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Focus Group Research on The Determinants
of Fertility in Southern Thailand

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ABSTRACT

This report is based on qualitative research obtained from focus group sessions. A focus group session is a group discussion in which 7-9 participants, under the guidance of a moderator, are encouraged to talk and express their opinions as much as possible about topics of special importance to the particular research study. The objective of this study is to investigate the perception and attitude towards the change in family size as well as to identify and analyze the determinants of fertility among married Muslims and Buddhists in Southern Thailand. This study also focuses on the comparison between the older generation who have already completed their childbearing and had large family sizes and the younger generation who are still in the earlier childbearing ages and who indicate a desire for only 2-3 children and thereby allows us to explore the pre and post fertility decline contexts.

The research was conducted in two villages, one a Muslim village in Jana district of Songkhla province and the other a Buddhist village in Si Chon district of Nakorn Si Thammarat province. Four focus group sessions were held in each village, one each for older generation men and women and younger generation men and women.

The result of the study reveal that all group participants perceived that most people nowadays desire smaller families than in the recent past and want only 2-3 children. One reason given for the change is that at present there are modern methods of birth control while such methods were unavailable and unknown in the past. Other reasons mentioned concern increases in economic pressures and declining land availability with the consequence of inadequate land being available for children after subdivision through inheritance as well as the need for having more education for children.

Discussions about several non-deliberate factors affecting fertility further revealed that the Buddhist and Muslim participants had fairly similar opinion regarding the appropriate age to get married. This was rather surprising given the extensive statistical evidence from surveys and censuses that Muslims marry earlier than Buddhists. Both religious groups seem to be unaware of the connection between breastfeeding and the postpartum non-susceptible period. Neither Buddhists nor Muslims indicated that long period of postpartum abstinence were practiced or thought necessary. Likewise there was little evidence that terminal abstinence prior to the end of reproductive age span was common.

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Some differences between Muslims and Buddhists were revealed in the discussions about deliberate marital fertility control. Muslims in the past and at present were apparently aware of and sometimes use traditional forms of contraception, especially withdrawal but also douching. The reason given for using these methods was to space children rather than to terminate childbearing permanently. Buddhist in our focus groups were largely unaware of such methods. It was apparent, however, that these traditional methods are sharply differentiated in the participants thinking from modern methods prevalent today. Eventhough some Muslims were still practicing traditional methods, no general negative attitude were expressed concerning the widespread use of modern contraception. There is general agreement that some people used abortion as a method of controlling births. The Muslim groups stressed the reason why people practice abortion was to space childbirths. However both Muslim and Buddhists were of the similar opinion that to have children spaced apart is better than to have them closely spaced. Reasons underlying this attitude are related to time mothers spent for raising children instead of doing other work and to the mother's and child's health.

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INTRODUCTION

Prior to 1970 fertility in Thailand, as in many other developing countries, was at a high level. The Thailand Panel of the National Research Council (US) estimated the total fertility rate during the years 1960-1970 to be 6.3-6.6 (*Thailand Panel, National Research Council (US) 1980*). Data on children ever born also indicate that during the period prior to 1970 on the average ever-married women had approximately 6-7 children at the end of their childbearing years.

Although some fertility decline apparently occurred prior to 1970, especially in rural areas, the reduction in fertility began in earnest during the period after 1970. There is now considerable evidence that fertility has dramatically decreased since the late 1960's. During an approximately 12 year period prior to 1981, marital fertility fell by about 40 per cent representing one of the most dramatic decreases measured for any developing country (*Knodel, et.al, 1982 p.43*). This fertility decline occurred concurrently with a widespread increase in knowledge and use of family planning services and a decline in desired family size. Presently almost all Thai women are knowledgeable about family planning in comparison to a decade earlier when only about half of the women in their childbearing years could state one method of contraception. prevalence increased from under 15 per cent around 1970 to almost 60

per cent in 1981, at which time 4 out of 5 recently married women expressed a desire for only 2 or 3 children (Knodel, et.al, 1982 and Kamnuansilpa, et.al, 1982). While these changes have been generally pervasive throughout Thai society --in rural and urban sectors, in all major educational strata, and in all broad income categories-- a substantial differential apparently had developed between Thai Muslims and Buddhists with the participation of the former groups lagging considerably behind in terms of participation in Thailand's *reproductive revolution* .

OBJECTIVE

The objective of this study is to identify and analyze the reasons for the observed differentials in reproductive behavior and attitudes between Muslims and Buddhists in southern Thailand. This is admittedly not an easy task given that the determinants of fertility differentials and change are a complex and intricate matter reflecting differences in perceptions, incentives, underlying attitudes and behavior not only between the two religious sub-groups but also between two time periods, the period before and the period after the start of the fertility transition. For this reason our research focuses not only on the comparison between Buddhists and Muslims but also between the older and younger generations in order to explore the pre and post fertility decline contexts.

This study is an attempt to complement survey research by inquiring into people's underlying reasons and attitudes with respect to change in fertility behavior and family size using a *focus group* approach. More specifically our objectives are to acquire knowledge about perceptions, underlying attitudes and reasons for behavior with respect to the following topics:

Change in family size

Factors affecting fertility other than deliberate control:

- age at marriage
- voluntary abstinence after childbirth
- terminal abstinence
- breastfeeding and the post-partum non-susceptible period

Deliberate marital fertility control factors:

- contraception
- abortion
- childspacing

Attitudes towards family planning

RESEARCH DESIGN AND METHOD

The present study is based on focus group discussions. A focus group session is defined as a group discussion in which a small number of respondents (*usually 6 to 9*) under the guidance of a moderator, talk about topics of special importance to the particular research study. The informal group situation is intended

to encourage participants to disclose behavior and opinions that they might not otherwise reveal in more formalized individual interview situations. The intentions of such sessions is not to provide statistically generalizable quantitative data but rather qualitative information exposing underlying attitudes, opinions and behavior patterns. Thus it differs fundamentally from the sample survey approach which is intended to provide information representative of a broad population but which rarely is able to probe in-depth the meaning of particular responses. The focus group and survey approaches can be best seen as being complementary rather than as alternatives to each other with the former serving as a useful source to generate new hypothesis to be tested on a broader population base by the latter or for probing findings from surveys that seem ambiguous or puzzling.

The present study is based on eight focus group sessions held in two villages, one a Muslim village in Jana district of Songkhla province and the other a Buddhist village in Si Chon district of Nakorn Si Thammarat province. For both villages separate sessions were held for each of the following groups: older generation men, older generation women, younger generation men and younger generation women. Table 1 identifies the criteria used for guiding the selection of participants for each group. The rationale behind the criteria for selection is that in the past most Thai couples had at least 5 children while at present recently married couples

predominantly want to have only two or three children. Thus both the older and younger generation groups are intended to represent the modal pre and post fertility transition situations. Moreover the younger generation were to come from families that were of typical pre transition size. Participants were also selected so that the groups were relatively homogenous and typical in terms of educational background. Occasionally minor deviations in terms of age or education were accepted in order to facilitate formation of a group. All focus group sessions were conducted in the local dialect and tape recorded. Complete transcriptions of the tapes were made. These transcripts serve as the basic data set for our analysis.

Table 1 Criteria for Selection of Focus Group Participants

Older Generation Men

1. Age between 45-59
2. At least 5 living children
3. Grade 7 education or less

Older Generation Women

1. Age between 45-59
2. At least 5 living children
3. Grade 7 education or less

Younger Generation Men

1. Age between 20-29
2. Desired family size of 2-3 children
3. From a family of at least 5 children
4. Grade 7 education or less

Younger Generation Women

1. Age between 20-29
2. Desired family size of 2-3 children
3. From a family of at least 5 children
4. Grade 7 education or less

Given that the present study deals only with two villages, the results are even less generalizable than most Focus Group research projects and should be considered as only suggestive. Moreover, since the Muslim village was in an area where Muslims spoke the Southern Thai dialect they may be atypical of the majority of Muslims in the South who speak a Malay related dialect and who thus may be less integrated into the general Thai society than are Muslims in our study village. Hopefully, however these results will stimulate further discussion and more extensive research on the topics treated.

FINDINGS

1. Perception and attitudes towards change in family size.

Population research on fertility in Thailand has shown that in the past 10 years fertility as well as family size desires and expectations of the Thai population has changed dramatically. Married women who passed through their prime reproductive ages prior to 1970 averaged upon completion of their childbearing years 6 to 7 children of whom 5 to 6 would survive early childhood. This stands in sharp contrast to the 2-3 children that recently married women at the start of the 1980's say they want and expect to have (Knodel, et. al. 1982, p.18 and 39). We attempted to elicit from the focus group information on participants' awareness of the widespread change in family size, what they felt were the causes of the change and their attitudes towards the change.

a. Awareness of change

Both the older generation Buddhist and Muslims were of the opinion that the present younger generation will have fewer children than they had. Every respondent in the older generation group felt that these observed changes were widespread. Similarly the younger generation of both sexes feel that people nowadays desire smaller families than their parents' generation. They feel that in general people now want only 2-3 children, that there is probably no one now who would want more than this number.

b. Perception of why it has changed

As for the reasons why people want to have a 'small' family size we found that both Muslims and Buddhists perceptions did not differ markedly, whether it be the older generation or the younger ones. Essentially they perceived two basic reasons for the change 1. people in 'earlier' times (pretransition) did not have any methods of birth control. (A typical comment from a member of the Muslim group was that 'now there is the pill before there wasn't'), and 2. the social and economic conditions have changed, especially in the area of the economy all groups were of the opinion that during the 'earlier' times not much money was needed since practically all forms of food did not have to be bought and there were plenty of vegetables and fish. In contrast during the present time things are expensive and a lot of money had to be spent, income was not steady and rice production not as successful as in earlier times. One respondent in the older-womens group stated that:

'If you have few children you could feed all of them with just five eggs'

In addition respondents also mentioned in connection with landholding that during 'earlier' times people were few and land was plenty but now there is not enough land. In the social sphere it was clearly evident that people are constantly aware of the need

for and cost of education for their children. Respondents believe that people have fewer children now because they want to send their children to school and that they want their children to get a higher education. If one has many children it will be very difficult to do this and if a child gets sick it will cause strain on the family. The older generation Buddhists said that during the earlier times the government supported the procedure of payment for people with large families and that during that time it was illegal to practice any form of birth control.

c. Attitudes towards perceived change

Both the Muslim and Buddhist older generation feel that the fewer number of children which people are having now (2 to 3) -which was less than during their own time- is appropriate and useful for the present time. Most felt that having small families is necessary because the social and economic conditions force couples to make this move. They have approached the changing social and economic environment with rationality as opposed to upholding the traditional practices. Nevertheless, in the Buddhist group they felt that to have few children has its disadvantages as well as advantages. For example, to have few children you will be lonely during old age. Others felt that there is an inherent risk in having few children since some of them may leave for further education or may die and there may not be any children left to stay

with the parents. Nevertheless they are still of the opinion that people nowadays must have fewer children because economic conditions cannot allow for more.

2. Factors affecting fertility other than deliberate control

Various types of behavior have an impact on the fertility of a couple other than deliberate attempts to control family size or space births. In general their impact on fertility can be seen as an unintended consequence. Therefore people in different societies or people in the same society but of different generations may have different fertility patterns even in the absence of deliberate attempts to control fertility. The factors which we examine here include age at first marriage, sexual abstinence after childbirth, duration of breastfeeding and terminal abstinence.

a. Age at marriage

In a natural fertility population with no use of deliberate birth control, the age at first marriage will have a strong effect upon completed fertility since it is the key determinant of the period of exposure to the risk of childbearing experienced by the couple. A study of age at first marriage based on data from the 1970 Population Census found that the average age of marriage of Buddhists was 22.0 years for women and 24.7 years for men. In comparison, Muslim women married at 19.6 years and Muslim men at

23.2 years (Chamratrithirong, 1979, p. 27-28). Thai women's age at marriage is relatively high compared to the age at marriage of other developing countries. In an attempt to explain this, researchers have suggested that the bride price payment demanded by the wives parents was an important factor. Another explanation was that Thai men had to first be ordained into the monkhood before marrying and that if Thai norms view that the age of a husband and wife should not be too far apart, this norm will contribute to a higher age at marriage for Thai women as well when compared to other developing countries. (Lauro, 1979 cited in Knodel, et.al., 1982, p.58).

When asked about the appropriate age of marriage for men and women the focus group sessions found that in general both Muslims and Buddhists indicated a preferred age of marriage for women slightly lower than for men: for women between the ages of 18-25 and for men 20-25. The most important determinant of age at marriage for men in the Buddhist group sessions was ordination and the draft. Muslims also felt that men should have already completed military service. All group session participants felt that women should not get married at too young an age and should wait until they are more mature, be able to handle responsibility, and be able to cook and take care of children. Interestingly, in the older and younger men's Muslim group there was a general consensus

that people should not get married at an early age because they are not yet responsible and mature and thus eventually will get divorced. This view appears to reflect a situation where Muslims think about divorce more than Buddhists and corresponds to other studies which indicate that in general Muslims have a higher divorce rate than Buddhists (Goldstein, 1970).

The focus group sessions found that neither the Muslim nor Buddhist groups expressed any values advocating women to marry soon after entering reproductive ages. All groups felt that it is necessary for the married couple to prepare themselves for the responsibilities necessary in family life. They did not think it was proper for young couples to be dependent and a burden on their parents. During the discussions no mention was made of bride price payments and there seemed to be no acknowledged relationship between bride price payments and appropriate age at marriage for men and women. Moreover, no mention was made about the implications of age at marriage for the number of children eventually born to the couple confirming that the link between age at marriage and final family size is largely unintentional and that decisions as to when to marry are not seen as a way to deliberately control family size. Only in the sense that it was viewed in terms of readiness to start childbearing is age of marriage apparently linked to fertility in the conscious thoughts of both religious groups.

b. *Abstinence after childbirth*

In many societies there are norms which stipulate the amount of time which married couples should refrain from having sex after the mother has given birth to a child. Generally sanitary considerations or reasons related to the health of the mother are given. If this period of abstinence is sufficiently long, it could have an effect on reducing fertility levels (*United Nations, 1973, p.82*).

The longest extended time period which Muslims and Buddhists felt couples should refrain from having sex after child birth was 3 months, the shortest 7-10 days. In general, though, all groups felt that it was up to the individual and especially up to how long the husband felt he could deny himself sexual relations.

"Kids nowadays just stop for a month or two and get pregnant again."

*"It depends on the mood, if you are in the mood after 15 days you start doing it."*²

*"Some people only wait 7 days."*³

*"10 days, if before that the smell is unclean."*⁴

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- 1 Older womens group-Buddhist
 - 2 Older mens group-Buddhist
 - 3 Older womens group-Muslim
 - 4 Older mens group-Muslim

"2 months because feel sorry for the wife."¹

"Some people 40 days some people less."²

The time period at which people view as the most appropriate is 3 months for Buddhist groups and 40-44 days for Muslim groups. The latter corresponds to the recommended 40 days in the Koran. Reasons given were that these days are appropriate because after that the health and cleanliness of the mother will be good, meaning that the womb will be dry, the vagina will be in good working order and clean.

As for the actual practice where some people do not adhere to what is seen as appropriate, the group respondents felt that it was because husbands could not wait that long to start satisfying their sexual desires.

c. Breastfeeding and the post-partum nonsusceptible period.

In general women undergo a period of non-susceptibility to the risk of pregnancy after the birth of a child. The duration of breastfeeding is an important determinant of the duration of temporary sterility after childbirth: the longer the duration of breastfeeding the more extended the period of sterility after childbirth and thus the greater the effect on delaying the next pregnancy (United Nations, 1973 p. 74-75).

¹ Younger mens group-Buddhist

² Younger womens group-Muslim

If we compare lactational practices in Thailand between the present time period and the period 10 years earlier we find that while the proportion of women initiating breastfeeding appears not to have changed much, the duration of breastfeeding has decreased in both rural and urban areas (Knodel *et.al.*, 1982, p.94 and 187).

The Focus Group discussions found that only a few Muslims and Buddhist participants were of the opinion that breastfeeding their children would delay the next pregnancy. The group respondents used their personal experience as a judge as to the effectiveness of breastfeeding on delaying the next pregnancy. Most respondents of both religious groups felt that breastfeeding had nothing to do with postponing pregnancy because of their own experience with closely spaced births. Some became pregnant while breastfeeding their children. However a few thought that breastfeeding does have an effect and again drew on their own experience. One respondent said she became pregnant again within six months following the birth of a child that died early but did not become pregnant for two years after the next birth which survived and whom she breastfed. Other participants believed that the delay of a pregnancy was probably due more to the woman *staying near the fire* than to breastfeeding.

The men's Muslim group of both generations felt that breastfeeding a child has an effect on delaying the next pregnancy because it reduces the husbands opportunity to have sex with their wives. If you feed a child with powdered milk the husband will then have more opportunity to have sex.

"If the child is close to the mother the father will not come close"

*"If the child breastfeeds from the mother she must wait 40 days before she can fool around"*¹

"If the child feeds on powdered milk the husband likes to go and fool around with the wife because she has lots of milk and her breasts are nice and full"

*"If the child breastfeeds her next pregnancy will be slower because they do not have time to fool around."*²

The discussions indicate there is little general consensus that breastfeeding can actually delay the next pregnancy. Rather it is something which may be possible but is not at all certain. All groups were of the opinion that it only happens to some individuals because there are many who got pregnant even though they were breastfeeding. Moreover there was no indication that prolonged breastfeeding is practiced with the intention of delaying pregnancy.

¹ Older men-Muslim

² Younger men-Muslim

d. Terminal abstinence

Information on terminal abstinence in Thailand is very limited. From the focus group sessions it was found that there was no difference in opinions between the two religious groups. All were of the opinion that husbands and wives will continue having sex with no specific termination period and maybe until death or until the husband has lost his virility. This is especially so for the older generation group of both sexes and religion who state sexual relations will continue until a high age of 70 or above or all of one's life. In contrast, in the younger generation groups the age at termination was seen as lower, some citing around 45-50 years. In any case most of the younger generation feel that they cannot put a specific number on it and gave little evidence of having given the matter much thought previously. The highest age which was mentioned in the younger generation group was 70 years. In the discussion there was no mention of menopause as the point at which husband and wife should stop having sex. The age at which the group sessions felt to be the age of ceasing sexual relations was higher than the age reported in a recent survey which found that a majority of ever-married women said husbands and wives should cease sexual relations at menopause and stated a recommended age at ceasing sexual relations of 40 or 45-50 years (Chamrathirong, 1982, in Knodel *et.al.*, 1982, p.85).

3. *Deliberate Marital Fertility Control*

A major factor determining fertility levels in modern populations is deliberate marital fertility control which may be exercised both to terminate childbearing and/or to space births. Deliberate fertility control involves the practice of contraception to prevent pregnancy and in the situation where conception has already taken place, the use of abortion to terminate the pregnancy. This study attempted to compare birth control knowledge, practice and attitudes of the older, pre-transition generation with the younger, post-transition generation for Muslims and Buddhists. Information on contraception, abortion and child spacing are available from our focus group discussions.

a. Contraception

In the area of knowledge and practice of contraception all groups, both older and younger, Buddhist and Muslim, men and women were well aware of birth control methods. In response to the question: "*If the husband and wife do not want children what can they do*", all groups replied that the couple must practice birth control. Some group members mentioned specific methods such as the pill, sterilization, condom, and IUD. All groups were of the opinion that now everybody knows about modern methods of contraception and that birth control use is widespread. Interestingly

the Muslim group discussed intensively about *controlling oneself* which referred mainly to the use of withdrawal but could also incorporate use of the condom and douching. Both Muslim and Buddhist groups said that their source of information about modern methods came from the health center, or from health personnel who came to their village. Some group members' source of information came from neighbors. It should be noted that in the younger generation Muslim women's group there was concern expressed about the health risks of the pill:

"Some women in the village do not want to take the pill because they are afraid of being seriously ill."

In the area of family planning practice, both Muslim and Buddhist groups felt that efficient methods are now widely practised. Nevertheless there is still use of withdrawal among the Muslim group especially with the intention of spacing child-births. One woman viewed the traditional methods as a safe alternative to modern methods which were perceived as having associated health hazards:

"Some people use the condom, some people take the pill, some people control by themselves, to control by yourself is not dangerous at all, you do not have to get a check up. If you get an injection then you have to get a check up."¹

¹ Younger woman-Muslim

In addition the younger women's Muslim group discussed about washing the vagina as a method of birth control, whereas the younger-generation Buddhist of both sexes only discussed about using efficient methods of birth control.

When we compare knowledge and practice of contraception between Buddhist and Muslim during the past when efficient methods were not available differences were found. The older-generation Buddhists said that during *earlier* times there was no such thing as contraception. They themselves never knew about contraception at all and simply kept on having children because there were no contraceptive methods which they could use. Almost all the older-generation Buddhists indicated they never thought about family planning. At the same time however there was some mention of attempts to prevent births back then when the group discussed about methods to prevent conception such as boiled medicine, herbal medicine, pickled medicine and certain medicines for inducing abortion.

As for withdrawal both the Buddhist older men's and women's group stated that they had heard of it but thought that people probably do not practice it. Abstinence was thought of as something which people could not possibly do. One participant said that she once suggested to her husband that they should not have sex together but it was not successful.

In the Muslim group it was found that there were differences when compared to Buddhists in the area of knowledge and practice on birth control. In the response to the question: *"What could people do back then if they did not want anymore children"*, both the older generation groups indicated the practice of withdrawal, as an older men's group participant stated: *"You had to pull it out and pour it between the women's legs."* The women's group gave a similar response: *"You have to control yourself,"* which after probing was found to mean *"to eat in the kitchen and spit it out in the balcony,"* in other words to withdrawal. Abstinence as a form of contraception was not seen as such by the older generation and the group felt that it could not be done, given the strong desire for sex on the husband's part. There was some feeling among younger Muslim women, however, that abstinence was practised in their parents' generation.

The discussions strongly suggest that Muslims during the pre-transition period were more knowledgeable about traditional means of contraception than Buddhists. Many apparently were aware of the possibility of practising withdrawal if they wanted to postpone or prevent a birth. Whereas some Buddhists stated that one just had to keep on having children this response was rare in the Muslim groups. The Muslims indicated that traditional methods,

especially withdrawal, were known and practised at least by some couples prior to the advent of modern contraception although it may not have been highly effective because of the personal cost involved in "controlling by yourself". However, they see the situation today as both qualitatively and quantitatively different with greater awareness and greater effectiveness of methods now available.

b. *Abortion*

Because abortion is illegal in Thailand reported abortion statistics are relatively low. The Contraceptive Prevalence Survey (CPS) round one conducted during 1978 reported that 62% of married women knew of abortion as a contraceptive method and that, 3% stated that they had used this method. During the second round of the CPS survey conducted in 1981 knowledge of abortion as a method of contraception increased to 75% but only 2% stated that they had used this method (Kamnuansilpa and Chamrathirong 1983, Table 1, 5 pages 2-3)

In our discussions concerning abortion, both Muslims and Buddhists of both generations felt that there are people who use abortion as a method of controlling births. The reasons for its use though differ between the two religious groups. In the Muslim groups, both generations and sexes stressed the reason why people

practice abortion as due to their desire to space births. Such reasons included difficulty in making a living if you have births successively one after another. This reason was seen as of prime importance in the decision to undertake an abortion and was discussed by all the Muslim groups.

*"People do it because they are tired of children, they cannot earn a living if a child is born in the beginning and another at the end of a year"*¹

*"Making a living is very difficult, I want to space my childbirths."*²

*"People having children too close after one another so they get an abortion"*³

*"Do it because children are already too closely spaced"*⁴

In addition to this, other reasons were also mentioned such as the desire not to have many children, being pregnant without a father or vengeance upon husbands. Interestingly in the Muslim younger women's group, it was mentioned that *"people have abortions because they do not want to have many children but they are afraid of taking the pill."*

¹ Older womens group-Muslim

² Older mens group-Muslim

³ Younger womens group-Muslim

⁴ Younger mens group-Muslim

The Buddhists gave a different opinion from the Muslims for reasons for abortion. They felt that people had abortions because they did not want the child such as in a case where the expectant mother is still a school student and is pregnant without a father. There were no members in the Buddhist group who mentioned child spacing or already closely spaced births as a reason for having an abortion.

When asked their opinion about the amount of abortion practiced between the present time period and the earlier time period, there was considerable disagreement. Some persons felt that presently there is more abortion than before while others expressed opinions in the opposite direction. Nevertheless proponents of both opinions gave interesting reasons. The members who stated that there are fewer abortions now suggested it was no longer necessary now that the pill is widely available and preferable to abortion because abortion is dangerous. The members who stated that there were more abortions now indicated this was due to the fact that people now want to have only a few children because things are expensive but not everyone uses contraception thus necessitating abortion.

"During the early times there was no abortion, now there are many. Before you just let them be born, now things are expensive so you have to have an abortion."

"Presently there is not much of it because there is the pill."²

"Presently lots of people have abortions, before if you were pregnant you just let it be born."³

"I think that during the 'earlier' times there was more because now there is the pill."⁴

"Now there is more,⁵ before if you were pregnant you just let it born."⁵

"Nowadays there is little because they take the pill."⁶

It can be seen that the focus group participants had different views about the amount of abortion between the past and present and no conclusion can be drawn as to which time period the participants thought abortion practices were more widely prevalent.

-
- 1 Older women-Muslim
 - 2 Older men-Muslim
 - 3 Younger men-Muslim
 - 4 Older women-Bhuddhist
 - 5 Older women-Buddhist
 - 6 Younger women-Muslim

c. *Child spacing*

Time interval between marriage and first birth

All Muslim group participants were of the opinion that after marriage the couple should wait for a while before having any children. Reasons given were that married couples should have some time together to indulge in pleasurable activities as well as to lay the economic foundations for the future. There were almost no participants in the Muslim groups which felt that a couple should have children immediately after marriage, the partial exception being one older male participant who stated that:

"People in difficult times should wait, people with money should have children immediately because they can then depend on them before they get too old."

Among Buddhist group participants views were more varied about the time interval between marriage and first birth. The older women's group and some of the younger men's group felt that a married couple should have children immediately after marriage, older women felt that this was good so that the children can grow up in time for you to use them and that their husband would love them. The younger men wanted to see their children grow up soon and thought to have children immediately was better.

The groups which felt the couple should wait for a while before having the first birth included the older men's group, the younger women's group and some of the younger men's group. Economic reasons were given as justification for waiting for a certain time period since when women are pregnant they would have to stay at home and not be able to contribute to the household income.

It is significant that no mention was made of the need to have a birth right after marriage in order for the wife to prove her fertility or to gain acceptance by her husband's family.

Interval between successive births

The participants in both older and younger, Muslim and Buddhist groups predominantly felt that to have children spaced apart is better than to have them closely spaced. All groups were of the similar opinion that if the mother has one child immediately after another she will not have any time at all to work. The younger women's Muslim group in addition replied that there should be some spacing because if one child comes while the other is not yet sufficiently grown up and cannot yet walk, the mother will be very tired. Reasons concerning the mother's and child's health were also given. The older men's Muslim group felt that to have births spaced far apart will be better for the mother's health; the younger men's Muslim group felt that to have children too closely spaced will cause them not grow and be like dwarfs.

Only a small minority felt that to have children closely spaced was better. These views came from some in the Muslim and Buddhist older women's groups. The reasons were that the mother would not be tired of raising the children, that to have them all close together is good and when you have the number you want you can stop permanently.

Nevertheless results from this study show that most people believed spacing their children apart is better than not spacing. This corresponds with survey findings that the Thai population is increasingly practising contraception in order to space their children rather than only practicing when they do not desire anymore children (Knodel, *et. al*, 1982, p. 18-19).

ATTITUDES TOWARDS FAMILY PLANNING

All groups had favorable opinions towards the changes in family size brought about by the availability of modern contraceptive methods. In the Buddhist groups there was consensus in both younger and older generations that a couple should practice birth control if they did not want to have anymore children.

"Nowadays people use contraception. There is a health official who comes in and advises. Everything is convenient"

"There are many methods to use.² People are able to choose which method they want"

"People now if they do not want anymore children practice contraception"³

For the Muslim groups, although there was considerable discussion about traditional methods of contraception used during the pre-transition time period, there were no negative attitudes displayed towards modern methods of contraception. It should be noted that when discussing contraception some Muslims viewed contraception only in terms of modern methods of contraception. The perception can be seen in the following exchange:

Moderator: "Twenty years before what did couples do to stop births or how did they control births?"

Participant: "They control by themselves, there was no family planning"⁴

The results from these sessions also show that some people perceive that traditional methods are not as effective or

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- 1 Older women-Muslim
 - 2 Younger women-Buddhist
 - 3 Older women-Buddhist
 - 4 Older women-Muslim

up to date when compared to modern methods and feel that people have more opportunity now to use birth control methods than before. For example:

Moderator: *"Now presently if we don't want any children what can we do?"*

Participant: *"We would get sterilized, there is the IUD, you could also take the pill. But back then there were none of these. You had to use the method which we already explained" (withdrawal).*

"Nowadays there is the condom, medicine for controlling births and also the injection."²

"Now there is use of the condom. There are many methods of which to use."³

"Now it is modern and progressive. There is the pill to take and also injections."³

The findings from our sessions showed that there were no negative attitudes towards the widespread use of contraception. Interestingly in the sessions no links were made between religion and contraception. These findings are consistent with a survey conducted in the South of Thailand which included a question on attitudes of Muslim and Buddhists towards contraception. The survey found that more than 80 per cent in both religious groups indicated they thought that contraception was not against their religion (Jones and Soonthornthum, 1971, p. 19).

¹ Older men-Muslim

² Younger women-Muslim

³ Younger men-Muslim

Eventhough there was no negative attitudes towards the widespread use of contraception there were some comments about the health hazards involved in using some specific methods such as the pill and vasectomy. The pill may make the user sick while vasectomy may prevent the husband from engaging in hard labor.

IMPLICATIONS

The findings from our focus group research have several implications for population policy, programmes and research. In particular there are four which we wish to highlight.

1. Muslims in the past and at present apparently were aware of and sometimes used and still use traditional forms of contraception, especially withdrawal but also douching (and perhaps herbal medicines of uncertain efficacy). In the discussions on contraception, however, it was apparent that these traditional methods are sharply differentiated in their thinking from modern methods prevalent today and promoted by the family planning program. Many of the group discussion participants thought of the terms birth control and contraception exclusively to refer to modern methods perhaps because most discussions in the media and by health personnel are limited to modern methods. It seems quite possible that this same way of thinking will affect Muslims' responses to survey questions about contraceptive knowledge and use.

In particular, unless the questionnaire makes clear that non-modern methods are also to be considered, responses may seriously understate knowledge and use among Muslims. Future research on family planning should be careful to be explicit in indicating that contraception includes both modern and traditional methods.

2. Eventhough there are some Muslim people still practicing traditional methods of birth control, from our Focus Group sessions no general negative attitudes were displayed concerning the widespread use of modern contraceptive methods. Indeed it was clear that some viewed modern methods as superior to traditional methods which were seen as being less efficient and in the case of withdrawal to depend perhaps too heavily on the individual's own willpower. Some negative attitudes were expressed towards certain specific modern methods but these were not seen as particularly significant issues in the course of the discussion. Thus it seems that even those Muslims who are still practising traditional methods are a potential target for the family planning program. Efforts should be made to promote both traditional and more modern methods of family planning since linking the two types of methods together may help legitimize the latter. Moreover some users of traditional methods may be encouraged to switch to more efficient modern means. New contraceptive acceptors to the

program from current users of non modern methods among the Muslim population seems a likely possibility. Those who object to modern methods should be encouraged to use traditional ones.

3. Both Muslim and Buddhist groups expressed concern that women should be prepared to assume the responsibility of running a household and raising a family before getting married. Considering the young (although apparently rising) age of marriage among Muslim women, group participants seemed to have remarkably favourable attitudes towards postponing marriage before the age it normally takes place presently. This suggests that there could be some receptivity to efforts through IEC to encourage later marriage. While modifying marriage patterns is admittedly a difficult task, and we have no easy or simple solutions on how to go about it, some consideration should be given to this as part of a more comprehensive program to promote family planning among Muslims (and perhaps among Buddhists as well). At the same time research into the reasons underlying the young age of marriage among Muslim women would be worth pursuing.

4. Perhaps most significantly, findings from the Focus Group sessions also show that Muslim people were already aware and concerned about child spacing and can see its benefits towards the health of the mother and her child. Benefits were also

seen in the economic sphere in that through child spacing women would have more time available to contribute to the household income. Therefore efforts to promote family planning among Muslims should place more emphasis on the practice of modern methods of contraception for child spacing over and above the emphasis placed presently on limiting the number of children.

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APPENDIX

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Discussion Guide for Focus Group Interview of Older Generation

A Age at Marriage

- A 1 Age at marriage of a randomly chosen respondent.
- A 2 What is a good age of marriage for sons ? Why ?
- A 3 What is a good age of marriage for daughters ? Why ?

B Change in Family Size

- B 1 Number of children of respondents.
- B 2 Do respondents think their children will have fewer children than they had themselves ?
- B 3 Why the difference ? (Probe both why respondents had more and why younger generation are having fewer).
- B 4 Is this a general change, that is do most younger couples want fewer children than their parents ?
- B 5 Is that good or bad ?
- B 6 Will having fewer children make the younger couple get a better living ?
- B 7 Are the availability of consumer goods now greater than formerly ?
- B 8 Do you think this affects the number of children people want today ?

C Birth Control

- C 1 If a couple wants no more children what can they do to prevent having more ?
- C 2 What do you think of the birth control methods available today ?
- C 3 Is birth control practiced widely today ? How about in your village ?
- C 4 What could couples do to stop having children twenty or so years ago (that is before modern methods were available)?

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- C 5 Did couples ever practice abstinence ? Withdrawal ?
- C 6 If you could control the number of children, would you have had 2-3 children or would you still have wanted a large number ?
- C 7 What methods are available today ?
- C 8 When did you first learn about birth control ? From what source of information ?
- C 9 Do some people use abortion to prevent births ?
- C 10 Do you know anyone who ever had an abortion ?
- C 11 Why did they have it ?
- C 12 How widespread is abortion today ? How about in your village ?
- C 13 Does the amount of abortion differ from earlier times ?

D Child Spacing and Childbearing

- D 1 Is there anyone who got married and did not have a child immediately.
- D 2 Is it better to have a child right after marriage or to wait ? Why ?
- D 3 Is it better to space children or to have them in quick succession ?
- D 4 Does breastfeeding a child help delay the next pregnancy ? How ?
- D 5 After giving birth, how long should husband and wife stop having sex together ?
- D 6 Would married couples stop having sex together when they get older ? When should they stop ? Why ?

Discussion Guide for Focus Group Interview of Younger Generation

A Age at Marriage

- A 1 Age at marriage of a randomly chosen respondent.
- A 2 What is a good age of marriage for sons ? Why ?
- A 3 What is a good age of marriage for daughters ? Why ?

B Change in Family Size

- B 1 How many children do you want ?
- B 2 How many brothers and sisters do you have (ask about 2-3 participants)
- B 3 Did older generation generally have larger families? Why ?
- B 4 Why did parents have more children ?
- B 5 Why do respondents want less children than parents had ?
- B 6 Do most young people want few (2-3) children only ? Why ?
- B 7 Do some young people still want many children ? Why ?
- B 8 Are the availability of consumer goods now greater than formerly ?
- B 9 Do you think this affects the number of children people want today ?

C Birth Control

- C 1 If a couple wants no more children what can they do to prevent having more ?
- C 2 Is birth control practiced widely today ? How about in your village ?
- C 3 What could couples do to stop having children twenty or so years ago ?
- C 4 Did couples ever practice abstinence? Withdrawal ?

- C 5 Do younger couple still practice these two methods ?
(if no) Why not ?
- C 6 What methods are available today ?
- C 7 Do you think that if our parents could control the
number of children would they still have a large
number of children ?
- C 8 When did you first learn about birth control ?
- C 9 From what source of information ?
- C 10 Do some people use abortion to prevent births ?
- C 11 Do you know anyone who ever had an abortion ?
Why did they have it ?
- C 12 How widespread is abortion today ? How about
in your village ?
- C 13 Does the amount of abortion differ from earlier
times? Why ?

D Child Spacing and Childbearing

- D 1 Is there anyone who got married and did not have
a child immediately ?
- D 2 Is it better to have a child right after marriage
or to wait ? Why ?
- D 3 Is it better to space children or to have them in
quick succession ? Why ?
- D 4 Does breastfeeding a child help delay the next
pregnancy ? How ?
- D 5 Can you influence the ease of delivery by the
amount you eat during pregnancy ?
- D 6 After giving birth, how long should husband and
wife stop having sex together ?
- D 7 For the couple who wants only 2-3 children, what is
a good age to finish childbearing ? Why ?
- D 8 Should married couples stop having sex together
when they get older ? When should they stop ?
Why ?