 to 14 (See **Table 6** and **Table 29**) and the lowest percentage of adolescents with comprehensive knowledge of HIV (See **Table 7**). The Committee expressed its concern over the increase in cases, especially in women, which they say has led to the increase of infection in children, and asked that the state promotes policies and programs aimed at preventing the spread and providing care for children with the virus (Committee on the Rights of the Child, 2014). Their latest state report shows some of the measures taken, such as HIV being included in the National Health Insurance, programs of training for local governments on the topic and education to the community to provide correct information, and the coverage of treatment to about 50% of the number of pregnant women in Indonesia (Committee on the Rights of the Child, 2021b).

1-4. Child nutrition.

When it comes to child nutrition, Article 24, paragraph 2(c) of the CRC expresses that, child malnutrition and disease should be combated.

There are several indicators that can help us measure if children are receiving proper nutrition. First, in terms of weight at birth (See **Table 30** in Appendix), in 2015, ASEAN averages 12.2% of infants having a low birthweight (less than 2,500 grams), with the highest percentage being recorded in the Philippines (20.1%) and the lowest in Vietnam (8.2%). With regard to poor nutrition in preschoolers (ages 0–4 years) (See **Table 8**), UNICEF Data (2021) presents data for the following variables: 1) Stunted, moderate and severe, which is the percentage of children aged 0-59 months who fall below minus two standard deviations from the WHO Child Growth Standards' median height for their age; the information is for 2020; 2) Wasted, moderate and severe for the proportion of children aged 0-59 months with weight-for-height discrepancies below minus two standard deviations and severe deviations below minus three standard deviations from the WHO Child Growth Standards, the data is for the latest information recorded in each country between 2014 and 2020; and 3) Overweight, moderate and severe being the percentage of children aged 0–59 months who are above two standard deviations from WHO Child Growth Standards' median weight for height (includes severe overweight), the data is for 2020 (UNICEF Data, 2021). The data shows that on average, in ASEAN, 21.7% of children are stunted, with 2.3% presenting severe wasting, and 7.3% presenting moderate and severe wasting, plus 5.7% being overweight. Cambodia, Indonesia, and Lao PDR present the highest levels of stunting (over 30%), and these countries, plus Malaysia, have the highest levels of

wasting (around 10%). Indonesia also has the highest percentage of overweight children (11%).

Table 8. ASEAN Member States' Malnutrition Among Children ages 0 to 4

	Stunted (%) (2020)	Wasted (%) (2014-2020)	Overweight (%) (2020)
	Moderate and severe	Severe	Moderate and severe
Brunei	13	<1*	9
Cambodia	30	2	2
Indonesia	32	4	11
Lao PDR	30	3	3
Malaysia	21	4	6
Myanmar	25	1	2
Philippines	29	2	4
Singapore	3	1*	5
Thailand	12	3	9
Viet Nam	22	1	6
ASEAN	21.7	2.3	7.3

Source: this study with data from UNICEF Data (2021). Data is for the latest year available in the time period. *Data may refer to years other than those specified.

For school-aged children (5 to 19 years old), malnutrition in 2016 (See **Table 9**) is measured with the variables thinness (percentage of children with a BMI lower than -2 standard deviation of the median according to the WHO growth reference for school-age children and adolescents) and overweight (BMI higher than one standard deviation) (UNICEF Data, 2021). On average in ASEAN, 9% of school-aged children are thin and severely thin, while 17.2% are overweight and obese, with Vietnam having the highest percentage of thin children (14%) and Singapore the lowest (2%), plus Malaysia having the highest percentage of overweight children (26%) and Vietnam the lowest (10%).

Table 9. ASEAN Member States' Malnutrition Among Children ages 5 to 19 years old, 2016

	Thinness (%)	Overweight (%)
	Thin and severely thin	Overweight and obese
Brunei	6	27
Cambodia	11	11
Indonesia	10	15
Lao PDR	9	14
Malaysia	7	26
Myanmar	13	12
Philippines	10	13
Singapore	2	22
Thailand	8	22
Viet Nam	14	10
ASEAN	9	17

Source: this study with data from UNICEF Data (2021).

From the data, we see that Malaysia has one of the highest levels of wasting in preschool-aged children and the highest percentage of overweight school-aged children. In their latest state report, they have presented the efforts that are being made to face malnutrition in the country, such as the National Plan of Action for Nutrition of Malaysia (NPANM), growth monitoring, counseling, nutritional education at health clinics, cooking demonstrations for mothers, the inclusion of nutrition in the school curriculum, and others (Committee on the Rights of the Child, 2021a).

The data also shows that Indonesia has one of the highest percentages of stunting wasting and the highest percentage of overweight children. In their last report, the state showed a special focus on breastfeeding, with the legislation specifically stating that each infant has a right to breastfeed for six months (excepting medical reasons), implementing measures such as providing special facilities for breastfeeding, and the 2015-2019 National Action Plan on Human

Rights providing support for breastfeeding mothers to tackle malnutrition (Committee on the Rights of the Child, 2021b).

Cambodia and Lao PDR also show higher numbers of stunting and wasting. For Cambodia, the State has recognized the importance of this issue and has taken measures such as the Ministry of Health's Roadmap on Accelerating the Nutrition Improvement 2014–2020, which through measures such as providing education, treatment, and resources to mothers and children and tackles the issue of malnutrition and tries to improve the data on it (Committee on the Rights of the Child, 2018a). In Lao PDR, the Committee raised the concern in their last cycle of reports, explaining that the state should allocate sufficient resources to fighting malnutrition and stunting, focusing on maternal and child nutrition in rural areas (Committee on the Rights of the Child, 2018b).

Finally, in Vietnam, the data shows the highest percentage of thinness among school-aged children. The Committee also raised this issue and the problem of stunting and poor nutrition in children under the age of five (22% of stunting in 2020), recommending developing nutrition policies aimed at reducing the prevalence of this issue and improving the practice of breastfeeding in the first six months (Committee on the Rights of the Child, 2012b). In their latest report, the state highlighted programs aimed at this issue, such as the implementation of the Nutritional Improvement School Milk Program, and emphasized the steady reduction of this issue over the years.

1-5. Water, sanitation, and hygiene.

When it comes to water, sanitation, and hygiene, the CRC expresses that providing clean drinking water is key to combating issues such as malnutrition and disease (Article 24, 2.c) and that it is the State's responsibility to make sure that everyone is educated and have access to hygiene and environmental sanitation (Article 24, 2.e).

The data shows that, in 2020, among the ASEAN population (See **Table 10**), on average, 92.1% of them are using at least essential drinking water facilities (defined as an a better source of drinking water where the round-trip collection time, including waiting time, is no longer than 30 minutes), with this percentage being 97.6% for the urban population and 85.6% for the rural one (UNICEF Data, 2021). Both Singapore and Thailand have 100% of the people using essential drinking water facilities, while Cambodia has the lowest percentage (71.2% total, 90.5% urban, and 65.1% rural). Essential sanitation services (defined as a sanitation facility not shared with other households) are used by 84.8% of the total ASEAN population (on average, 93.2% in urban and 78.1% in rural areas). Once again, Singapore (100%) and Thailand (98.7%) have the highest usage percentage, while Cambodia has the smallest (68.8% total, 93.1% in urban population, and 61.0% in rural). Finally, basic hygiene facilities (handwashing facilities with water and soap available on-premises) are on average used by 78.7% of the ASEAN population (85.8% for the urban and 74.6% for the rural population), Indonesia has the highest percentage (94.1% total, 96.1% urban and 91.5% rural), while Lao PDR has the lowest (55.6% total, 73.3% urban and 45.6% rural).

Table 10. ASEAN Member States' Population Use of Basic: Water Drinking Services, Sanitation Services, And Hygiene Facilities. 2020 (%)

	Basic drinking water services			Basic sanitation services			Basic hygiene facilities		
	Total	U	R	Total	U	R	Total	U	R
Brunei	99.9	99.7	-	-	-	-	-	-	-
Cambodia	71.2	90.5	65.1	68.8	93.1	0	73.9	83.3	70.8
Indonesia	92.4	97.6	85.7	86.5	91.6	7	94.1	96.1	91.5
Lao PDR	85.2	97.1	78.5	79.5	6	1	55.6	73.3	45.6
Malaysia	97.1	99.1	90.2	-	99.9	-	-	-	-
Myanmar	83.7	95.4	78.4	73.6	79.4	0	74.5	83.0	70.7
Philippines	94.1	97.5	91.1	82.3	82.3	2	81.7	85.3	78.5
Singapore	100	100	-	100	100	-	-	-	-
Thailand	100	100	100	98.7	99.1	3	85.0	86.7	83.2
Viet Nam	96.9	99.2	95.5	89.2	96.0	2	86.1	92.5	82.2
ASEAN	92.1	97.6	85.6	84.8	93.2	1	78.7	85.8	74.6

Source: this study with data from UNICEF Data (2021). Note: “-“ for No data available.

The access to these services in schools is reported for 2019 (UNICEF Data, 2021) (See **Table 11**). On average, the proportion of schools using upgraded sources of water in ASEAN is 77.7% (77.7% for Primary and 80.9% for Secondary school), with Singapore (100%) and Malaysia (98.1%) having the highest percentage and the Philippines having the lowest (46.9%). For the proportion of schools with more functional, single-sex, enhanced sanitation facilities, the region averages 56.5% in total and 55.9% in Primary schools, and 72.9% in Secondary schools, with the highest percentage once again coming from Singapore (100%) and Malaysia (98.9%) and the lowest from Philippines (54.0%). The last variable is the proportion of schools with water and soap for proper hand washing facilities, which is averaged in ASEAN at 69.0% in total, and 69.6% in Primary and 71.2% in

Secondary schools, with the highest percentage being Singapore and Brunei with 100% and the lowest being Lao PDR with 35.2%.

Table 11. ASEAN Member States' Schools' Use of Basic: Water Drinking Services, Sanitation Services, And Hygiene Facilities. 2020 (%)

	Basic water services (%)			Basic sanitation services (%)			Basic hygiene services (%)		
	Total	1°	2°	Total	1°	2°	Total	1°	2°
Brunei	-	-	-	-	-	-	100	100	100
Cambodia	73.3	80.1	76.0	31.8	40.4	48.5	47.6	54.6	41.6
Indonesia	72.7	72.0	74.9	40.4	37.3	49.7	58.9	59.4	57.3
Lao PDR	-	-	-	16.0	16.0	-	35.2	35.2	-
Malaysia	98.1	97.1	98.9	99.9	99.8	100	97.6	97.1	98.1
Myanmar	75.4	71.9	81.7	68.4	65.3	70.8	58.7	54.0	62.4
Philippines	46.9	45.4	54.0	39.1	32.7	68.4	53.8	56.3	39.0
Singapore	100	100	100	100	100	100	100	100	100
Thailand	-	-	-	-	-	-	-	-	-
Viet Nam	-	-	-	-	-	-	-	-	-
ASEAN	77.7	77.7	80.9	56.5	55.9	72.9	69.0	69.6	71.2

Source: this study with data from UNICEF Data (2021). Note: “-“ for No data available.

The issue has been addressed by the Committee with several ASEAN members. In their 2011 report on Cambodia, it was pointed out only one-fifth of the population in rural areas had access to sanitation and that there was a lack of school infrastructure, including toilets and drinking water, especially in rural areas (Committee on the Rights of the Child, 2011). In their latest state report in 2018, the state presented some of the measures taken on this issue, mentioning the National Strategy for Rural Water Supply, Sanitation and Hygiene 2011–2015, which is focused on providing these services to everyone in rural areas by 2025 (Committee on the Rights of the Child, 2018a). With this, it's important to highlight the improvement the country has shown, going from 29% of the households having access to safe water and 14.5% having sanitation facilities in

1998 (Committee on the Rights of the Child, 2010) to 71% and 68.8% of the population in 2020 respectively (UNICEF Data, 2021).

Additionally, the Committee urged Laos to enhance rural communities' necessary amenities, including sewage disposal and clean water supply (Committee on the Rights of the Child, 2018b). with access to improved sanitation and drinking water increasing from 71 percent and 76 percent of the population in 2015 (Committee on the Rights of the Child, 2017) to 85% and 79%, respectively, in 2020 (UNICEF Data, 2021), but the state report recognizes that it still has to improve its equal coverage in rural areas.

2. Right to protection in Southeast Asia

2-1. Child protection against violence.

All children have a right to be protected from all types of violence, and it is the State's responsibility to guarantee this happens. Paragraph 1 of Article 19 of the CRC says that states must act in the legislature, education, and administration to protect children from violence.

But still, many children suffer violence in Southeast Asia. Violent discipline refers to the percentage of children ages one to fourteen who have undergone violent punishment (be it psychological and/or physical) in the 30 days, considering the latest data between 2012 and 2020 (UNICEF Data, 2021) (See **Table 12**). Five of the ten countries present data (Laos, Malaysia, Myanmar, Thailand, and Vietnam), and on average, 68.6% of children experience violent discipline, with 71.3% of males and 65.8% of females experiencing it. The country with the lowest rate is Thailand, with 57.6% in total (60.5% of males and 54.6% of

females), while the other four all have percentages around 70%.

Table 12. ASEAN Member States' Children Ages 1 to 14, Who Experience Violent Discipline in the Past Month (%), 2012–2020

	Total	Male	Female
Brunei	-	-	-
Cambodia	-	-	-
Indonesia	-	-	-
Lao PDR	69	70.3	67.7
Malaysia	70.8**	74.1**	67.4**
Myanmar	77.2**	79.9**	74.5**
Philippines	-	-	-
Singapore	-	-	-
Thailand	57.6	60.5	54.6
Viet Nam	68.4	71.6	65
ASEAN	68.6	71.3	65.8

Source: this study with data from UNICEF Data (2021). Data is for the latest year available in the time period. *Data may refer to years other than those specified. Note: “-“ for No data available.

For adolescents, violence also comes from romantic partners. With data from 2012 to 2020, intimate partner violence estimates the proportion of ever-partnered females between the ages of 15 and 19 who have been subjected to physical and sexual violence by a current or former partner within the previous 12 months (UNICEF Data, 2021) (See **Table 13**). Five countries have data (Cambodia, Laos, Myanmar, Philippines, and Vietnam), averaging 13.8% of girls experiencing intimate partner violence, with Myanmar having the highest percentage of girls (21.8%) and Cambodia having the lowest (7%). Another variable of adolescent protection is bullying, which measures the rate of students ages 13 to 15 who reported being bullied at least one day over the past 30 days, with data between 2011 and 2018 (See **Table 13**). On average, 30.5% of males have experienced bullying, while 26.7% of females have. Myanmar and the Philippines have the highest percentage with 51.4% and 53.3% of males and 48.7% and 49.3% of females, respectively, while Laos has the lowest percentage with 15.2% of males

and 11.3% of females.

Table 13. ASEAN Member States' Adolescent Protection: Girls ages 15 to 19 who Have Experienced Violence from a Partner in the Last Year, and Students ages 13 to 15 Who Have Been Bullied in the Past Month (%)

	Partner violence, 2012–2020	Bullying, 2011–2018	
	Female	Male	Female
Brunei	-	25.3	21.7
Cambodia	7	22.5	22.2
Indonesia	-	23.7	19
Lao PDR	13.6**	15.2	11.3
Malaysia	-	18.7**	13.7**
Myanmar	21.8	51.4	48.7
Philippines	11.1	53.3	49.3
Singapore	-	-	-
Thailand	-	38.3	27.8
Viet Nam	15.7** *	26.1	26.2
ASEAN	13.8	30.5	26.7

Source: this study with data from UNICEF Data (2021). Data is for the latest year available in the time period. *Data may refer to years other than those specified. Note: “-“ for No data available.

The normalization of violence can also be seen in the indicator “Justification of wife-beating among adolescents,” It speaks to the proportion of girls and boys between the ages of 15 and 19 who believe a husband can hit or beat his wife if she refuses to engage in sexual activity, wastes food, quarrels with him, leaves without notifying him, or neglects the children, presenting the latest information for member between 2011 and 2020 (UNICEF Data, 2021) (See **Table 14**). The average for the region is 28.0% for males and 31.1% for females. With the highest percentage being recorded in Myanmar (57.1 for males and 52.6 for females) and the lowest in Thailand (7.7 for males and 8 for females).

Table 14. ASEAN Member States' Justification Of Wife-Beating Among Adolescents Ages 15 to 19 (%), 2014–2020

	Male	Female
Brunei	-	-
Cambodia	26.4**	45.9**
Indonesia	31.6**	40.3
Lao PDR	17.1	30.4
Malaysia	-	-
Myanmar	57.1	52.6
Philippines	-	12.4
Singapore	-	-
Thailand	7.7	8
Viet Nam	-	28.1
ASEAN	28.0	31.1

Source: this study with data from UNICEF Data (2021). Data is for the latest year available in the time period. *Data may refer to years other than those specified. Note: “-“ for No data available.

One last variable available is that of child marriage, which refers to the rate of women and men between 20 and 24 years old who got married by 15 and 18 years old, presenting the latest information between 2014 and 2020 (UNICEF Data, 2021) (See **Table 15**). The region generally averages 2.4% of women married by 15 and 16.4% married by 18, while men average 5.7% married by 18. Laos has the highest percentage of child marriage in all three groups (7.1% of women married by 15, and 32% by 18, plus 10.8% of men by 18). While Singapore has the lowest percentage of cases for women (around 0% for both groups), the Philippines and Vietnam have the lowest percentage of cases for males (around 2%).

Table 15. ASEAN Member States' Adults Ages 20 to 24 years old Married Before 15 and 18 years old (%), 2014–2020

	Female		Male
	Married by 15	Married by 18	Married by 18
Brunei	-	-	-
Cambodia	1.9	18.5	3.6
Indonesia	2	16.3	5.3*
Lao PDR	7.1	32.7	10.8
Malaysia	-	-	-
Myanmar	1.8	16.0	5
Philippines	2.2	16.5	2.9*
Singapore	0**	0.1**	-
Thailand	3	20.2	9.8
Viet Nam	0.9	10.5	2.7*
ASEAN	2.4	16.4	5.7

Source: this study with data from UNICEF Data (2021). Data is for the latest year available in the time period. *Data may refer to years other than those specified. Note: “-“ for No data available.

In terms of violence against children, the Committee expressed concerns in all ten countries, with one specific issue being the legality and/or normalization of physical punishment within families, schools, and the penal system, requesting to evaluate their legislation and guarantee its implementation so that no child is exposed to physical punishment

In the case of Brunei, the Committee also pointed out how worrying it was the persistence of the practice of female circumcision, with many girls being victimized by it, and the fact that it was not considered a form of female genital mutilation by the state, being prohibited and prosecuted only in its severe form. The Committee urged the State to end the practice by prohibiting and fully criminalizing it, creating awareness campaigns, and providing recovery programs for the victims. Plus, it highlighted the high prevalence of child marriages among girls and its negative effects, urging the State to take measures against the practice (Committee on the Rights of the Child, 2016).

For Indonesia, the Committee has asked that it establish a proper monitoring mechanism to eliminate violence against children and make certain that women are shielded from all types of violence. It also shows regret over the insufficient measures to prevent, recover and reintegrate victims of sexual abuse, stating that children may be considered offenders instead of victims, recommending that the State revise its laws and develop strategies to properly protect child victims. Similar to Brunei, the Committee also expressed worry over the practice of female circumcision in Indonesia and it not being explicitly prohibited, asking the state to make sure it is prohibited in all its forms (Committee on the Rights of the Child, 2014). In their latest report, Indonesia has shown several measures they have taken to prevent violence against children, such as issuing laws with harsher penalties for perpetrators of violence, establishing integrated health and legal services to respond to reports of violence, and changing legislation to make it, so all medical practitioners are prohibited from practicing female genital mutilation (Committee on the Rights of the Child, 2021b).

To Lao PDR, the Committee expressed regret over the high prevalence of physical, sexual, and mental violence against children, requesting the State to provide the proper resources and measures to end violence against child victims and ensure they are not blamed. It also mentioned that although 18 is the legal age of marriage, child marriage still occurs (which was also reported in the data above), asking the State to enforce the minimum age of marriage and develop educational campaigns on the subject (Committee on the Rights of the Child, 2018b).

To Malaysia, the Committee pointed out that domestic violence, abuse, and neglect against children are still prevalent in the country and that, given cultural taboos, reports were rare, urging the State to take adequate measures and policies to rectify the situation and make sure victims feel supported in reporting and receiving an appropriate response (Committee on the Rights of the Child, 2007). In their latest report, the State mentioned the measures it has taken to tackle the issue, such as widening the definition of “domestic violence” so it includes emotional, mental, and psychological violence, raising the penalties for offenses related to abuse and neglect, launching advocacy programs, strengthening report mechanisms, and others (Committee on the Rights of the Child, 2021a).

In the case of Singapore, they received concerns over the legality of corporal punishments, and it was also recommended to make the reporting of child abuse and neglect mandatory and change legislation as section 376A (4) from the Penal Code of 2019 allowed men to have sexual relations with their spouse under 16 years old (Committee on the Rights of the Child, 2019).

The Philippines, Thailand, Vietnam, and Myanmar, were requested by the Committee also to prioritize the elimination of child violence, legally banning all forms of violence against children, providing recovery and reintegration services, collecting data, and researching the issue, plus other measures.

2-2. Child protection against economic exploitation.

Article 32, paragraph 1 of the CRC protects children against economic exploitation, especially hazardous work or any other type that may interfere with their education.

ASEAN members' child labor data by UNICEF only has data for four countries (Cambodia, Laos, Myanmar, and Vietnam), with the most recent available data between 2012 and 2019 (UNICEF Data, 2021) (See **Table 16**). The average for these four countries is 16.0% (15.4% for males and 16.5% for females), the highest rate is in Laos with 28.2% (27.4% for males and 29% for females), and the lowest is in Myanmar with 9.9% (10.2% for males and 9.7% for females)

Table 16. ASEAN Member States' Children Ages Five to Seventeen Involved in Child Labor (%), 2012–2019

	Total	Male	Female
Brunei	-	-	-
Cambodia	12.6	11.5	13.8
Indonesia	-	-	-
Lao PDR	28.2	27.4	29
Malaysia	-	-	-
Myanmar	9.9	10.2	9.7
Philippines	-	-	-
Singapore	-	-	-
Thailand	-	-	-
Viet Nam	13.12	12.66	13.6
ASEAN	16.0	15.4	16.5

Source: this study with data from UNICEF Data (2021). Data is for the latest year available in the time period. *Data may refer to years other than those specified. Note: “-“ for No data available.

In the case of Cambodia, there was concern over the high prevalence of children that are economically active (1.5 million) and the number engaged in the worst forms of labor (250 thousand) at the time of the report (2011), urging the State to strengthen its inspections of the system and take measures to assure recovery and access to education to former child workers (Committee on the Rights of the Child, 2011). In their latest report, the State mentions several laws and programs enacted to eliminate child labor (Committee on the Rights of the Child, 2018a).

In its report to Indonesia, the Committee expressed worry over the significant number of children involved in the worst forms of child labor, the lack of laws regulating labor between 16 and 18 years old, the amount of child domestic workers (some as young as 11 years old), and the idea of work being perceived as part of the educational process that a child must go through before adulthood. The Committee requested Indonesia to take several measures, including eliminating the worst forms of child labor, criminalizing forced labor, regulating work for children ages 16 to 18, investigating labor laws' violations, and others (Committee on the Rights of the Child, 2014). In its current report cycle, the State highlighted certain measures and legislation that it has taken on this topic, such as carrying out programs that work toward ending child labor and promoting education (Committee on the Rights of the Child, 2021b).

For Vietnam, the Committee showed great concern over how common child labor is, especially in the informal sector, and how low the minimum age of work is (12 for light work). It asked the State to take measures to eliminate child labor by addressing the underlying socioeconomic causes of the issue, making sure the laws on it match the international standards set by ILO and improving inspection to properly monitor the situation (Committee on the Rights of the Child, 2012b). The State presented in their latest report some measures taken, such as the 2015 Penal Code classifying forced labor as a crime (Article 297) and the implementation of government programs focused on reducing the incidence of child labor (Committee on the Rights of the Child, 2020a).

In the case of Brunei, Malaysia, Myanmar, Thailand, and the Philippines, the

Committee asked that the States strengthen their laws and inspection to make child rights are protected in this area. To both Lao PDR and Singapore, the Committee recommended raising the minimum age of work so that it meets the international standard (from 14 in Laos and 12-13 in Singapore to 15 years old). Here it is important to note that Singapore presented a reservation to this Article for this same reason, saying it reserves the right to follow its own legislation.

3. Right to development in Southeast Asia

3-1. Education.

The right to education is supported in many articles of the CRC. Paragraph 1 of Article 28 says that the signing states acknowledge a child's right to education should be attained gradually and evenly (United Nations, 1989, p.12).

Paragraph 1 (a) of the Article expresses that the States must make primary education mandatory and free. Both Malaysia and Singapore have presented reservations to this article, citing the prevalence of local circumstances. Malaysia has made primary education compulsory, providing free primary (and secondary) education to its citizens, subject to nominal fees upon admission, and providing financial assistance to children in need (Committee on the Rights of the Child, 2021a). Meanwhile, Singapore explains they are unable to provide free education for all as it is highly subsidies and a right of citizens, which means non-citizen kids are excluded and must pay school fees if they wish to enroll in national primary schools (Committee on the Rights of the Child, 2018c).

Paragraph 1(e) of Article 28 urges States to promote children's school enrollment and lower drop-out rates. The out-of-school rate shows the proportion of kids not in school, although they are age-appropriate to be in that school level (UNICEF Data, 2021) (See **Table 17**). Data for the out-of-school rate for children in ASEAN shows the latest available data for each country between 2013 and 2019. For children one year before primary entry age, in ASEAN, the out-of-school rate is, on average, 26.1% for males and 22.0% for females, with Myanmar having the highest rate for both groups (88.3 and 88.2 respectively) and Thailand has the lowest for males (1.2) and Vietnam the lowest for females (0.2). When looking at primary education age children, the out-of-school rate in ASEAN is 3.9% for males and 5.1% for females, with Cambodia having the highest rates (9.3 and 9.4) and Malaysia and Singapore the lowest (around 0% for both groups). Children of lower secondary school age have an out-of-school rate of 15.6% for males and 13.6% on average for the region. Laos has the highest rate (27.4 and 27.8) while Singapore has the lowest (around 0). Finally, for upper school-age children, the out-of-school rate in ASEAN is an average of 30.9 for males and 27.6 for females, with Laos, Malaysia, and Myanmar having the higher rates (around 30 and 40%) and Brunei having the lowest (19.2 and 16.1).

Table 17. ASEAN Member States' Out-Of-School Rate, by Age Group 2013–2019

	One year prior to primary		Primary education		Lower secondary		Upper secondary	
	M	F	M	F	M	F	M	F
Brunei	16.5	17.8	-	-	-	-	19.2	16.1
Cambodia	47.7	44.3	9.3	9.4	12.5	14.1	-	-
Indonesia	8.2	1.5	3.4	8.0	19.0	13.5	22.8	22.2
Lao PDR	31.3	30.3	7.6	9.3	27.4	27.8	41.6	46.1
Malaysia	1.4	1.0	0.0	0.2	14.6	11.6	41.2	32.1
Myanmar	88.3	88.2	-	-	22.1	19.8	46.9	38.4
Philippines	14.4	13.0	2.7	3.4	13.7	7.3	23.7	17.1
Singapore	-	-	0.3	0.1	0.2	0.9	-	-
Thailand	1.2	1.3	-	-	-	-	20.9	21.0
Viet Nam	-	0.2	-	-	-	-	-	-
ASEAN	26.1	22.0	3.9	5.1	15.6	13.6	30.9	27.6

Source: this study with data from UNICEF Data (2021). Data is for the latest year available in the time period. *Data may refer to years other than those specified. Note: “-“ for No data available.

The completion rate refers to the proportion of kids or teens who are 3 to 5 years older than the required age for the last grade of the particular education level and who have passed that grade (UNICEF Data, 2021) (See **Table 18**). The completion rate of primary education is, on average, for the total of ASEAN 86.8% for males and 89.9% for females, with all countries having rates above 80% (Thailand having the highest 98.5% for males and 98.8% for females), and only Cambodia having lower rates, with 68.2% for males and 78.8% for females. The completion of lower secondary education on average for the region was 63.0% for males and 66.0% for females, with the Philippines, Thailand, and Vietnam having the higher rates (over 70%) and Cambodia having the lowest (around 40%). Finally, regarding the completion of upper secondary education, the general region completion rate is 41.3% for males and 46.0% for females, with the Philippines having the highest rate for both groups (74.1% for males and 83.3% for females)

and Myanmar the lowest (13.9% for males and 19.3% for females).

Table 18. ASEAN Member States' Education Completion Rate in Children and Young People, 2010–2019

	Primary education		Lower secondary education		Upper secondary education	
	Male	Female	Male	Female	Male	Female
Brunei	-	-	-	-	-	-
Cambodia	68.2	78.8	41.0	38.9	20.1	19.8
Indonesia	90.9	92.2	64.4	59.1	40.0	36.6
Lao PDR	83.5	83.3	54.2	52.9	31.6	30.6
Malaysia	-	-	-	-	-	-
Myanmar	81.7	84.4	44.6	45.0	13.9	19.3
Philippines	88.5	95.2	75.2	87.7	74.1	83.3
Singapore	-	-	-	-	-	-
Thailand	98.5	98.8	81.1	91.9	59.4	71.7
Viet Nam	96.3	97.0	80.9	86.6	50.3	61.1
Total	86.8	89.9	63.0	66.0	41.3	46.0

Source: this study with data from UNICEF Data (2021). Data is for the latest year available in the time period. *Data may refer to years other than those specified. Note: “-“ for No data available.

As we can see from the data, Cambodia and Myanmar both show high out-of-school rates and low completion rates. In Cambodia, according to their latest state report, the Ministry of Education, Youth, and Sport (MoEYS) is implementing inclusive and multilingual education programs to increase school enrolment and completion and training for school principles to reduce drop-out rates (Committee on the Rights of the Child, 2018a). In the last cycle of reporting' concluding remarks, the Committee urged Myanmar to increase the budget for the education sector and extend compulsory education to 16 years of age in order to promote completion, plus other measures (Committee on the Rights of the Child, 2012a).

Paragraph 2 of Article 28 promotes that members take actions to guarantee that schools do not discipline children in a way that is incompatible with human dignity. About this paragraph, the Committee has expressed concern in a few states.

A good example is Singapore, where the Committee indicated that its education system is overly competitive and creates high levels of stress and anxiety for children, with enrolment in private tutoring after school hours being widespread, which causes unequal access to higher education because of this it advised them to evaluate their system and why it generates dependency on private tutoring, recommending they find ways to ensure that children have leisure time. As mentioned before, the Committee was also concerned about the legality of corporal punishment, asking the country to make it illegal in all settings, including schools (Committee on the Rights of the Child, 2019). The case of Singapore is not unique in the region; concerns about the lack of leisure time and recreational facilities were also pointed out by the Committee in their last cycle of reports to Brunei, Indonesia, Lao PDR, and Thailand. As was mentioned, all ten member states received concerns and recommendations regarding the normalization of corporal punishment.

4. Right to participation in Southeast Asia

4-1. Right to expression and to be heard.

Paragraph 1 of Article 12 states that children have the right to form and voice their opinions and for those to be respected (United Nations, 1989, p.6). In continuation, the second paragraph of Article 12 says that all children have the right to be heard in procedures that affect them.

Given its nature, the measurement of this right can be complicated as it can be seen as subjective. However, the Committee has made comments and

recommendations for ASEAN states with regard to the right of children to express their views.

Several states received comments about needing to reinforce their monitoring to make sure their laws related to this right are being applied in practice and to empower children in their expression. For example, in Brunei, the Committee mentioned how there was no information on how this right was implemented in the country in practicality, asking the State to cooperate with children in order to include and implement this right in all its laws, policies, and programs that relate to children, making sure to empower children in all settings (Committee on the Rights of the Child, 2016). Similarly, Laos, Singapore, and Thailand received comments and/or recommendations on the need to take steps toward guaranteeing that children are heard in all contexts through proper legislation, education, and training (Committee on the Rights of the Child, 2006, 2018b, 2019).

Some States received comments regarding how traditional views from their countries could limit the right from being fully implemented. The first case was Cambodia, in which their latest State report explained that children participate and express their views freely on issues related to them, pointing to several guidelines, forums, and councils through which this right is implemented (Committee on the Rights of the Child, 2018a). The second case was Malaysia, where the Committee pointed out that the expression of children could be diminished by the traditional view that exists in the country of considering children as objects of their parents/elders, adding that judges have the right to decide if children are to be heard in legal proceedings, recommending taking action to solve this issues

(Committee on the Rights of the Child, 2007). In their latest cycle, the State's report declares several relevant actions are taken, such as including children in the review of legislation and policy and the formation of Children Representative Councils around the country (Committee on the Rights of the Child, 2021a). A third case was Myanmar, to which the Committee said it considered that the State was not putting enough effort into making sure children are heard in a society where traditional views limit their rights, urging them to take measures (legislation, training, educational campaigns, etc.) to guarantee the full expression of children (Committee on the Rights of the Child, 2012a).

In the case of Indonesia, the Committee applauded the formation of the National Forum for Child Participation, the Teen Parliament, the Indonesian Child Congress, the Child Council, Election of Young Leaders, and National Child Consultation, but expressed this was not enough as the forums were not totally inclusive (they needed to include diverse children in vulnerable situations), and that Law No. 23/2002 said that children must express themselves with “morality and decency” which goes against free expression and that these issues needed to be corrected (Committee on the Rights of the Child, 2014). In their last State report, the issue was addressed by mentioning Law No. 35/2014 (which made several amendments to Law No. 23/2002) and programs applied to implement this right, such as the MoWECP's activity “Voices of Children with Disabilities” which produces guidelines for the government and members of the community on the protection of these children.

Similarly, on the issue of inclusion, the Committee celebrated the Philippines in their efforts to respect the views of children through different initiatives, such as the adoption of the National Framework for Children's Participation (NFCP), but recommended they pay special attention to children of minority and indigenous groups who may have a harder time expressing their views (Committee on the Rights of the Child, 2009). The State reported several measures in the implementation of this right in their last report, such as the implementation of the NFCP, youth councils, and setting national standards in the implementation of this right (Committee on the Rights of the Child, 2020b).

5. Comparison of the well-being of children in Southeast Asia

This chapter presents the state of the well-being of children in the region through the framework of the CRC. This assessment allows identifying the issues that are affecting children in the region and what factors are having an influence.

When we look at the ASEAN members, a clear point of comparison is their level of economic development, as it varies greatly within the region. It could be expected that countries of higher economic development would perform better than those of lower economic development when it comes to the well-being of children.

However, as it has been shown throughout this chapter, all countries, including those of higher economic power, continue to face issues. And, in some cases, countries of lower development perform better. Examples of this are Indonesia and Cambodia.

5-1.Indonesia.

Being the largest economy in Southeast Asia and one of the largest economies in the world, Indonesia has shown incredible progress in its development, going from a poor to a middle-income country in a few decades and currently having a poverty rate of around 10% (World Bank, 2021a). The COVID-19 pandemic has affected Indonesia's development negatively, seeing an increase in poverty, unemployment, and some widening in inequality (World Bank, 2021b). However, through the data and Committee reports, it is possible to identify that the country had been facing issues in child rights even before the pandemic.

Some of the issues for Indonesia seem to come from its geographical inequality in terms of development and socioeconomic status. Indonesia is composed of many islands which cover a vast geographical distance and are home to hundreds of different ethnic groups, because of which, children in different regions face different issues (UNICEF, 2020). Plus, provincial and local governments are tasked with managing a lot of the matters that affect these children, but they can find themselves underfunded, overwhelmed, and unable to address all the concerns properly (UNICEF, 2020).

In their study of the state of children in Indonesia, UNICEF (2020) found that the percentage of children living below the poverty line in 2018 (12%) was higher than the percentage of the general population (9.8%), meaning that poverty is more pronounced among younger children. And when looking at multi-dimensional child poverty (meaning not just income but the totality of a child's environment), they

found that nine out of ten children are impacted by poverty, which is why we must focus on all aspects of child rights and not just income poverty.

As mentioned before, income poverty in Indonesia is severely unequal between regions. Rural areas have higher poverty rates and slower poverty reduction than urban ones (UNICEF, 2020). This means that many of the issues identified for Indonesia in the previous chapter affect children in rural areas more strongly (such as lower birth registration, lower level of immunization, shortage of sanitation facilities, malnutrition, etc.) (UNICEF, 2020).

In terms of birth registration, Indonesia increased its registration rate to 85% in 2019, but, for the poorest population, the rate was just 77%, and in rural areas, there's still a significant percentage unregistered (31% under four years old, and 14% under 18, in 2019) (UNICEF, 2020). According to UNICEF (2020), the distance of civil registration offices, the cost, and the lack of knowledge are the biggest barriers to birth registration.

Another issue is immunization. As seen in **Table 4**, Indonesia has similar levels of immunization as Laos and lower immunization than Cambodia. The country has adopted the WHO program of routine immunization, but the immunization levels show socioeconomic and geographical inequalities, which have made Indonesia the country with “the fourth-highest number of unimmunized children in the world” and 1.5 million children dying each year from preventable diseases (UNICEF, 2020).

Also, in terms of survival, malnutrition is an important subject. As established in the previous chapter, Indonesia has, at the same time, some of the highest levels of stunting in the region. As explained by UNICEF (2020), stunting and wasting can have very negative long-term consequences on a child's development in terms of its growth, cognitive abilities, overall health, and future economic productivity. Stunting is a bigger issue in Indonesia's west and far east and rural areas (with some areas showing a level of 42% of children). Wasting also affects rural areas disproportionately, which is relevant as childhood wasting in Indonesia is the fourth highest in the world (10% of children under five) (UNICEF, 2020).

In terms of the right to protection, the country also faces several problems. As shown in **Table 15**, child marriage continues to be a concern. Child marriage is legal in Indonesia as, although the legal age of marriage is 19, exemptions can be obtained under certain conditions in religious and civil courts with no age limit. The issue affects girls living in rural areas and those from lower socioeconomic status disproportionately, with those in rural areas having a probability of marrying before 18 more than twice larger than those in urban areas, and those from poor household's probability being three times larger than other girls (UNICEF, 2020).

With regards to violence and abuse, it has been seen that 62% of children in Indonesia in 2018 have experienced one or more forms of violence during their lives, with many experiencing physical, emotional, and sexual violence (UNICEF, 2020). Outside of the household, children also experience bullying (**Table 13**) and violence from teachers at school, which is explained by different aspects, including the belief that discipline can be done through violence (UNICEF, 2020).

Concerning the right to development, we see that many children are still out of school or do not complete their education (**Table 17** and **Table 18**). This problem is once again shaped by differences in regional and socioeconomic status, with children from rural areas, lower economic status, and those with disabilities presenting higher out-of-school rates (UNICEF, 2020). Furthermore, there are also geographical differences in learning outcomes in terms of reading and math proficiency. The poor education quality and outcomes have been explained by different reasons, including inadequate government managerial capacity and limited professional skills (UNICEF, 2020).

Finally, for the right to participation, as it was explained, although the right to be heard is included in the country's legislation, it specifies the need for children to express themselves according to "morality and decency," which limits free expression. Certain issues have been identified in the country as limiting to this right, such as lack of knowledge of this right, the children's ability to participate, and the institutional opportunities to do so (UNICEF, 2020). But a big impediment is social norms that do not see children as active citizens and that discriminate towards certain groups such as girls and children with disabilities (UNICEF, 2020).

Through all of this, is it possible to identify that Indonesia has made a lot of progress when it comes to its development and the well-being of children, but even with all its efforts, there are several problems that remain. This leads to the idea that their development is only one of many different factors that influence the well-being of children. Geography, socio-economic inequality, political organization,

social norms and views of children, and discrimination (such as that based on gender and disabilities), are also main variables that need to be considered.

5-2. Cambodia.

On the other side of the coin, there is Cambodia, a country that has also improved greatly in its development over the past decades, but it continues to be one of the least developed countries in the region. Cambodia has seen its poverty rate reduce significantly from 47.8% in 2007 to 13.5% in 2014 (World Bank, 2022). However, the pandemic has hit the country hard, and it has seen higher poverty and unemployment levels (World Bank, 2021c).

Even though health and education remain important challenges, the country has been able to improve many child rights indicators, such as maternal and child health and mortality, early childhood development, and primary education access in rural areas (World Bank, 2021c). Sadly, children continue to suffer from a lack of access to many vital resources, and the country underperforms in areas such as nutrition, school completion, and access to sanitation (World Bank, 2021c).

In terms of birth registration, Cambodia has very similar percentages to Indonesia. The country has made progress as 66% of children under five were registered in 2005, increasing to 73% in 2014 (UNICEF, 2018b). According to UNICEF (2018b), it is possible to see differences in the level of birth registration between regions in the country, with children in urban areas being registered considerably more than those in rural areas. Other factors that were recognized as affecting the level were an increase in age, higher socioeconomic status, and higher

educational level of mothers. Even with these differences, Cambodia is on its way to achieving universal birth registration by 2025 (UNICEF, 2018b).

When it comes to immunization, Cambodia over-performs Indonesia and several other countries in the region, with over 80% immunization in the vaccines considered (See **Table 4**), this broad immunization coverage is credited, in part, for their achievement in lowering their under-five child mortality rates, which went from 124 in 200 to 35 in 2014 out of every 1,000 live births (UNICEF, 2019b).

Regrettably, malnutrition is also a big issue in Cambodia, but the country is not severely outperformed by others in the region. **Table 8** shows that the country shares similar levels of stunting (around 30%) with Indonesia, Laos, and the Philippines, and it has the same level of wasting (10%) as Indonesia and Malaysia. Showing that countries with different levels of economic wealth and development have this issue. In Cambodia, the issue is explained by poor access to clean water, sanitation and hygiene services, plus poverty and lack of education (UNICEF, 2019c, p. 2). The issue also affects poor children disproportionately more than wealthy ones (42% of stunting vs. 19% respectively).

Continuing with the right to protection, child marriage has dropped over time, and when compared with other countries in the region, it is possible to see that Cambodia outperforms Laos and other countries. For example, 3.6% of males marry before 18, while 5.3% in Indonesia, 5% in Myanmar, and 9.8% in Vietnam (See **Table 15**). But the issue remains as girls continue to get married, with 18.5% of girls marrying before 18 (See **Table 15**) and the median age of marriage for women staying at around 20-21 years old for the past few decades (UNICEF,

2018b). Child marriage is not illegal in the country as children ages 16 to 18 can marry if they have parental consent (UNICEF, 2018b). According to UNICEF (2018b), there are variations by ethnic group and geographical location in this problem (in 2014, marriage before 18 years old reported by women ages 20-24 was 36% in the Mondul Kiri and Ratanak Kiri regions, but only 5% in the capital Phnom Penh).

When it comes to violence and abuse, the issue is also prevalent in Cambodia, with 53% of females and 54% of males ages 18 to 24 reporting going through physical violence before they were 18 years old in 2013 (UNICEF, 2018b). Children also report instances of emotional and sexual violence, and their perpetrators have been mostly identified as known family or community members. The Committee on the Rights of the Child explained that physical punishment of children is commonly seen as an acceptable way to discipline a child, and it is widely practiced by parents and teachers (Committee on the Rights of the Child, 2011). This criticism has also been received by other countries in the region, as it was shown in the previous chapter.

Concerning the right to development, Cambodia has seen great progress in children's education, with primary education enrollment increasing from 82% in 1997 to 97% in 2018 (UNICEF, 2018c). However, quality of education is an issue, and many children have difficulty and lower literacy and numeracy proficiency. This is explained by a lack of preparation for school, inadequate teaching, poor nutrition, lack of proper infrastructure, and irregularity in attendance which leads many to drop out (UNICEF, 2018c). There is also the issue of discrimination,

which affects children with disabilities. And a cultural issue of parents lacking knowledge and resources to send their kids to school affects mainly children living in rural areas (UNICEF, 2018c).

Lastly, the right to participation is one that most ASEAN countries need to work on, and Cambodia is not an exception. The Committee has mentioned that the State's traditional attitudes toward children make it so they are limited in their rights to express their views, and there is no policy that promotes their participation in society (Committee on the Rights of the Child, 2018a).

Cambodia has made significant progress in the well-being of children and has, in several aspects, outperformed its economic development, achieving levels in some indicators similar to those of other countries of much higher development and wealth. When looking at the details of their problems, it is possible to identify that several factors affect child rights in Cambodia, such as poverty, inequality, geography, and traditional views.

This finding brings on the next chapter, which explores the non-economic factors that have been recognized as affecting the well-being of children in Southeast Asia.

Chapter 4. Non-economic factors affecting the well-being of children in Southeast Asia

From the previous chapter, it is inferred that the development and economic wealth of a country plays a role, but it does not define the well-being of children or how their rights will be implemented, as cultural and societal influences, politics, and geography will play a role in what is prioritize and how people react to a state's policies and efforts.

1. Culture.

Culture embodies many different factors, from traditional views to standards and definitions. This section goes over three aspects where cultural differences can be shown to be having an effect: (1) how ASEAN members define children, (2) the presentation of reservations to the CRC by some members, (3) and the effects of traditional practices, views, and discrimination.

1-1. Definition of child

Article 1 of the CRC defines a “child” as a human under eighteen (United Nations, 1989, p. 2). Although no ASEAN member has a reservation on this provision -which may be the case because Article 1 specifies the respect for each country's law- there are three countries with different definitions: Brunei, Thailand, and Vietnam (See **Table 19**).

Brunei Darussalam defines a “child” as a person younger than 14 years old, with ethnic Chinese girls becoming adults at 15 years old, and the law not having a

clear definition for Muslims. The Committee on the Rights of the Child has highlighted, up until their last cycle of reports, the need for the country to reconsider its definition of a child, as it is extremely low (Committee on the Rights of the Child, 2016, p. 4). The Committee has requested the country to up the age to 18 for all people, regardless of age and religious/ethnic background.

In Thailand, the definition has the exception of attaining a majority through marriage which can be done since the age of 17, which is considered child marriage and a violation of human rights (UNICEF, 2021b).

And in Vietnam child is defined as younger than 16. The Committee has encouraged Vietnam to raise the age to 18 years old, but the country defends its definition by pointing out that the CRC states that exceptions can be given to countries whose legislation defines children differently (Committee on the Rights of the Child, 2020a).

Although other countries define it as “under 18 years old”, there are many exceptions to this definition that can be found in their laws and practices. For example, in Cambodia, currently, a child is anyone under the age of 18, but it has some exceptions. One is that, although the age of criminal responsibility is 18, a minor of 14 and under may receive a criminal penalty depending on the context of its offense and character. Another example is that minors of at least 16 may marry someone who has obtained the majority of age as long as they have parental consent. And finally, the legal age of consent for sex is 15 years old (Committee on the Rights of the Child, 2018a).

Another example is Malaysia, where a child is defined as a person under 18 years old however the Committee found many incongruences and inconsistencies within their laws that made it so this standard is not always met (Committee on the Rights of the Child, 2007). Currently, some of the differences between legislation are, first, in terms of the minimum age of marriage, the Islamic Family Law (enacted in all states except Selangor) sets it at 18 for boys and 16 for girls, while in Selangor, it is 18 for both, but there are several other laws enacted that do not specify a minimum age (Committee on the Rights of the Child, 2021a). The country is working on making every child equal under the law by harmonizing the standards.

A similar issue occurs in Singapore where, although a child is defined as a person under 18 years old; there is one exception in the Administration of Muslim Law Act (subsection 96) that makes it so, in exceptional cases, girls under 18 may marry if they have reached puberty, which has caused concern for the Committee who has suggested the removal of all exceptions (Committee on the Rights of the Child, 2019).

Although, in general, there is not much variance in the general definition, there is variation in specific laws that show the lack of coherence within the region and how, if one looks deeper into the country's legislation, we can see that even though children are defined as a person under 18, there might be many exceptions to that definition.

Table 19. ASEAN Member States' Standard Definition of Child

State	Definition
Brunei	Person under 14 years old
Cambodia	Person under 18 years old
Indonesia	Person under 18 years old
Lao PDR	Person under 18 years old
Malaysia	Person under 18 years old
Myanmar	Person under 18 years old
Philippines	Person under 18 years old
Singapore	Person under 18 years old
Thailand	Person under 18 years old, but majority can be reached through marriage
Viet Nam	Person under 16 years old

Source: ASEAN & UNICEF. (2019). *Children in ASEAN: 30 Years of the Convention on the Rights of the Child*. UNICEF. Table 3, pag.18-19.

1-2. Reservations to the CRC

A second cultural aspect is the presentation of reservations to the CRC. When a country presents a reservation to a provision of the CRC, it means it will not be taking this provision into consideration. With countries giving several different reasons for the submission of reservations.

Table 20 summarizes the ASEAN members' current reservations on the CRC. Four ASEAN members have reservations: Brunei, Malaysia, Singapore, and Thailand. When looking at these reservations, the main reason that was given as to why the country will exclude the article is that it is incompatible with its Constitution and that the laws of each country will prevail over the treaty. But there are other reasons for presenting reservations beyond the states' Constitution.

Brunei signed its accession to the CRC on the 27 of December 1995, presenting reservations to several articles quoting those specific provisions may be

contrary to the beliefs and principles of Islam, which is the state's religion. The specific articles that were in question were Article 14 (which refers to the right to freedom of thought, conscience, and religion), Article 20 paragraph 3 (which specifies that State care of children should consider their background and upbringing), and Article 21 subparagraphs b, c, d, and e (this article deals with adoption, and precisely the case of inter-country adoption). Initially, it also presented reservations to Article 20 paragraphs 1 and 2 and Article 21 subparagraph a, but these were withdrawn on August 10, 2015. The Committee and other signing nations have consistently pointed out these reservations as concerning. The Committee pointed out that, although noting the partial withdrawal of some of its reservations, the State still maintains reservations incompatible with the general purpose of the CRC and asked the State to reexamine its position (Committee on the Rights of the Child, 2003a, 2016).

Malaysia presented several reservations to the CRC after its accession on 17 February 1995. These reservations included articles 2, 7, 14, 28, and 37. It has received comments from many other signing nations and the Committee on these reservations. One specific concern is its reservation to Article 37, which protects children against torture and deprivation of liberty. The Committee has urged the nation to abolish the imposition of capital punishment on children and withdraw its reservation (Committee on the Rights of the Child, 2007). However, Malaysia has expressed the need to maintain these reservations, although it assures its commitment to guarantee these rights (Committee on the Rights of the Child, 2021a).

Singapore signed its accession to the CRC on October 5, 1995. It has presented reservations to articles 7, 9, 10, 22, 28, and 32 (See **Table 20**). Like the other cases, other nations and the Committee have consistently urged Singapore to withdraw its reservations. For the State, the reasons seem to point to the country's uniqueness; for example, in Article 32, the reservation explains that the State's laws offer protections for children ages 12 to 16 who work. However, the Committee has pointed out that the minimum age of labor is still below the age of compulsory education (15) and urged them to raise it (Committee on the Rights of the Child, 2019).

The last ASEAN state that still maintains reservations is Thailand which signed its accession to the CRC on March 27, 1992. Their reservation is to Article 22, which protects the rights of refugee children. As expected, it has also received critics on this from other States and the Committee. However, in their latest State party report, it was explained that the reservation was maintained because of the political unrest in neighboring countries that created a large influx of immigrants, but that they are working towards withdrawing their reservation (Committee on the Rights of the Child, 2005).

Apart from these four nations, two other ASEAN members presented reservations at their ratification/accession to the CRC but have since retrieved them. Indonesia ratified the CRC on September 5, 1990, presenting reservations to the provisions of the following articles: Article 1, which defines a child as a person under 18 years old; Article 14, which refers to the right to freedom of thought, conscience, and religion; Article 16, protects children against interference or

attacks; Article 17, which goes over the right of access to information; Article 21, refers to the need for the system of adoption to be focused on the best interest of the child; Article 22, which covers children who are refugees, and; Article 29, which goes over the focus that education should have. The State specified that it would apply these rights according to its Constitution and would not go beyond it; these reservations received criticism nationally and internationally and made the country reconsider its stance (Committee on the Rights of the Child, 2003b). Indonesia withdrew its reservations on February 2, 2005 (United Nations, 1993).

The other nation that presented reservations upon its accession to the CRC on July 15, 1991, was Myanmar. These reservations were directed to Article 15, which refers to the right to freedom of association and peaceful assembly, and to Article 37, which refers to the protection of children from torture, unlawful imprisonment, and other forms of inhumane punishment (United Nations, 1989). The State expressed that, given its context, its laws need to be applied to preserve national security. Their reservations were withdrawn on 19 October 1993; however, in the next cycle of reporting, the Committee expressed concern over the nation's need for better implementation of these rights as they needed to better guarantee freedom of association and look at their juvenile justice system as it had severe conditions of detention, a lack of access to legal assistance and a lack of monitoring (Committee on the Rights of the Child, 1997).

The presentation of reservations can be very damaging to the well-being of children, as it means the state is not willing to implement the specified provision. And when looking at the reasoning provided for the presentation of the reservation,

several cultural aspects appear to have an effect (such as religion, a country's specific practices, and its societal context).

Table 20. ASEAN members' Reservations to CRC

Article	Member State	Reservation Type
Article 2. Non-Discrimination	Malaysia	Protection of a class of person
Article 7. Right to a Name and Nationality	Malaysia	Implementation
	Singapore	Population density
Article 9. Right to Parental Access and Family Life	Singapore	Constitution
Article 10. Family reunification	Singapore	Population density
Article 14. Freedom of Thought, Conscience, Religion	Brunei	Legal
	Malaysia	Constitution
Article 20. Right to Special Protection and Assistance (paragraph 3)	Brunei	Social context
Article 21. Adoption (subparagraphs b, c, d)	Brunei	Legal
Article 22. Rights of Refugee Children	Singapore	Population density
	Thailand	Legal
Article 28. Right to Education	Malaysia	Implementation
	Singapore	Social context
Article 32. Protection from Economic Exploitation	Singapore	Social context
Article 37. Freedom from Torture and Deprivation of Liberty	Malaysia	Implementation

Source: this study with information from Linton (2008) and the United Nations Treaty Collections (United Nations, 1993). Column three of the Reservation.

1-3. Traditional views

Finally, traditional views and customs constantly come up when assessing the well-being of children in the region, as children face mistreatment and discrimination based on characteristics such as their gender, heritage, and disabilities.

In several countries (such as Malaysia, Myanmar, and Thailand), this issue was shown in children's participation rights, where the Committee explained in their

reports of the countries that traditionally, children have been seen as the "property" of their parents or as not being fully contributing members of society, that makes it so they are limited in how they can express their views and participate in society (Committee on the Rights of the Child, 2005, 2007, 2012a).

In the case of Thailand, it was also reported that children from indigenous and minority communities suffered discrimination in several areas, with many experiencing poverty and absence of access to several services, urging the State to take measures that do guarantee not only access to these services but also protects their cultural and historical customs and heritage (Committee on the Rights of the Child, 2005). Similar concerns and requests were leveled at other countries, explaining the importance of children of indigenous groups being able to preserve and live their culture and be protected from discrimination (countries who received these comments include Malaysia, Myanmar, the Philippines, Singapore, and Vietnam).

In terms of gender discrimination, Brunei received comments from the Committee regarding the still existent discrimination of girls and sexual minorities, urging the State to take measures towards eliminating gender stereotypes such as the role that women and girls have in their families and practices like the existence of the death penalty by stoning for crimes such as adultery (Committee on the Rights of the Child, 2016). Similarly, Malaysia was requested to continue to work on eliminating gender stereotypes and questioning gender roles in order to eliminate discrimination against girls (Committee on the Rights of the Child, 2007). Similar sentiments were urged to all the ASEAN countries, as they need to face the perception of gender roles and the discrimination against girls.

In some countries (such as Myanmar, the Philippines, and Thailand), sexual exploitation and trafficking was also an issue that was raised when it came to gender, pointing out the need to address the issue of sexual abuse and sex trafficking of children, especially affecting girls trafficked for the purpose of prostitution (Committee on the Rights of the Child, 2012a).

2. Politics.

The second non-economic factor influencing child well-being is politics. As shown in the case of Indonesia and Cambodia, politics can have an important effect on the well-being of children and how rights are implemented. Not only can political conflicts interfere in a child's life, but also, political organization and the political system of a country may impact how resources are allocated and what is prioritized.

In Myanmar, the Committee showed concern with the human rights situation in the country, especially those related to freedom of expression and association, the possible imprisonment of children, and inhumane punishment (Committee on the Rights of the Child, 2012a). Currently, Myanmar is facing a humanitarian and human rights crisis linked to its political issues, which UNICEF reported has left around 5 million children in need of humanitarian assistance, and reports of many suffering human rights violations by being killed, detained, tortured, and raped (UNICEF, 2021c). The situation has made it, so a lot of the progress done by the country in terms of child rights has been reversed, with children not only being exposed to violence but also facing diminished access to education, health care, routine immunization, access to water supply, and malnutrition (UNICEF, 2021c).

In Thailand, political tensions in 2010, 2013 to 2015, and lately from 2020 to 2022 have contributed to uncertainty and slower growth. This political uncertainty also has effects on the well-being of children, as it means changes to how the government operates and legislation, that make it so the implementation of policy lacks consistency and it is not cohesive around the country (UNICEF Thailand, 2018). To this, it is important to add the concern of the violence children are exposed to when political unrest happens, with UNICEF calling for the protection of Thailand's children's rights to freedom of expression and protection from all forms of violence and intimidation in 2020 (UNICEF Thailand, 2020).

In the Philippines, the Committee mentioned the impact that armed conflict has had on the South of the Philippines in Mindanao and its influence on child rights (Committee on the Rights of the Child, 2009). The UN has reported Grave Child Rights Violations (GCRVs) occurring in the Philippines as a result of armed conflict (this includes murder, enlistment in the military, sexual assault, kidnapping, attacks on hospitals or schools, and preventing access to humanitarian aid), with UNICEF urging the Philippines in a press release to protect children by implementing their laws and making sure they are not further victimized (UNICEF Philippines, 2020).

In more administrative aspects, several countries (such as Brunei, Lao PDR, Malaysia, and Vietnam) have received comments from the Committee on the need for them to provide further funding, coordination, and support to local governments, authorities, and communities in order to implement child rights properly.

3. Geography.

Finally, the effect of the geographical characteristics of a country can also be seen in the region. Regional disparities can be a clear example of discrimination that affects children in ASEAN. This is because the countries may face challenges when attempting to provide good quality services to children in remote areas, given the lack of road access, proper funding, qualified staff, and proper facilities. This, in turn, affects the children's access to education, health, and social services.

The issue has been pointed out by the Committee in several ASEAN countries. For example, in Malaysia, the Committee has shown concern for indigenous and minority children living in remote areas and their access to quality services, specifying their greater danger of not being registered after being born and pointing out that children with disabilities do not have access to the same services as children in other regions (Committee on the Rights of the Child, 2007).

In Myanmar, it was indicated that access to health care and a good standard of living was unequal between regions and that children with disabilities in rural and remote areas are largely excluded from the educational system and do not have access to the same inclusive programs as children in cities (Committee on the Rights of the Child, 2012a).

In Lao PDR, the request was for them to focus more funds on fixing the issue of inequality and the low standard of living of those in rural and remote areas, specifying issues such as access to health care services, as the country still needed to work on fixing its regional disparities in terms of access and funding, which

would require an improvement of road infrastructure and health care facilities (Committee on the Rights of the Child, 2018b).

To Vietnam, the issue was framed as one of the bigger needs for funds to be allocated to those in remote regions in order to prevent discrimination against children with disabilities and those who are members of ethnic minorities and indigenous groups, plus the need to properly inform people in these areas of the importance of birth registration (Committee on the Rights of the Child, 2012b).

Another issue brought on by geography is the effects of climate change and natural disasters. In the Philippines, the Committee has acknowledged that given its geography and risk for natural disasters, it is especially hard to provide equal and sufficient services to children in rural and remote areas. Some of the rights affected by this, as pointed out by the Committee, were birth registration, access to health services, and schooling (Committee on the Rights of the Child, 2009). Similar concerns were brought to Thailand, explaining that in remote areas, many children are not registered at birth, and children in these areas do not have proper access to health and social services, especially those with disabilities.

Chapter 5. Conclusion

In conclusion, when assessing the well-being of children in the region through the framework of the CRC, it is possible to identify a variety of factors having an effect, including their economic development, culture, politics, and geography.

Cultural and political diversity in ASEAN has always made it difficult for them to tackle human rights issues together, and child rights are not the exception. However, through this analysis, common issues in these countries have been identified, illuminating a way forward through which, hopefully, ASEAN can tackle these problems together.

Given this conclusion, the following recommendations are proposed so that ASEAN can continue to promote and protect child rights in a way that is consistent with the CRC.

First, each country individually needs to focus on the missions that are given to them by the Committee, as it, of course, gives informed, current and relevant advice on how they can better their implementation of the CRC. But they could also, in general, be helped by reducing poverty, addressing geographical inequalities, and addressing the cultural and societal issues that are limiting the implementation of the CRC in each country.

Regarding cultural aspects, it is important to acknowledge harmful views and practices and protect children from them. In this sense, educating families and local communities on the rights of children is vital to protect them from discrimination. Governments need to position children as people with rights who should not be seen as an object or property of their families, as this could lead to exploitation. It

is important that the voices of children are validated and their participation rights are guaranteed. In this, groups such as girls, children with disabilities, and children of indigenous groups are especially vulnerable.

In terms of politics, it is important to consider the well-being of children when proposing government policies and allocating funds. It is also important to remember the effects that political conflict has on children and to work on minimizing these.

And, when it comes to geographical inequalities, children in rural and remote areas face several problems from lack of road access, funding, qualified staff, and facilities. ASEAN members should focus their efforts on making sure these children's needs are met and that their access to social services is equal to those of children living in urban areas.

Finally, one measure that can be taken by ASEAN as a collective is to give the ACWC more attributes. Currently, the ACWC and other human rights mechanisms in ASEAN cannot directly protect human rights as there is no human rights court in the association that can actively tackle violations. ASEAN as a collective should agree on their definition of child in alignment with the CRC and work towards protecting this group according to the international standards they have agreed to follow.

This thesis covered the well-being of children in Southeast Asia through the framework of the CRC and highlighted the different factors that are influencing its variation between countries and within them. ASEAN countries have made impressive progress in their development in the past decades, but they must

continue to make efforts to better the well-being of children in the region. Culture, politics, and geographical inequalities are factors that should be considered when taking measures, making policies, and legislating to avoid discrimination and ensure that children in the region can enjoy the rights that are entitled to them.

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Appendix

Table 21. ASEAN Member States' Total Population Under 18 Years Old
(Thousands) By Age Group, 2020

	Total	Under 18	Under 5
Brunei	437	118	32
Cambodia	16,719	6,051	1,779
Indonesia	273,524	84,934	23,658
Lao PDR	7,276	2,753	797
Malaysia	32,366	9,162	2,635
Myanmar	54,410	16,920	4,509
Philippines	109,581	39,242	10,616
Singapore	5,850	867	258
Thailand	69,800	14,131	3,596
Viet Nam	97,339	26,506	7,892
Total	667302	200684	55772

Source: this study with data from UNICEF Data (2021).

Table 22. ASEAN Member States' Annual Population Growth Rate (%)

	2000–2020	2020–2030 (A)
Brunei	1.3	0.7
Cambodia	1.5	1.1
Indonesia	1.2	0.8
Lao PDR	1.5	1.1
Malaysia	1.6	1.0
Myanmar	0.7	0.7
Philippines	1.6	1.1
Singapore	1.8	0.6
Thailand	0.5	0.1
Viet Nam	0.9	0.6

Source: this study with data from UNICEF Data (2021).

Table 23. ASEAN Member States' Annual Number of Births (Thousands), 2020

Brunei	6
Cambodia	360
Indonesia	4,771
Lao PDR	165
Malaysia	532
Myanmar	939
Philippines	2,183
Singapore	50
Thailand	697
Viet Nam	1,567
Total	11,270

Source: this study with data from UNICEF Data (2021).

Table 24. ASEAN Member States' Life Expectancy at Births (Years)

	1970	2000	2020
Brunei	63	73	76
Cambodia	42	58	70
Indonesia	53	66	72
Lao PDR	46	59	68
Malaysia	65	73	76
Myanmar	49	60	67
Philippines	63	69	71
Singapore	68	78	84
Thailand	59	71	77
Viet Nam	60	73	75
ASEAN	56	67	73

Source: this study with data from UNICEF Data (2021).

Table 25. ASEAN Member States Ratification of Relevant Child Rights Treaties

	CRC		CRC- OPAC		CRC- OPSC		CRC- OPIC		CEDAW		CRPD	
Brunei	27	Dec	17	May	21	Nov	Not		24	May	11	Apr
	1995	a	2016	a	2006	a	ratified		2006	a	2016	
Cambodia	15	Oct	16	Jul	30	May	Not		15	Oct	20	Dec
	1992	a	2004		2002		ratified		1992	a	2012	
Indonesia	5	Sep	24	Sep	24	Sep	Not		13	Sep	30	Nov
	1990		2012		2012		ratified		1984		2011	
Lao PDR	8	May	20	Sep	20	Sep	Not		14	Aug	25	Sep
	1991	a	2006	a	2006	a	ratified		1981		2009	
Malaysia	17	Feb	12	Apr	12	Apr	Not		5	Jul	19	Jul
	1995	a	2012	a	2012	a	ratified		a		2010	
Myanmar	15	Jul	27	Sep	16	Jan	Not		22	Jul	7	Dec
	1991	a	2019		2012	a	ratified		1997	a	2011	a
Philippines	21	Aug	26	Aug	28	May	Not		5	Aug	15	Apr
	1990		2003		2002		ratified		1981		2008	
Singapore	5	Oct	11	Dec	Not		Not		5	Oct	18	Jul
	1995	a	2008		ratified		ratified		1995	a	2013	
Thailand	27	Mar	27	Feb	11	Jan	25	Sep	9	Aug	29	Jul
	1992	a	2006	a	2006	a	2012		1985	a	2008	
Viet Nam	28	Feb	20	Dec	20	Dec	Not		17	Feb	5	Feb
	1990		2001		2001		ratified		1982		2015	

Source: this study with information from the United Nations Treaty Collections (United Nations, 1993). *Ratification, Acceptance(A), Accession(a), Succession(d)

Table 26. Data Collected on the Committee's Concluding Remarks for each Country

Country	Reporting cycles collected
Brunei	I; II-III
Cambodia	I; II
Indonesia	I; II; III-IV
Lao PDR	I; II; III-IV
Malaysia	I
Myanmar	I; II; III-IV
Philippines	I; II; III-IV
Singapore	I; II-III; IV-V
Thailand	I; II; III-IV
Viet Nam	I; II; III-IV

Source: this study with information from the United Nations Treaty Body Database (OHCHR, 2021b)

Table 27. ASEAN Member States' Total Fertility (Live Births Per Woman), 2020

Brunei	1.8
Cambodia	2.5
Indonesia	2.3
Lao PDR	2.6
Malaysia	2.0
Myanmar	2.1
Philippines	2.5
Singapore	1.2
Thailand	1.5
Viet Nam	2.0

Source: this study with data from UNICEF Data (2021).

Table 28. ASEAN Member States' Adolescent Birth Rate, 2015–2020

Brunei	10
Cambodia	30*
Indonesia	36
Lao PDR	83
Malaysia	9
Myanmar	28
Philippines	36
Singapore	2
Thailand	23
Viet Nam	35
ASEAN	29

Source: this study with data from UNICEF Data (2021). Data is for the latest year available in the time period. *Data may refer to years other than those specified.

Table 29. ASEAN States AIDS-Related Mortality Per 100,000 Population

	Children 0-14	Adolescents 10-19	Adolescent girls 10-19	Adolescent boys 10-19
Brunei	-	-	-	-
Cambodia	1.16	0.86	0.81	0.85
Indonesia	3.28	0.42	0.4	0.44
Lao PDR	1.52	0.28	0.28	0.27
Malaysia	0.07	0.04	0.04	0.04
Myanmar	-	-	-	-
Philippines	0.19	0.09	0.03	0.15
Singapore	-	-	-	-
Thailand	1.01	1.24	1.24	1.27
Viet Nam	0.27	0.03	0.03	0.03
ASEAN	1.07	0.42	0.40	0.43

Source: this study with data from UNICEF Data (2021). Note: “-“ for No data available.

Table 30. ASEAN Member States’ Percentage of Low Birthweight, 2015

Brunei	10.8
Cambodia	12.1
Indonesia	10.0
Lao PDR	17.3
Malaysia	11.3
Myanmar	12.3
Philippines	20.1
Singapore	9.6
Thailand	10.5
Viet Nam	8.2
ASEAN	12.2

Source: this study with data from UNICEF Data (2021).

초록

아동 권리에 관한 협약(CRC)은 ASEAN 10 개 회원국 모두에 의해 체결되었으며, 회원국들은 지난 수십 년 동안 아동 권리 보호 측면에서 많은 개선을 보였다. 그러나 문제는 여전히 남아 있다. 본 논문은 CRC 의 프레임워크를 통해 동남아시아의 어린이들의 안녕을 평가하고 비교하다. 이를 위해 동남아시아 아동의 행복에 대한 데이터를 아동권리위원회의 보고서 문서 분석과 함께 분석하여 CRC 의 4 대 축인 생존, 보호, 발달, 참여로 구성된 지역 아동의 행복을 비교할 수 있다. 이러한 비교는 지리, 정치, 문화와 같이 영향을 미치고 있는 비경제적 요인에 대한 논의를 가져온다. 이 논문은 문화가 국가 간 기준의 차이와 전통적인 관행과 관점의 영향을 통해 아이들의 행복에 영향을 미친다는 것을 발견했는데, 이는 차별이 발생할 수 있기 때문이다. 정치 측면에서는 정치적 갈등이 아이들의 안녕을 방해할 뿐만 아니라, 한 나라의 정치 조직과 정치체제는 자원이 어떻게 배분되고 아동 웰빙 관련 문제가 우선시 되는지에 영향을 미친다. 마지막으로, 외딴 지역에 사는 아이들은 좋은 품질의 서비스에 대한 접근이 제한적이기 때문에 지리적 불평등은 아이들의 행복에 영향을 미친다. 본 논문은 이러한 문제를 해결할 수 있는 방법에 대한 권장 사항으로 마무리된다.

주요어 : 동남아시아, 아동 권리, 아동의 권리에 관한 협약.

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