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THAILAND  
NATIONAL FAMILY PLANNING PROGRAM  
(NFPP)

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Basic Data

|   | <u>1970</u> | <u>1981</u>           |
|---|-------------|-----------------------|
| Population (millions)   | 36.4        | 48.6                  |
| Married Women of Reproductive Age<br>(15-44)                          | 7,718,946   | <del>10,990,365</del> |
| Population Density (per Km <sup>2</sup> of<br>Arable Land)            | -           | 273                   |
| Crude Birth Rate  | 38          | 28.0                  |
| Crude Death Rate  | 9           | 8.0                   |
| Annual Crude Rate of Natural<br>Increase                              | 2.9         | 2.0                   |
| Population Doubling Time at<br>Current Rate of Increase               | 23 years    | 35 years              |
| Total Fertility Rate  | 5.6         | 3.7                   |
| Average Number of Children Desired<br>Married Women (age 15-44) Using | 3.8         | 3.3                   |
| Modern Contraception (%)  | 14.8        | 53.4(1979)            |
| Population Under Age 15 (%)   |             | 43                    |
| Infant Mortality Rate   | 84(1965)    | 68                    |
| Maternal Mortality Rate   |             |                       |
| Average Life Expectancy at Birth                                      |             |                       |
| Male  | 58          | 60                    |
| Female  | 62          | 63                    |
| GNP per capita  |             | 590                   |
| Literacy Rate   |             |                       |
| Female  | 74.8        |                       |
| Male  | 88.9        |                       |
| School Age Population   | 5.6 million | 9.6 million           |

DEMOGRAPHIC INFORMATION

| <u>Year</u> | <u>Pop. (in million)</u> | <u>Growth Rate (est.)</u> |
|-------------|--------------------------|---------------------------|
| 1911        | 8.3                      |                           |
| 1937        | 14.5                     |                           |
| 1947        | 17.4                     |                           |
| 1960        | 26.3                     |                           |
| 1970        | 36.0                     | +3.0                      |
| 1976        | 43.0                     | 2.5                       |
| 1978        | 44.8                     | 2.2                       |
| 1981        | 48.0                     | 2.1 <sup>a</sup>          |
| 1986        | 55.0 <sup>c</sup>        | 1.5 <sup>b</sup>          |

a - NFPP target but likely to be exceeded.

b - NFPP target for the Fifth Economic and Social Development Plan (1982-1986)

c - Projected

Regional Population and Growth  
Rate Estimates for 1980  
(in thousands)

|                  | <u>Population</u> | <u>Growth Rate</u><br>(average 1975-1980) |
|------------------|-------------------|---|
| Bangkok-Thonburi | 5,152             | 3.9                                       |
| Central          | 9,449             | 1.9                                       |
| Northeast        | 16,433            | 2.3                                       |
| North            | 9,667             | 1.9                                       |
| South            | 5,754             | 2.2                                       |
| Whole Kingdom    | 46,455            | 2.3                                       |

Source: Working Group on Population Projections for Thailand - Whole Kingdom and Regions, 1970-2005.

Population Projections Under Low,  
Medium, and High Fertility Assumptions \*

|        | <u>1975</u> | <u>1980</u> | <u>1985</u> | <u>1990</u> | <u>2000</u> | <u>Increase</u><br>(1975-2000) |
|--------|-------------|-------------|-------------|-------------|-------------|--------------------------------|
| High   | 41,869      | 48,164      | 55,373      | 63,529      | 82,828      | (40,959)                       |
| Medium | 41,869      | 47,686      | 53,857      | 60,310      | 73,614      | (31,745)                       |
| Low    | 41,869      | 47,173      | 52,087      | 56,742      | 65,431      | (23,562)                       |

\* All three projects assume some decline in fertility, with the "low fertility" projection based on stated RTG population growth rate targets.

Source: NESDB Working Group on Population Projections.

## National Family Planning Program

### 1. Historical Background of the NFPP

Awareness of the need for government action to curb rapid population growth grew during the 1960's. During that period, three national seminars were held, and the interest of the academic community as well as government and private institutions was stimulated.

By 1970, the RTG had declared a population policy, although no family planning budget ensued until two years later. The decision in 1970 to allow non-physician health personnel to dispense oral contraceptives resulted in an increase in the number of service units from about 300 to over 3,000 in one year. From the inception of the national program, family planning services were thoroughly integrated into the health service program. Although the oral contraceptive pill remained on the dangerous drug list, the restriction of its sale was not enforced and pills were in fact sold quite freely in over 10,000 drugstores.

The initial "Family Planning Project" in the MOPH, begun in 1968, evolved into the National Family Planning Project which was implemented in 1971 and subsequently came under the aegis of the Division of Family Health. Currently, there are three organizations responsible for family planning policy formation and coordination. They are:

- (1) The NESDB subcommittee on Population Policy and Planning.
- (2) The MOPH National Family Planning Committee, and
- (3) The National Family Planning Coordinating Center

From the beginning, non-government organizations have played a significant role in the national effort to make family planning information and services widely available. Coordination between them and government institutions have generally been excellent and a serious attempt has been made to complement each others programs.

The Planned Parenthood Association of Thailand (PPAT) was founded in April, 1970 and subsequently accepted under the Royal patronage of H.R.H. The Princess Mother. PPAT became an associate member of IPPF in 1970 and a full member in 1975. PPAT is a non-profit organization.

In 1974 the Community-Based Family Planning Services (CBFPS), with support from IPPF, was established as a private non-profit agency and programs were established in villages in 68 districts. It expanded within four years to cover villages in an additional 80 districts with its program of contraceptive education and village distributors. Since 1976, CBFPS has expanded its community-based service program to include parasite control measures, simple health care and rural development activities. The Family Planning Health and Hygiene Project, arising from this expansion, was the subject of a separate evaluation in February 1979.

Since the inception of the program, the academic community has played an active role in support of the national family planning effort. Considerable biomedical research was done in the early 1970's by the medical schools to establish the safety and efficacy of the oral contraceptive, DMPA, and IUD in Thailand. In 1972, an effective, yet simple, method of female sterilization called minilaparotomy was developed by physicians at Ramathibodi Hospital. The method is now widely used throughout the world. Many pilot projects involving the use of non-physician health personnel to deliver family planning services were also carried out during this period. Several international donor organizations, both public and private, have provided substantial financial to academic institutions involved in biomedical, social and demographic research.

In 1977, the mobile vasectomy program was initiated. The purpose of the program was to extend and promote the availability and use of male sterilization among the population of Thailand.

In 1977, a project was initiated to encourage the participation of the private medical community in providing VSC services through their clinics and hospitals. The ASIN project ("Association for Strengthening Information on National Family Planning Program") manages this project and reimburse the 600 plus private medical institutions for the cost of providing VSC services.

Further integration and strengthening of family planning services within the rural health infrastructure is now underway through the implementation of the Rural Primary Health Care Program begun in 1978. The program is a cooperative effort between the RTG and a number of international donors, including the World Bank, CIDA, NORAD, Australia and AID. This program represents a further effort by the RTG to expand fertility-related to health services to the rural as well as the urban population.

2. Factors Contributing to the Success of the NFPP

It is readily apparent that multiple factors have contributed to the substantial decline in Thailand's population growth rate in the 1970's. Undoubtedly, the combination of forces encouraging fertility declines throughout the world are operative here as well. In Thailand, however, such influences operate in the context of a socio-cultural and religious heritage which is conducive to change and the diffusion of progressive ideas. They have been further enhanced by an enlightened national leadership which faced and recognized the problem of rapid population growth early and resolved to meet it with a bold and innovative plan of action. It would be presumptuous to attempt a thorough discourse on all of the factors responsible for the demographic change. It is apparent, however, that the extent of fertility decline would not have occurred without the conscious national effort embodied in the NFPP. The following identifies those aspects of the total national effort that are unique to Thailand and those which may be replicable in other developing countries. The conclusions in the following section were drawn after the use of a modified delphi procedure in which fourteen members of a joint Thai-American Evaluation Team participated.

Success factors can be roughly divided into six categories: service, cultural, financial, governmental, managerial and other:

I. Service Factors

- a. The widespread availability of contraceptives.
- b. The involvement of health personnel at all levels in family planning.
- c. The delegation of family planning tasks to non-physicians.
- d. The integration of family planning with MCH from the start of the program.
- e. The use of pilot projects to test and then integrate innovative family planning delivery systems.
- f. Utilization of vehicles and equipment at the provincial and local level.

## II. Cultural Factors

- a. The people of Thailand want family planning.
- b. Cultural tolerance of the subject of family planning which in part is responsible for the success of a widespread IE&C program.
- c. Relatively good status of women.
- d. The neutrality of the Buddhist religion and philosophy regarding contraception.

## III. Financial Factors

- a. Commitment of RTG budget and in-kind support.
- b. Substantial foreign aid and technical assistance.

## IV. Governmental Factors

- a. Key government officials given active support to the program at every level.
- b. Ministry of Public Health officials see the implementation of the family planning program as a duty.

## V. Managerial Factors

- a. Strong coordination between the governmental and non-governmental family planning programs. The NFPP takes a key role in this coordination.

## VI. Other Factors

- a. The existence of an extensive network of transportation and communications.
- b. The existence and cooperation of a large number of excellent health/medical educational institutions.

In examining these perceptions, there are two important considerations.

First, it is apparent that several of the factors are

specific to Thailand and thus, cannot be transferred to other countries.

Even more important, the actual success of the program is not so much a result of individual factors as it is of the interaction of factors. It is this inter-action which creates a continual spiral of cause-effects-cause reactions.

Thus, while it is possible to enumerate the factors in success of the Thai family planning program, these factors must be considered as an integrated whole and not in isolation.

### Chronology of Population Program Development

| <u>Date</u>  | <u>Events</u>  |
|--------------|--|
| 1958         | High rate of population growth adversely affects economic development, reported by World Bank  |
| 1959 - 1963  | Study Committee was formed   |
| 1963         | First National Population Seminar  |
| 1964 - 1966  | Potharam Project   |
| 1968         | "Family Health Project" initiated by MOPH  |
| 1970         | National Population Policy announced by the Cabinet/establishment of National Family Planning Program  |
| 1971         | Population/family planning given high priority in Third Five-Year Plan (1971-76)   |
| 1972         | Paramedical personnel authorized to dispense oral contraceptives   |
| 1975         | Non-physician health personnel (nurses and nurse-midwives) authorized to perform IUD insertions  |
| Oct. 1976    | Free sterilization made available at all rural hospitals and MCH centers<br><br>Free oral contraceptives at all RTG health facilities.<br><br>DMPA officially approved by RTG. |
| June 1977    | 17 mobile units for voluntary sterilization services operational   |
| June 1979    | Contraceptive Prevalence Survey indicates national prevalence of modern contraceptive use over 50 percent of eligible couples  |
| October 1980 | 96 mobile units for voluntary sterilization services operational   |

RTG STRATEGY

Mindful of the continued problem of rapid population growth the RTG has established a Fifth Plan objective to reduce the annual population growth rate to 1.5 percent by 1986. In order to achieve this ambitious goal, the NFPP has formulated a Plan of Action, the key components of which are summarized below:

- (a) expand and improve government and private sector family planning services, with special emphasis on areas of high fertility;
- (b) upgrade the capability of existing service providers;
- (c) expand and improve its information, motivation, and public relations for all segments of the population;
- (d) support operations and program research designed to improve the efficiency of Fr activities; and
- (e) improve coordination and collaboration between the public and private sector in family planning efforts.

In order to adequately reach the more than five million new and continuing acceptors expected to be served during the Fifth Plan period, the NFPP will take action to:

- (a) Expand service availability by:
  - \* increasing the number of service outlets, including mobile units and community-level distribution;
  - \* increasing expenditures for equipment and contraceptive supplies, for both public and private sector agencies participating in the NFPP; and
  - \* expanding the role of the private sector and the community in extending service coverage.
- (b) Increase the availability of trained manpower by:
  - \* training physicians and other health staff, such as operating room nurses, in sterilization techniques;

- \* training nurses and auxiliary midwives in IUD insertion, thereby extending this service to sub-district health centers; and

- \* increasing the number of non-physician health personnel, especially auxiliary midwives.

(c) . Improve overall program efficiency and effectiveness by:

- \* identifying cost-saving modifications in program operations;

- \* designing and implementing strategies to reach currently underserved population groups; and

- \* improving data collection techniques and use.

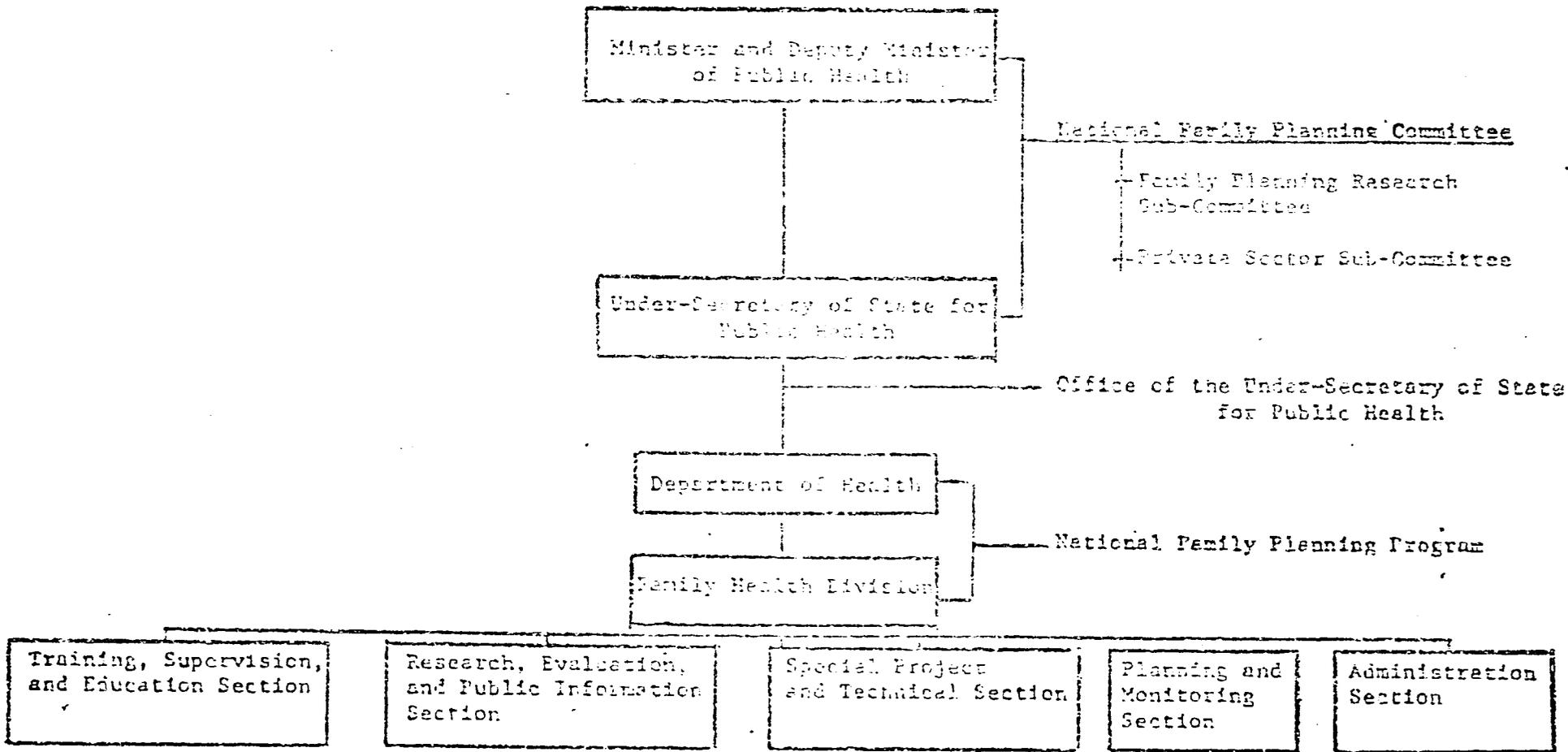
USAID POPULATION STRATEGY

USAID continues to view rapid population growth as a major impediment to the achievement of overall development objectives. Each of the major areas of USAID support (i.e., rural development, health, and energy) are directly and adversely affected by a continued high rate of population growth. In addition, despite the impressive recent decline in fertility, it is clear that Thailand has not "solved" her population problem and support should not be withdrawn in "midstream". USAID's relatively modest investment in population planning, both in terms of USAID staff and financial resources, continues to yield a very high return. For these reasons, USAID has assigned the highest priority to continued assistance for population planning.

Specifically, the AID strategy under the Population Planning II Project (1982-86) will support efforts to:

- (1) Expand the range of services available at the sub-district level and strengthen the community-level information and service systems in the public and private sectors;
- (2) Design and implement a strategy for intensifying the provision of family planning information and services in selected areas in low performance provinces and districts;
- (3) Improve the logistics and supply system at all levels;
- (4) Emphasize the training and use of non-physicians to perform sterilizations and insert IUD's;
- (5) Develop management information systems and improve program research and evaluation;
- (6) Test and implement cost-effective ways of delivering family planning services.

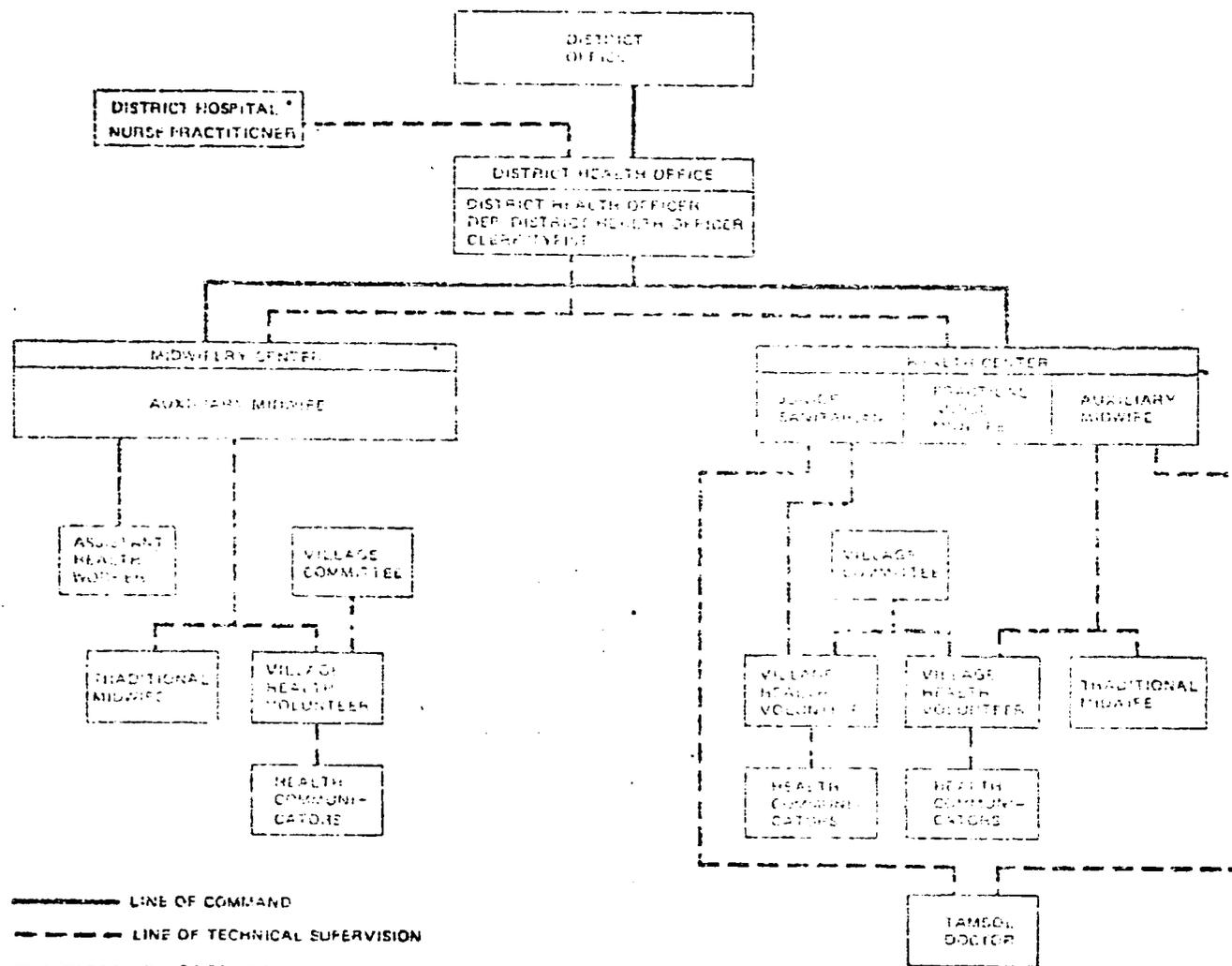
ORGANIZATION CHART OF THE NATIONAL FAMILY PLANNING PROGRAM





THAILAND

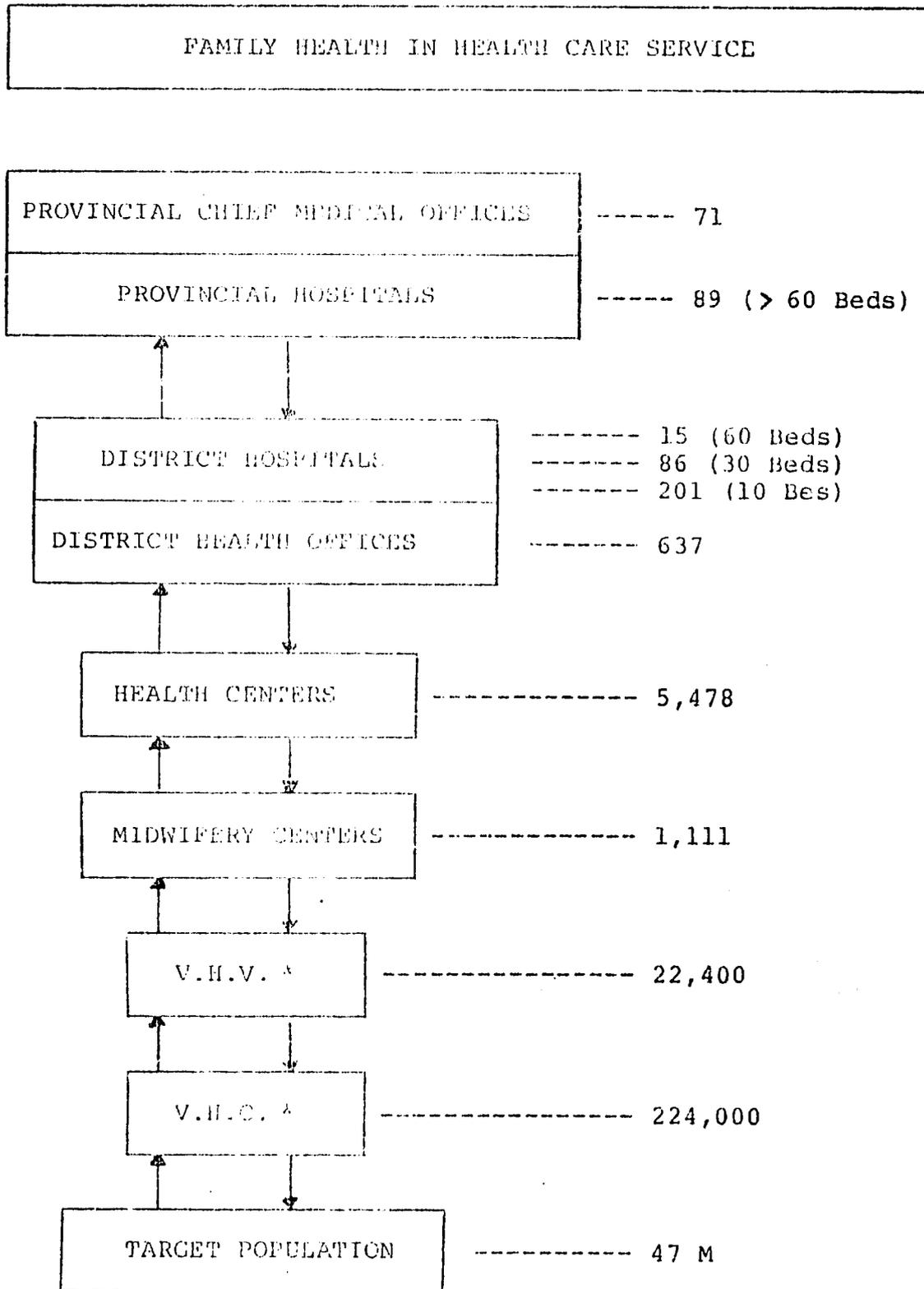
ORGANIZATIONAL ARRANGEMENTS AND LEVEL OF STAFFING IN A TYPICAL DISTRICT OR SUB-DISTRICT IN THE 20 AFPH PROVINCES\*



World Bank - 17835

\* Refers to 20 accelerated family planning and health provinces which are receiving special attention as part of the RTG's Primary Health Care Expansion strategy

NUMBER AND TYPE OF SERVICE OUTLETS



\* Village Health Volunteers (VHV) and Village Health Communicators (VHC)

Availability of Contraceptive Methods by  
Number and Type of Service Outlet

| Type of Facility                    | Total No. of Outlets | Number Providing Service |     |         |                                   |        |       |
|-------------------------------------|----------------------|--------------------------|-----|---------|-----------------------------------|--------|-------|
|                                     |                      | Pill                     | IUD | Inject. | Female/Male<br>able Sterilization | Condom |       |
| Provincial Hospitals                | 89                   | 89                       | 89  | 89      | 89                                | 89     | 89    |
| PCMO's Clinics                      | 72                   | 72                       | 72  | 72      | 1                                 | *      | 72    |
| District Hospital                   | 312                  | 312                      | 312 | 312     | 312                               | 312    | 312   |
| Health Centers & Midwifery Stations | 6,469                | 6,469                    | 60  | 74      | 0                                 | 0      | 6,469 |
| Mobile Units                        | 72                   | 13                       | 13  | 13      | 1                                 | 72     | 13    |
| MCH Centers                         | 8                    | 8                        | 8   | 8       | 8                                 | 8      | 8     |
| All Sources                         | 7,022                | 6,963                    | 568 | 578     | 411                               | 481    | 6,963 |

\* Unknown

RTG BUDGET FOR THE NFPP  
(1976-1981)  
(\$00's)

| <u>Regular Budget</u>  | <u>1976</u>    | <u>1977</u>    | <u>1978</u>    | <u>1979</u>    | <u>1980</u>    | <u>1981</u>     |
|--|----------------|----------------|----------------|----------------|----------------|-----------------|
| 1. Salaries & Wages  | 247.8          | 362.3          | 427.0          | 476.8          | 825.9          |                 |
| 2. Remuneration  | 4.0            | 7.0            | 11.8           | 13.3           | 10.0           |                 |
| 3. General Expenses<br>(Per diem, travel,<br>repair costs, etc.) | 135.0          | 229.7          | 252.2          | 280.3          | 300.0          |                 |
| 4. Commodities &<br>Supplies<br>(including O.C.)                 | 750.0          | 1,144.3        | 1,244.5        | 596.7          | 652.6          |                 |
| 5. Equipment   | 7.2            | 80.7           | 211.9          | 127.4          | 5.14           |                 |
| 6. Land & Construction   | -              | 106.1          | 171.8          | 136.8          | 5.0            |                 |
| 7. Sterilization<br>Subsidies                                    | -              | 550.0          | 550.0          | 800.0          | 800.0          |                 |
| Sub-Total  | <u>1,144.0</u> | <u>2,480.1</u> | <u>2,869.2</u> | <u>2,431.3</u> | <u>2,598.6</u> | <u>2,780.0</u>  |
| <u>Project Counterpart Funds</u>                                 |                |                |                |                |                |                 |
| 1. Salaries  | 14.3           | 28.3           |                |                |                |                 |
| 2. Per diem, travel,<br>Hotel allowance, etc.                    | 22.0           | 52.7           |                |                |                |                 |
| 3. Transportation<br>of things &<br>Maintenance                  | 5.0            | 5.0            | 7.1            |                |                |                 |
| 4. Commodities &<br>Supplies<br>(including O.C.)                 | 231.0          | 239.0          | 467.5          |                |                |                 |
| 5. Equipment   | <u>50.0</u>    | <u>190.0</u>   | <u>54.6</u>    |                |                |                 |
| Sub-Total  | <u>322.3</u>   | <u>515.0</u>   | <u>529.2</u>   | <u>500.0</u>   | <u>500.0</u>   | <u>500.0</u>    |
| Total  | <u>1,466.3</u> | <u>2,995.1</u> | <u>3,398.4</u> | <u>2,931.3</u> | <u>3,098.6</u> | <u>3,280.0*</u> |

\* Estimate

### USAID Assistance (1970-1981)

USAID's initial support for population planning in Thailand began shortly after the establishment of the National Family Planning Program in 1970. During the first five-year project, USAID financed oral contraceptives, participant training, technical assistance, and medical kits. Total project expenditures amounted to about \$8.3 million.

Because of the disappointment of the first several years of NFPP performance, the RTG strengthened its commitment to slowing the rate of population growth in the Fourth Plan. USAID was requested to support this rapidly expanding effort, which included (a) the expansion of services in rural areas, particularly voluntary surgical contraception (VSC); (b) creation of additional village-level sources of family planning information and supplies; and (c) increased contraceptive choices through the introduction of new contraceptive technologies (e.g., injectables and minilaparotomy).

Under this five-year project (1976-81), USAID financed the procurement of oral contraceptives, medical kits, and training of several categories of village-level health workers. In addition, USAID assisted a major effort to expand VSC services by providing institutional reimbursements to VSC service providers and support for mobile VSC teams. Total funding for this project, which will be completed in 1982, is \$16.5 from AID and \$23.0 million from RTG sources.

USAID

THAILAND NATIONAL FAMILY PLANNING PROGRAM  
 Components Financed by AID  
 and  
 Contributions by PTC, UNFPA, and Intermediary Agencies

FYs 1976-1981  
 (\$000's)

|                                 | <u>FY 76</u> | <u>TQ</u>  | <u>FY 77</u> | <u>FY 78</u> | <u>FY 79</u>  | <u>FY 80</u>  | <u>FY 81</u> | <u>Totals</u> |
|---------------------------------|--------------|------------|--------------|--------------|---------------|---------------|--------------|---------------|
| <u>AID-Funded Components</u>    |              |            |              |              |               |               |              |               |
| VSC Services <sup>1</sup>       | 729          | -          | 1,604        | 1,500        | 1,800         | 1,500         | 1,400        | 8,533         |
| Commodities                     |              |            |              |              |               |               |              |               |
| Oral Contraceptives*            | 2,745        | 241        | 14           | 900          | 522           | 540           | 518          | 5,480         |
| Family Planning Kits            | 238          | 71         | 157          | 50           | -             | 50            | -            | 566           |
| Mobile Units                    | 40           | -          | 125          | -            | -             | -             | -            | 165           |
| Local Training                  | 154          | -          | 300          | 160          | 148           | 150           | 100          | 1,012         |
| Research & Evaluation           | 118          | -          | 28           | -            | 100           | 40            | 40           | 326           |
| IE&C Improvement <sup>2</sup>   | 143          | -          | 50           | -            | 130           | -             | -            | 323           |
| Participants                    | 51           | 41         | 59           | -            | -             | -             | -            | 151           |
| Other                           | 9            | -          | 42           | -            | -             | -             | -            | 51            |
| <b>AID TOTALS</b>               | <b>4,227</b> | <b>353</b> | <b>2,879</b> | <b>2,610</b> | <b>2,700</b>  | <b>2,280</b>  | <b>2,058</b> | <b>16,607</b> |
| <u>All Financing by Sources</u> |              |            |              |              |               |               |              |               |
| Royal Thai Government           | 1,500        | -          | 2,387        | 3,800        | 4,300         | 4,200         | 4,660        | 20,847        |
| UNFPA                           | 1,359        | -          | 2,500        | 1,200        | 1,660         | 1,500         | 1,210        | 9,495         |
| Intermediary Agencies           | 801          | -          | 1,065        | 1,226        | 1,350         | 2,300         | 2,000        | 8,742         |
| AID                             | 4,227        | 353        | 2,879        | 2,610        | 2,700         | 2,280         | 2,058        | 16,607        |
| <b>GRAND TOTALS</b>             | <b>7,887</b> | <b>353</b> | <b>8,831</b> | <b>8,836</b> | <b>10,010</b> | <b>10,340</b> | <b>9,928</b> | <b>55,691</b> |

\* AID oral contraceptives were centrally-funded and centrally-obligated, FY 1976-1978. Beginning FY 1979, contraceptives are bilaterally-funded and obligated.

\*\* Does not include in-kind contribution estimated at \$7,000,000 annually.

1 "VSC" - Voluntary Surgical Contraception

2 "IE&C" - Information, Education and Communication

Revised 1/28/81

UNFPA PROGRAMMES IN THAILAND

Investment Profile

1972 - 1981

| Programme Category   | 1st Country Programme<br>1972-76 | 2nd Country Programme<br>1977-78 | 3rd Country Programme<br>1979-81 | Row Totals             |
|--|----------------------------------|----------------------------------|----------------------------------|------------------------|
| Basic Data Collection                                      | 1.9%<br>(103,771)                | 2.38%<br>(69,406)                | 1.53%<br>(172,362)               | 2%<br>(\$345,539)      |
| Population Dynamics  | -                                | -                                | .51%<br>(57,639)                 | <1%<br>(\$57,639)      |
| Policies & Programmes                                      | .27%<br>(14,955)                 | -                                | .72%<br>(80,870)                 | < 1%<br>(\$95,825)     |
| Policy Implementation                                      | -                                | -                                | -                                | -                      |
| F.P. Programme   | 69.62%<br>(3,804,255)            | 78.23%<br>(2,277,146)            | 51.62%<br>(5,828,961)            | 61%<br>(\$11,910,362)  |
| Communication & Education                                  | 28%<br>(1,525,814)               | 19.39%<br>(564,356)              | 38.3%<br>(4,324,751)             | 33%<br>(\$6,414,921)   |
| Special Programmes   | -                                | -                                | 7.33%<br>(827,440)               | 4%<br>(\$827,440)      |
|  | 100%<br>(\$5,448,795)            | 100%<br>(\$2,910,908)            | 100%<br>(\$11,292,023)           | 100%<br>(\$19,651,726) |
| Average yearly Disbursement As % total country investment. | \$1,069,759<br>6%                | \$1,455,454<br>7%                | \$3,764,007<br>19%               |                        |

Thailand Population Project<sup>1</sup>  
(1978-1983)<sup>2</sup>

The Project consists primarily of the following components: construction, equipping, and furnishing of new or expanded facilities (3 basic nursing schools, 5 midwifery schools with 3 maternal and child health centers, 1 dormitory and staff housing for the National Family Planning Training Center, 1 nursing school; and about 25 district hospitals, 225 midwifery centers, 180 health centers, and 120 child nutrition centers); the provision of technical assistance, professional services and short-term advisory assistance; 4,315 vehicles; audio-visual equipment, incremental salaries and allowances; and information and education, evaluation and research, and basic and in-service training activities.

|    | <u>Category</u>                          | <u>US \$ (000's)</u> |
|----|--|----------------------|
| 1. | Services                                 | 34,060               |
| 2. | Information, Education and Communication | 2,190                |
| 3. | Training                                 | 15,360               |
| 4. | Evaluation and Research                  | 1,910                |
| 5. | Management and Administration            | 720                  |
| 6. | Innovative Activities                    | 1,000                |
| 7. | Contingencies                            | <u>13,360</u>        |
|    | Total                                    | <u>\$68,600</u>      |

NOTES:

1. Project co-financed by IDA, CIDA, Australia, Norway, and USAID (Primary Health Care Project). Above budget includes RTG contribution of US \$20.7 million.
2. Project was recently extended to December 31, 1983.



NFPP Active Users of Contraception by Method and Percent of Eligible Couples

|                | <u>PILL</u> |          | <u>IUD</u> |          | <u>STERILIZATION</u> |          | <u>INJECTABLE</u> |          | <u>TOTAL</u> |          |
|----------------|-------------|----------|------------|----------|----------------------|----------|-------------------|----------|--------------|----------|
|                | <u>No.</u>  | <u>%</u> | <u>No.</u> | <u>%</u> | <u>No.</u>           | <u>%</u> | <u>No.</u>        | <u>%</u> | <u>No.</u>   | <u>%</u> |
| December 1978  | 1,220,539   | 21.9     | 268,861    | 4.6      | 624,836              | 11.2     | 127,051           | 2.3      | 2,241,287    | 40.2     |
| December 1979  | 1,340,476   | 23.0     | 275,245    | 4.7      | 719,851              | 12.3     | 163,437           | 2.8      | 2,499,009    | 42.8     |
| As of Sept. 81 | 1,673,104   | 27.3     | 305,642    | 5.0      | 961,356              | 15.7     | 281,880           | 4.6      | 3,221,982    | 52.5     |

Percent of Currently Married Women 15 - 49 Practicing Modern  
Contraception\* by Region

|           | <u>CPS</u> | <u>NS</u>          |
|-----------|------------|--------------------|
|           | 1978/79    | 1979               |
| North     | 53.5       | 49.6               |
| Northeast | 43.8       | 42.9               |
| Central   | 56.3       | 59.4 <sup>1/</sup> |
| South     | 23.6       | 22.6               |
| All Rural | 45.3       | 42.0               |
| Bangkok   | 59.4       | 53.1               |
| National  | 47.1       | 46.5               |

\*Modern contraception : Oral pills, IUD, Injectable DMPA  
and sterilization

1/ Includes the Bangkok Metropolitan area.

Percent of Current Married Women Aged 15-44 Currently  
Practicing Any Method of Contraception by Age 1975-1979

| <u>AGE<br/>GROUP</u>     | <u>SOFT<br/>1975</u> | <u>OPS<br/>1978/79</u> | <u>NS<br/>1979</u> | <u>AFPH<br/>1979</u> |
|--------------------------|----------------------|------------------------|--------------------|----------------------|
| 15-19                    | 18.1                 | 31.3                   | 19.5               | 21.4                 |
| 20-24                    | 30.9                 | 44.2                   | 32.9               | 34.5                 |
| 25-29                    | 41.0                 | 54.4                   | 52.6               | 49.6                 |
| 30-34                    | 44.0                 | 61.1                   | 61.1               | 60.9                 |
| 35-39                    | 42.3                 | 62.8                   | 59.5               | 57.5                 |
| 40-44                    | 30.5                 | 49.5                   | 44.2               | 47.1                 |
| 15-44                    | 36.7                 | 53.4                   | 49.3               | 48.1                 |
| Standardized<br>for Age* | 36.8                 | 53.1                   | 48.5               | 48.2                 |

Note: Age standardization based on age distribution of currently-married women at the time of the 1970 census.

Percent of Currently Married Women Aged 15 - 44 Practicing

Specific Methods of Contraception, 1969 - 1979

|   | <u>PILL</u> | <u>IUD</u> | <u>TR</u> | <u>VAS</u> | <u>DMPA</u> | <u>Others</u> | <u>All Methods</u> |
|---|-------------|------------|-----------|------------|-------------|---------------|--------------------|
| LS1 (1969/70)   | 3.8         | 2.2        | 5.5       | 2.1        | 0.4         | 0.8           | 14.8               |
| LS2 (1972/73)   | 10.4        | 4.6        | 6.8       | 2.9        | 0.9         | 0.7           | 26.3               |
| SOFT 1975   | 15.2        | 6.5        | 7.4       | 2.2        | 2.1         | 3.4           | 36.8               |
| CPS 1978/79   | 21.9        | 4.0        | 13.0      | 3.5        | 4.7         | 6.3           | 53.4               |
| NS 1979   | 20.6        | 2.8        | 16.6      | 4.2        | 5.1         | 2.2           | 51.6               |
| AFPH 1979   | 18.0        | 4.6        | 12.3      | 5.0        | 5.9         | 2.3           | 48.1               |
| Percentage<br>Points<br>Change<br>Between<br>SOFT (75)<br>and NS (7a) | +5.5        | -3.7       | +7.8      | +2.4       | +3.5        | -0.3          | +14.8              |

Source of Family Planning by Method, C.P.S. 1978/79  
for Currently Married Women 15-49

|                              | PILL | CONDOM           | IUD  | T.R. | VAS  | INJECT | ALL METHODS |
|------------------------------|------|------------------|------|------|------|--------|-------------|
| Government Outlet            | 73.2 | 31.5             | 80.4 | 95.3 | 66.7 | 76.5   | 77.1        |
| Drugstore                    | 21.2 | 50.0             | 0.0  | 0.0  | 0.0  | 0.8    | 11.3        |
| CBFPS                        | 3.2  | 9.3              | 0.0  | 0.0  | 1.0  | 0.0    | 1.8         |
| Other                        | 2.5  | 9.3 <sup>a</sup> | 19.6 | 4.7  | 32.3 | 31.7   | 9.7         |
| Total Percent                | 100  | 100              | 100  | 100  | 100  | 100    | 100         |
| Number of Users <sup>a</sup> | 567  | 54               | 107  | 359  | 99   | 123    |             |

<sup>a</sup> Excluding cases of unknown source.

Source: Contraceptive Prevalence Survey, 1978/79

TABLE

Rates of Natural Increase in East and Southeast Asia  
(1980)

|             |      |
|-------------|------|
| Singapore   | 1.2  |
| Hong Kong   | 1.2  |
| China       | 1.2  |
| S. Korea    | 1.7  |
| Sri Lanka   | 2.2  |
| India       | 2.1  |
| Indonesia   | 2.0  |
| Thailand    | 2.0* |
| Burma       | 2.4  |
| Philippines | 2.4  |
| Malaysia    | 2.3  |

Population Reference Bureau. "World Population Data Sheet".  
Washington, D. C. 1981.

\* Based on 1981 estimated crude birth and death rates.