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BUDDHIST - MOSLEM DIFFERENTIALS IN FERTILITY AND FAMILY PLANNING IN THAILAND WITH SPECIAL EMPHASIS ON THE SOUTHERN REGION
AN ANALYSIS OF DATA FROM THE 1975 SURVEY OF FERTILITY IN THAILAND 1983

RECEIVED

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In the last decade and a half Thailand has experienced a remarkable increase in contraceptive use and decline in the birth rate. Between 1969 and 1981 fertility among married couples declined by about 40 percent while current contraceptive use among married women in the childbearing ages increased from under 15 percent to almost 60 percent. (Knodel, et. al., 1982). These changes coincided with the development and expansion of an innovative and vigorous national family planning program (Rosenfield, et. al. 1982). At the same time, distinct regional differences have emerged in the timing and extent of participation in these changes in reproductive behaviour.

Prior to 1975 most of the decline in fertility was concentrated in the North and Central regions. Levels of contraceptive use in 1975 were substantially lower and fertility substantially higher in the Northeastern and Southern regions (Thailand Panel, National Research Council, 1980). Since 1975, the Northeast has also experienced rapid fertility decline and increasing contraceptive prevalence so that by 1981 differences between that region and the North and Central regions had diminished considerably (Kamnuansilpa and Chamrathirong, 1982). In contrast, most evidence points to a continuing lag in the Southern region in terms of reproductive change, although the data for the South usually involve small sample size and thus are less consistent and more uncertain. Reports on new acceptors from the National Family Planning Program also indicate lower acceptance rates for the South than for the other regions.

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One of the distinctive features of the South is the concentration of most of the Islamic population of Thailand in that region and in particular in the southernmost four provinces, where Moslems constitute the majority of the population. There is considerable evidence indicating that fertility reduction and contraceptive prevalence are particularly low among these four provinces and probably among the Moslem population in general. In 1981 for example two of the four predominantly Moslem provinces exhibited the lowest acceptance rates according to service statistics in the entire country and the other two provinces were characterized by rates well below the national average (1981 Annual Report of the National Family Planning Program). Moreover data emerging from the 1980 census confirm the lagging position of the four predominantly Moslem provinces in terms of contraceptive prevalence. The results of the question on current contraception use included in the census indicate that of the 14 southern provinces, the four lowest prevalence rates are in the four predominantly Moslem ones. In addition, a number of sample surveys have also confirmed lower contraceptive usage among the Moslem population compared to the Buddhist population in the South (Knodel, et. al. 1982). However, the low prevalence rate and the lagging fertility decline in the south are not necessarily solely a result of the Moslem population. Southern Buddhists may also differ from Buddhists in other regions in terms of reproductive behaviour. Thus there may be both a regional and a religious effect.

The objective of the present study is to examine differences between Buddhists and Moslems with respect to several aspects of reproductive behaviour with special emphasis on the situation in the Southern Region in comparison with national circumstances. Data come from the Survey of Fertility in Thailand (SOFT), conducted in 1975 by the Institute of Population Studies of Chulalongkorn University and Population Survey Division, of the National Statistical Office as part of the World Fertility Survey. Details of the survey's methodology have been described elsewhere (Institute of Population Studies, 1977).

Of particular relevance for the present study is the fact that the number of southern respondents is roughly proportionate to their share of the total population and thus constitute a fairly small number of cases.^{1/} This problem becomes even more acute when comparisons are made between the two religions in the south.

Of the total sample of 3827 ever-married women in reproductive ages, 3631 were Buddhists, of whom 276 lived in the South, 167 were Moslems of whom 119 lived in the South and 29 professed other religions. The last group is excluded from the present analysis. Comparisons in the present report are usually discussed in terms of Buddhists versus Moslems both nationally and in the South as well as Buddhists in the South and Buddhists nationally. Given the problems associated with small sample sizes, the results of the present study should only be considered suggestive. In addition because of the very small number of Moslems in the sample who live outside of the South there is no discussion of comparisons between Moslems in the South and Moslems nationally. Moreover, the results apply to conditions as of 1975 and do not reflect more recent changes that might have occurred.

Background Characteristics

Selected background characteristics of the sample are shown in Table 1 according to the religion of the respondent. According to the selection of the sample, only ever-married women in the reproductive ages were included in the study and thus all the women are under age 50.

^{1/} Although the sample was originally intended to be self weighting some deviation occurred. To correct this, all results in the present analysis are weighted.

Table 1

Selected Background Characteristics by Religion, Ever-married Women
under Age 50

<u>Age</u>	<u>All regions</u>		<u>South only</u>	
	Buddhists	Moslems	Buddhists	Moslems
<u>Age</u>				
Percent distribution				
under 20	5	14	3	14
20-24	16	14	14	15
25-29	19	24	19	20
30-34	16	10	16	11
35-39	16	11	17	12
40-44	15	15	16	17
45-49	12	12	15	10
total	100	100	100	100
Mean age	33.3	31.7	34.3	31.6
a				
<u>Marriage duration</u>				
Percent distribution				
0-4	22	18	18	17
5-9	20	25	19	22
10-14	18	15	17	17
15-19	15	11	19	11
20-24	12	12	11	13
25+	12	18	15	20
total	100	100	100	100
Mean duration	12.7	13.5	13.6	14.0
<u>Residence</u>				
Percent distribution				
rural	87	82	85	98
urban	13	18	15	2
total	100	100	100	100
<u>Years of Schooling of Woman</u>				
Percent distribution				
none	18	45	16	58
1-3	6	6	8	6
4	68	43	69	33
5-10	5	6	5	3
11+	3	0	2	0
total	100	100	100	100
Mean years	3.7	2.3	3.6	1.6

	<u>All regions</u>		<u>South only</u>	
	Buddhists	Moslems	Buddhists	Moslems
<u>Years of Schooling of Husband</u>				
Percent distribution				
none	10	47	6	62
1-3	4	3	6	4
4	68	38	71	30
5-10	12	7	13	2
11+	5	4	3	2
non-formal	1	1	1	1
total	100	100	100	100
Mean years ^b	4.6	2.7	4.5	1.7
<u>Occupation of Husband^c</u>				
Percent distribution				
white collar ^d	6	2	5	1
government official ^e	2	0	1	0
sales	5	7	6	6
farmer	64	64	71	78
craftman	13	12	8	9
others	9	14	7	6
not working	1	1	1	0
total	100	100	100	100

- Notes: a) combined number of years ever married including former marriages
 b) excluding non formal education
 c) husbands of currently married women only
 d) professional, administrative and clerical
 e) including military

The largest difference in the age distribution between the two religious groups is with respect to the youngest age category where far more Moslems fall than do Buddhists. This is undoubtedly due to the earlier age at marriage for Moslems compared to Buddhists (see below); since the sample is limited to married women only, Moslems will be proportionately more concentrated at the youngest ages and thus correspondingly less so at other ages compared to Buddhists. The difference in the age distribution is reflected in the younger mean age of Moslems than Buddhists.

The marriage duration distribution as measured by the combined number of years ever-married, including previous marriages but excluding time spent between or following broken unions, indicates a higher concentration of Moslems in the longest duration category (25 years and over). Again this reflects the earlier age at marriage of the Moslems. However, other less systematic differences in the marriage duration distributions also exist such that the mean number of years married is only slightly higher for Moslems than for Buddhists.

Higher proportions of Buddhist respondents live in urban areas than do Moslems especially in the South where almost all Moslems were rural.

The educational distribution of the sample reveals differences both between husbands and wives and between the two religious groups. For both religions, the average number of years of schooling is lower for wives than for husbands although for Moslems the differences are small and virtually non-existent in the South. More striking, however, are the religious differentials particularly with respect to the proportion with no education which is far higher regardless of sex for Moslems than for Buddhists. Correspondingly the latter show a far higher proportion with the basic 4 years of education as well as somewhat higher proportions going beyond 4 years.

Although some differences in the occupational distribution of husbands are apparent, the large majority of both Buddhists and Moslems of both sexes in the sample are engaged in farming as their primary occupation. The most noticeable difference is with respect to white collar and civil service jobs which are predominately concentrated among Buddhists.

Marriage Patterns

The mean age of first marriage is shown in Table 2 for all respondents as well as for women aged over 25 and over 30. Data on age of marriage for respondents of all ages taken collectively tend to understate the true age of marriage in the population since they are from a cross-section of married persons and exclude persons from younger cohorts who have yet to marry. The problem arises because only the age of marriage of persons already married are included in the calculation of the mean age at marriage. Since some of those not yet married will eventually marry, and since they will do so at ages older than the ages at which those already married did so, the true age of marriage of all who eventually marry will be older than that shown in Table 2. Nevertheless, differences between the two religious groups should be accurately reflected in these calculations provided the bias just described does not differ substantially by religion. The bias can also be largely eliminated by restricting the calculation of the age of marriage to respondents who are above the age at which most first marriage occurs. Thus separate results are given for women over 25 and over 30. The results whether or not limited to women above 25 or 30, clearly point to a younger age of marriage for Moslems than for Buddhists.

In order to examine trends in the age at first marriage, the mean age at first marriage can be calculated according to the year of occurrence. One problem with this approach is created by the fact that only women up through age 49 are included in the sample. As a result, the distribution of ages at first marriage is progressively truncated at the upper end the further back in time the mean age at first marriage is estimated. Thus any women married after age 45 in 1971, after 40 in 1966, after age 35 in 1961 and so on would be excluded from the sample since they would all be over age 49 in 1975, the year of the survey. In order to avoid biasing the trend in age at first marriage, all women marrying for the first time after age 30 are excluded from the calculations and only results for the period from 1956 to 1975 are presented. Note that a woman age 30 in 1956 would be age 49 in 1975 and thus still included in the sample. The exclusion of women marrying after age 30 results in only a minimal underestimation of age at first marriage since few women in Thailand marry for the first time after this age.

Table 2

Selected Aspects of Marriage Patterns by Religion , Ever-married Women under Age 50

Mean reported age at first marriage	<u>All Regions</u>		<u>South only</u>	
	Buddhists	Moslems	Buddhists	Moslems
among all women	19.7	17.1	20.2	16.3
among women 25+	20.1	17.6	20.6	16.8
among women 30+	20.2	17.6	20.9	16.7
Mean age at first marriage among women marrying through age 30 by year of marriage				
1956-60	19.6	(17.7)	20.0	(16.2)
1961-65	19.6	16.5	20.3	16.3
1966-70	19.7	17.4	20.1	16.0
1971-75	20.1	17.9	20.4	(17.7)
Mean number of times married				
among all women	1.13	1.39	1.12	1.52
among women first married 10 or more years ago	1.18	1.58	1.19	1.70
Percent currently divorced or separated				
among all women	4.6	8.1	2.7	10.2
among women first married 10 or more years ago	4.5	9.0	3.4	10.0

Notes : Results in parentheses are based on less than 20 cases.

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The results point to a slight increase in age at first marriage for Buddhists in the total sample between the 1961 - 65 period and 1971 - 75 and a somewhat larger increase for Moslems during this time span. However, the age at first marriage indicated for Moslems for 1956 - 60, based on a very small number of cases, is almost as high as for 1971 - 75. Trends for the two religious groups in the South are more erratic. The small sample size for Moslems nationally and Buddhists in the South make it impossible to draw any firm conclusions about trends in age at marriage.

Data on the number of times married reveal considerably more remarriages among Moslems than Buddhists. This measure will be sensitive to the amount of time since first marriage occurred because the longer ago first marriage took place, the greater the opportunity for the first marriage to end and for remarriage to ensue. Thus it is useful to limit the calculation of the mean number of times married to women whose first marriage occurred at least ten years ago. At even greater difference is evident between Buddhists and Moslems when this is done with the latter group characterized by substantially more marriages. Moreover, a higher proportion of ever-married Moslem women reported themselves as currently divorced or separated from their husbands than did the Buddhists.

Smith's (1981) application of life table techniques to data from SOFT in order to estimate marital dissolution rates also indicates greater dissolution among Moslems. His analysis controls for educational differentials among the two religious groups by limiting the comparison to women with no more than a primary education. His estimates indicate that 14 percent of first marriages for Buddhists and 32 percent for Moslems dissolve within the first ten years.

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Fertility: Preference and Behaviour

Evidence on fertility preferences clearly indicates that Moslems express desires for higher fertility than Buddhists and that Southern Buddhists have higher fertility preferences than Buddhists nationally. This is apparent both in the percent who wish to have no more children and in the average preferred number of children.

Table 3 presents the percent of currently married women who want no more children according to duration of marriage and number of living children. Both for all regions and for the South, higher proportions of Buddhist women are likely to express a desire to stop childbearing than Moslem women in every marriage duration category and at almost every number of living children. For example, nationally the majority of Buddhist women with two living children indicate they want no more children while only about one quarter of Moslem women do so. Moreover, while almost all Buddhist women with four children indicate they wish to cease childbearing only about half of Moslem women with four children express a desire not to have more.

Among Buddhists there is also a clear difference between those in the South and those in the total sample. In every marriage duration category and at every number of living children, Southern Buddhists are less likely to want no more children than are Buddhists nationally.

Data on the preferred number of children, based on a hypothetical question about the number of children a woman would like to have if she could have just the number she wanted, are consistent with results pertaining to desire to stop childbearing. As indicated in Table 4, the average preferred number of children is larger for Moslems than Buddhists both nationally and in the South. This is true for recently married women as well as those married for longer durations. In addition, Southern Buddhist women expressed a higher average preferred number of children than did Buddhist women nationally. The data on fertility preferences

Table 3

Percent Net Wanting Additional Children by Marriage Duration and Number of Living Children and by Religion, Currently Married Women under Age 50

Marriage Duration	<u>All Regions</u>		<u>South only</u>	
	Buddhists	Moslems	Buddhists	Moslems
0-4	24	4	13	(0)
5-9	58	29	43	32
10-14	78	47	61	39
15-19	87	(51)	84	(45)
20-24	95	(64)	91	(69)
25+	98	72	95	67
total ^a	69	43	62	43
Living Children				
0	21	(23)	18	(19)
1	30	12	10	(18)
2	57	26	40	(18)
3	78	34	66	37
4	91	53	81	(65)
5+	96	87	91	86
total	69	43	62	43

Notes: Sterilized and sterile couples are assumed to want no more children. Results in parentheses are based on less than 20 respondents.

a) Including a small number of cases of unknown duration.

Table 4

Preferred Number of Children, Children Ever Born, Living Children and Expected Number of Children by Marriage Duration and Religion, Ever-married Women Under Age 50

	<u>Duration of all marriages</u>			<u>All Durations</u>	
	<u>0-9</u>	<u>10-19</u>	<u>20+</u>	<u>unstand-</u>	<u>stand-</u>
				<u>ardized</u>	<u>ardized</u> ^a
<u>Preferred Number</u>					
All Regions					
Buddhists	3.1	3.9	4.3	3.7	3.7
Moslems	3.7	4.3	5.1	4.3	4.3
South Only					
Buddhists	3.4	4.0	4.8	4.0	3.9
Moslems	4.2	4.4	5.0	4.5	4.5
<u>Children Ever Born</u>					
All Regions					
Buddhists	1.7	4.4	7.0	3.9	3.9
Moslems	2.1	4.3	5.5	3.7	3.6
South Only					
Buddhists	1.8	4.7	7.3	4.3	4.0
Moslems	1.8	4.0	5.4	3.6	3.4
<u>Living Children</u>					
All Regions					
Buddhists	1.5	3.9	5.8	3.4	3.4
Moslems	1.9	3.8	4.4	3.1	3.1
South only					
Buddhists	1.7	4.3	6.4	3.9	3.6
Moslems	1.5	3.5	4.3	3.0	2.8
<u>Expected Number</u>					
All Regions					
Buddhists	2.8	4.2	5.9	4.1	4.0
Moslems	3.5	4.8	5.0	4.3	4.3
South Only					
Buddhists	3.2	4.6	6.5	4.6	4.5
Moslems	3.5	4.8	4.9	4.3	4.3

Notes: a) The weighted marriage duration distribution of the entire sample was used as the basis for standardization.

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therefore, point to both a religious and and regional effect. Demand for children is higher in the South not only because there is a substantial Moslem minority but also because Southern Buddhists want more children than Buddhists in the remainder of Thailand.

The mean number of children ever born, a measure of cumulative fertility, as well as living children and the expected number of children (the present number of living children plus the additional number wanted) are shown in Table 4 by duration of marriage.^{2/} Differences in these measures between the two religious groups depend on the particular duration category: differences between Buddhists and Moslems tend to be relatively small at the earlier and intermediate marriage duration categories; for the higher duration category the differences are more pronounced and consistently point to higher fertility among the Buddhists. While it is not possible to determine with any precision from the present data what factors underly this somewhat complex set of fertility differentials, it is worth noting that differences in marriage patterns between the two religions and in particular the apparently greater frequency of marital dissolution due to separation and divorce. should not influence them since the marriage duration measure explicitly excludes time spent between and following broken unions. The possibility that the extent and even direction of Buddhist-Moslem fertility differentials may be undergoing change in Thailand cannot be ignored and may well complicate cross sectional comparisons such as the present one.

^{2/} Widowed, divorced and separated women, were assumed to want no more children for the purpose of this calculation.

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A more consistent pattern of differences is evident between Southern Buddhists and Buddhists nationally. For all marriage duration categories, the mean number of children ever born, living children and expected children are higher for Buddhists in the South than for Buddhists in all regions collectively.

Fertility experience, expectations and desires may all be related to a variety of background characteristics which at the same time may also differ between the two religious groups. In order to see the extent to which religious differentials in the preferred number of children, children ever born and the number of children expected, are each affected by differences in several background variables typically related to reproductive behaviour and attitudes, Multiple Classification Analysis (MCA) has been used to statistically "adjust" for these background variables. Results are presented in Table 5. Adjustment is made for marriage duration, education of woman, place of residence (rural or urban), and husband's occupation. In general adjusted and unadjusted results are similar to other. The sharp religious differentials in the percent wanting no more children remain virtually unchanged after adjustment for the background factors mentioned. For Southern respondents, difference between Buddhists and Moslems regarding the preferred and expected number of children contract somewhat after adjustment although nationally the difference between the two groups regarding the preferred number becomes slightly larger. In general then the higher fertility desires of Moslems do not appear to be attributable to differences in socio-economic background factors at least in so far as they are measured by education, place of residence and husband's occupation. Differences or the lack of them in cumulative and expected fertility remain difficult to interpret because of their more complicated association with marriage duration. Given the recent changes in contraceptive prevalence resulting in higher usage among Buddhists (see below), religious differentials in measures reflecting cumulative fertility, such as children ever born and expected number of children, are difficult to interpret because they represent a mix of current and past fertility experience which in turn may differ from each other.

Table 5

Percent Wanting No More Children, Preferred Number of Children, Children Ever Born and Expected Number of Children by Religion Adjusted for Cumulative Marriage Duration, Education of Women, Place of Residence, and Husband's Occupation Among Currently or Ever-married Women under Age 50.

<u>Among Currently Married Women</u>	<u>All Regions</u>		<u>South only</u>	
	Buddhists	Moslems	Buddhists	Moslems
% Wanting no more				
unadjusted	69	42	62	43
adjusted	69	41	62	42
 <u>Among Ever Married Women</u>				
Preferred number				
unadjusted	3.7	4.3	4.0	4.5
adjusted	3.7	4.2	4.0	4.3
Children ever born				
unadjusted	3.9	3.7	4.3	3.6
adjusted	3.9	3.5	4.3	3.6
Expected number ^a				
unadjusted	4.1	4.1	4.7	4.3
adjusted	4.3	4.2	4.6	4.5

Notes: Adjustment is made by multiple classification analysis (MCA).
a) Living children plus additional desired number of children.

Several indicators of current fertility are presented in Table 6 by religion both unstandardized and standardized for marriage duration. Given the sensitivity of these measures to marriage duration, the standardized results are of greater interest and the following discussion focuses on them.

Three different measures are used: the marital fertility rate per currently married women during the two years prior to the survey, the percent reporting themselves as pregnant, and the mean number of months since last birth. The measures consistently point to higher current fertility for Southern Buddhists than Buddhists nationally (i.e. Southern Buddhists showed a higher marital fertility rate, a higher percent pregnant and a shorter open interval). Religious differences, however, are less consistent. Nationally Buddhists show lower current fertility than Moslems with regard to marital fertility and the open birth interval but not with respect to percent pregnant. In the South, a lower percent of Buddhists report being currently pregnant while little difference is apparent in the marital fertility rate or in the open birth interval.

One factor of potential importance in affecting fertility for which some evidence is available from SOFT is the extent of breastfeeding. In general breastfeeding helps keep fertility lower than it would otherwise be since women who breastfeed have an increased probability of remaining anovulatory during the postpartum period.

Data from SOFT suggest that there may be religious differentials in breastfeeding patterns. Table 7 summarizes data on a variety of breastfeeding indexes by religion. While Buddhist and Moslem women resemble each other on a national level, in the South Moslem women clearly breastfeed their children longer than Buddhist women do. If such differences have been true in the past, this could contribute to the lower cumulative fertility characterizing Moslem women at higher marriage durations found above.

Table 6

Selected Indicators of Current Fertility Standardized for Cumulative Marriage Duration by Religion, Currently Married Women under Age 50

	<u>All Regions</u>		<u>South only</u>	
	Buddhists	Moslems	Buddhists	Moslems
Marital Fertility				
in the last 2 years				
unstandardized	205	.218	.218	.216
standardized	.216	.245	.229	.253
% currently pregnant				
unstandardized	10.5	9.7	10.1	11.0
standardized	10.6	10.3	10.9	12.2
Mean Open Interval				
unstandardized	53	48	48	48
standardized	50	43	43	41

Notes: The Marriage Duration distribution of the entire weighted sample is used as the basis for standardization.

Table 7

Selected Indices of Breastfeeding by Religion

	National		Southern Region	
	Buddhists	Moslems	Buddhists	Moslems
Estimated Mean Age at Weaning From Percent Still Breastfeeding ^a	18.8	19.0	18.8	22.0
Reported Mean Age at Weaning of Next to Last Born Child	17.2	18.9	17.1	22.0
Percent Reporting Breastfeeding ^b Last Born Child More than 3 Months	85	80	81	87
Percent Reporting Breastfeeding ^c Last Born Child More than 12 Months	70	71	59	83
Adjusted Percent Still Breastfeeding Last Born Child Under 3 Years of Age	63	62	64	75

- Notes: a) For technique of calculation, see Knodel and Debavalya, 1980.
- b) Women whose last born child was less than 3 months old and was still being breastfed were assumed to breastfeed for at least 3 months.
- c) Based on women whose last birth occurred at least 12 months ago.
- d) Adjusted for number of years since most recent birth by Multiple Classification Analysis (MCA). Women who reported a duration of breastfeeding longer than the open birth interval were coded as still breastfeeding, even though they were not directly reported as such.

Contraceptive Knowledge, Practice and Intentions

In order to ascertain the extent of knowledge of contraceptive methods, respondents were first asked to name any methods they knew and then if they did not mention particular methods they were asked if they recognized the method when mentioned to them by the interviewer. It is thus possible to distinguish knowledge of a method without prompting from knowledge after prompting. Presumably the former indicates a greater saliency of the method for the respondent. It is also possible, however, that cultural differences between Buddhists and Moslems may result in a greater reluctance for one group than for the other to volunteer knowledge of contraceptives. Under such circumstances differences in the proportion knowing a method without and with prompting might not reflect differences in saliency. Indeed there is also a possibility that respondents of one group might be more hesitant to acknowledge knowing specific methods when mentioned to them. If this is the case, survey results such as presented here could be misleading in indicating genuine differences in contraceptive knowledge. This should be kept in mind when interpreting the results.

The percentages of respondents knowing particular methods without prompting as well as knowing any method at all (with or without prompting) are provided in Table 8. The percentages of respondents able to mention at least one method without prompting are quite high for Buddhists but much lower for Moslems. Only a little more than half of Southern Moslems could mention at least one contraceptive method. When recognition of a method mentioned by the interviewer is included, knowledge of at least one method is found to be virtually universal among Buddhists and characterizes a substantial majority of Moslems.

Higher proportions of Buddhists know most methods without prompting than Moslems. For most modern efficient methods, the difference in knowledge appears to be considerable. Moslems more frequently mentioned several non-modern methods, than Buddhists but generally the percentages of each religious group mentioning these methods without prompting is very low. When knowledge is more broadly defined to include recognition of a method in response to prompting, religious differentials persist.

Table 8.

Knowledge of Contraceptive Methods by Religion, Ever-married Women under Age 50.

Method	<u>% Knowing without Prompting</u>				<u>% Knowing at ALL</u>			
	<u>All Regions</u>		<u>South only</u>		<u>All Regions</u>		<u>South only</u>	
	Bud	Mos	Bud	Mos	Bud	Mos	Bud	Mos
Pill	76	48	83	35	93	67	95	57
IUD	50	22	44	12	87	49	85	34
Injection	21	12	22	7	72	45	72	34
Ligation	45	12	51	7	88	58	88	50
Vasectomy	24	6	32	2	71	46	69	33
Vaginal	2	1	3	1	22	22	29	14
Douche	0	0	1	0	17	12	19	9
Condom	8	5	15	2	49	29	61	20
Rhythm	3	6	5	0	32	26	41	16
Withdrawal	1	2	2	0	22	31	35	21
Abstinence	1	1	2	0	36	28	43	20
Other ^a	3	5	2	7	-	-	-	-
Any method	86	54	91	42	97	80	98	73
Number Known ^b	2.3	1.2	2.6	0.7	5.6	4.0	6.1	3.0

Notes: a) asked only without prompting
 b) including respondents who know no method

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Indeed nationally Buddhists are able to recognize or mention almost all methods more frequently than Moslems. The only exceptions are vaginal methods for which the percent knowing is the same for the two religious groups and withdrawal which is known more by Moslems than Buddhists. Interestingly when the comparison is limited to the South, Buddhists know every method including withdrawal more frequently than Moslems. Also there appears to be little difference in knowledge of contraception between Southern Buddhists and Buddhists nationally.

The superior knowledge of contraceptive methods by Buddhists is also indicated by the larger mean number of methods known compared to Moslems. The contrast between the two religious groups in this respect is particularly pronounced in the South.

The percent of women who ever practiced and who are currently practicing various methods of contraception are shown in Table 9 along with the overall levels of contraceptive prevalence. In general, ever-use and current use are far higher among Buddhists than Moslems. The differences are even greater when the comparison is limited to the South or to the more modern methods. Permanent methods (ligation and vasectomy) are virtually completely absent among Moslems. Moreover current use of any modern method is almost completely absent among Southern Moslems. On a national level, only ever-use of withdrawal, abstinence and the residual "other" method category is more commonly reported by Moslems. However in the South, Buddhists report ever-practicing withdrawal more frequently than Moslems.

Among Buddhists, both ever-use and current practice are lower for those living in the South than nationally. This is particularly true for modern methods. Thus despite the apparent equal awareness of contraception, use is notably lower among Buddhists in the South than elsewhere.

Table 9

Contraceptive Use by Method and Religion. Ever-married and Currently Married Women under Age 50

Method	% Ever Using Contraception,				% Currently Using Contraception,			
	Ever Married Women				Currently Married Women			
	All regions		South only		All regions		South only	
	Bud	Mos	Bud	Mos	Bud	Mos	Bud	Mos
Pill	27	8	13	2	14	4	7	0
IUD	10	3	3	2	6	2	2	2
Injection	5	1	1	0	2	0	0	0
Ligation	7	0	7	0	7	1	7	0
Vasectomy	2	0	10	0	2	0	1	0
Vaginal	1	0	1	0	10	0	0	0
Douche	3	2	1	0	0	3	0	0
Condom	4	1	3	0	0	0	0	0
Rhythm	7	5	9	3	1	1	2	0
Withdrawal	5	9	11	6	1	1	3	2
Abstinence	7	9	8	8	1	2	0	2
Other	1	2	1	3	0	1	0	1
Any method	48	20	37	12	35	11	23	7
Any efficient method ^{a)}	40	7	21	2	32	7	16	2

Notes: a) An efficient method refers to pill, IUD, injection, ligation and vasectomy.

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One reason for lower contraceptive use among Moslems compared to Buddhists may be the higher fertility preferences among Moslems. Thus it is interesting to examine contraceptive use according to desire for more children. Generally women who wish no more children would be expected to be more interested in practicing contraception than would women wanting more children although among the latter group contraception might also be practiced to space births. Since a lower proportion of Moslem women indicated they wanted no more children than did Buddhists, we would expect less interest in contraception among the Moslems. Results presented in Table 10, however, clearly show that Moslems are less likely than Buddhists to practice contraception regardless of whether they want more children or not. Among both religious groups contraceptive practice is more common among women wanting no more children although for Moslems the difference is not great and when modern methods are considered, those Moslem women who want more children are more likely to practice contraception than those not wanting more. Southern Buddhists are also less likely to practice contraception than Buddhists nationally regardless of whether they want more children or not.

Women who want no more children, are not pregnant and are still fecund are typically considered to be in greatest need of contraception and women in this category who are not using contraception are sometimes defined as the most logical target group for family planning programmes. Women who wish more children but want to delay their next birth were also considered to be in need of contraception but presumably the motivation to use contraception is greater among women who wish to stop childbearing altogether. The distribution of respondents according to these characteristics is shown in Table 11 for the two religious groups. Because of compensatory differences among Moslems and Buddhists, mainly with respect to current use of contraception (higher among Buddhists) and desire for more children (higher among Moslems), the proportion of each religious group falling in the category of unmet need for contraception (non-users, non pregnant, fecund and wanting no more children) is quite similar. A similar finding holds for Southern Buddhists in comparison to Buddhists nationally. Unmet need for contraceptive services according to this definition constituted about one in five women in the sample regardless of religion and residence.

Table 10

Contraceptive Use by Desire for Additional Children and Religion,
Currently Married Women under Age 50.

	<u>All Regions</u>		<u>South only</u>	
	Buddhists	Moslems	Buddhists	Moslems
Current Use-all Methods				
want more	25	10	15	6
want no more	39	13 ^a	28	9 ^a
uncertain	35	- ^a	(0)	- ^a
 Current Use-efficient Methods				
want more	22	8	7	3
want no more	36	5 ^a	22	0 ^a
uncertain	35	-	0	- ^a

Notes: Women who reported themselves or their husbands as sterilized are assumed to want no more children. Results in parentheses are based in 10-19 cases.

a) Less than 10 cases.

Table 11

Intention to Use Contraception and Need for Contraception by Religion, Currently Married Women 15-49

	<u>All Regions</u>		<u>South only</u>	
	Buddhists	Moslems	Buddhists	Moslems
% distribution of need for contraception ^a				
current user	34	11	23	7
pregnant	10	9	8	10
non-fecund	16	14	19	15
want more children ^b	20	48	30	48
not wanting more children (unmet need)	20	18	22	20
total	100	100	100	100
% distribution of intention to use				
Among all women				
current or previous user	57	24	45	16
intending to use	24	23	26	23
not intending to use	16	43	28	48
uncertain	3	10	1	14
total	100	100	100	100
Among never users				
intending to use	56	31	47	27
not intending to use	38	56	51	57
uncertain	6	13	2	16
total	100	100	100	100

Notes: a) Each category takes precedent over subsequent categories.

b) Including those uncertain about desire for additional children.

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Respondents who were not currently using contraception were also asked if they intended to practice some method in the future. For the entire sample (including women currently using contraception) there is little difference in the proportion intending future use between the two religious groups or between Southern Buddhists or Buddhists nationally. However, because a high proportions of Buddhists are currently practicing contraception the proportion of women who eventually use contraception (i.e. current users plus those intending to use) will be substantially greater among Buddhists than Moslems and somewhat higher among Buddhists nationally than Buddhists in the South if these data on intentions predict actual behaviour. The lesser interest in contraception among Moslems and to a lesser extent among Southern Buddhists is also evident from the percentage of non-users who indicate they intend to use in the future.

Conclusions

As indicated above, because of limitations of sample size, results presented in the present paper should be interpreted conservatively and cautiously. Nevertheless several findings seem reasonably clear: Moslems marry at an earlier age and experience more marital disruption than Buddhists; Moslems have higher fertility preferences than Buddhists; Moslems have less knowledge of contraception, practice contraception less, and among those not practicing appear less inclined to do so in the future; Southern Buddhists compared to Buddhists nationally also have higher fertility preferences and practice contraception less than do Buddhists elsewhere in Thailand but differ little in terms of marriage patterns and knowledge of contraception. It is more difficult to come to any conclusions regarding fertility differences between Moslems and Buddhists in part because these have most likely been undergoing recent change. Perhaps the most important implication of these findings for the National Family Planning Programme is that the mere provision of services is unlikely to eliminate completely the difference in contraception among Buddhists and Moslems and probably between the South in general and other regions unless other developments occur which eliminate the apparent differences in demand for children. At the same time, however, there appears to be unmet need for contraception among both Buddhists and

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Moslems as well as those residing in the South and elsewhere. Thus some increases in contraceptive use is to be expected if the Programme continues to provide contraceptive services widely.

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