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Pilot Study of Religious Beliefs and Practices as Affecting.

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A Pilot Study of  
Religious Beliefs and Practices as  
Affecting Population Change  
in Thailand

Suchart Prasithratsint

The objective of this paper is to examine the relationship between religious beliefs and practices, on the one hand, and demographic change on the other. A change in population growth rate has an impact on the Thai Government's effort in accelerating social and economic development. Thailand has been engaged in social and economic development plans since 2504 B.E. However, they have not reached their target. The rate of economic growth, in general, has been slow as increase in the income per capita has only been modest. At present, the income per capita per annum averages about 3,000-4,000 baht or U.S. \$ 150.00 - 200.00.

If we also take the income distribution and inflation rates into account, we will certainly have to admit that economic and social conditions of the majority of the Thai people have not been improved. There are several external and internal factors which cause the failure of the government's development plans. Only one of the major internal factors is considered here, i.e., the rapid rate of population growth.

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As many other less developed countries, Thailand has a rapid rate of population growth due to a rapid decline of death rates in the past few decades with a relatively slow decline in fertility.

The Government, warned by the World Bank in 1958, realized the adverse effects of the rapid population growth on the country's social and economic development. A series of studies and seminars were carried out and two academic institutes for population studies and research were established: one at Chulalongkorn University, the other at Mahidol University. The former has extensively been concerned with a wide range of topics related to social, economic and demographic change ((IPS, 1972). The latter focuses on program evaluation research.

However, neither of the institutes has ever seriously studied the problems of rapid population growth in relation to religious beliefs and practices. This kind of research is crucial particularly when the government has declared a policy of fertility reduction in 1970 in order to reduce the population growth rate from 3.2 to 2.5 per cent per annum by 1975 by advocating a voluntary family planning program

The main objective of the program is to reduce the average number of live births of Thai women during their reproductive years. A decline in fertility is somehow expected to lead to a slower rate of population growth. This expectation may not be realized due to a positive interaction between birth and death rates. <sup>1</sup>

<sup>1</sup> Suchart Prasithrathsint, "The Implications of the relationships between birth and death rates in family planning programs and social economic development planning," *Journal of Social Sciences*, Vol.10, No.1, 1973, pp. 88-101.

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Furthermore, the success of the family planning program depends, to a great extent, on the willingness of the couples to accept and practice it. This, in turn, depends on the couples' religious belief and its relation to contraception, apart from other social and economic reasons.

Thailand is a Buddhist country where the overwhelming majority of its people (about 93 per cent) are Buddhists. The rest are Moslems, Confucians, Christians and Hindus. Thus, the Buddhist's acceptance of the family planning program is a major determinant of the success of the fertility reduction effort. The research done by Sidney Goldstein on religious fertility differentials in Thailand clearly shows that the Buddhist are the most fertile as compared with the Thai Confucians and Moslems. The latter tend to marry younger and have higher fertility at the early reproductive years but average a smaller number of live births than the Buddhist and the Confucians.<sup>2</sup>

The National Research Council conducted a pilot study of family health in Thai Moslem communities in South Thailand.<sup>3</sup> They found that, in Yala province, the Thai Moslems had lower fertility than the Buddhists. Despite their lower fertility, 93 per cent of Moslem women and 80 per cent of the men said they had no knowledge of contraceptive methods.

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<sup>2</sup> Sidney Goldstein, Religious Fertility Differentials in Thailand, 1960, Population Studies, Vol. XXIV, No. 3 pp. 325-337.

<sup>3</sup> Soontaree Suvipakit, A Pilot Study of Family Health in Thai Moslem Communities in South Thailand, report No. 1, Yala Project, (Bangkok: National Research Council, 1969)

The majority of the Yala couples expressed a desire to learn more about contraception, but only a minority would like to practice it. Speculations on the reasons for the existence of the fertility differentials were made: Some of these are differences in age at marriage, patterns of separation of spouses, divorce and re-marriage, variations in health and fecundity, differential labour force participation and others.<sup>4</sup> So far, no attempt has been made to identify the reasons for the existence of the differentials.

Research into the factors associated with lower fertility among sub-populations, particularly among the ethnic and religious minority groups, is important. However, what is the more significant is the investigation and understanding of the factors which affect the fertility of the great majority of the people. It is likely that the programs for fertility reduction to slow down the population growth rate will be successful, if the people accept family planning programs for any reasons. Thus, a study of religious beliefs and practices of the great majority of the people that affect the rate of population growth should be made.

Trevor O. Ling is one of the few scholars who attempt to identify some subtle features in Thai Buddhism that may influence population growth and control.<sup>5</sup> He points out that Buddhism is distinguished from other major religions in that there is no scriptural injunction to Buddhists that "they should multiply and be fruitful".

<sup>4</sup>Goldstein, *op.cit.*, p.336.

<sup>5</sup>Trevor O. Ling, "Buddhist Factors in Population Growth and Control," *Population Studies*, 23 (March 1969) pp. 53-60.

Yet countries with a predominantly Buddhist population, such as Thailand, Cambodia, and Burma, tend to have high fertility rates of 40-45 per thousand. So, there must be subtle and less obvious features of Buddhist culture which tend to produce the high fertility rates.

This implies that an investigator should try to study and ~~rarely~~ <sup>really</sup> understand what the religion is. He should avoid doing an analysis that is based on simple cross-tabulations of any characteristics of religious observance and practices with fertility measures. When the analysis fails to produce any clear relationships between the religious characteristics and the fertility measures, it is erroneous to conclude that there is no or weak association between religion and fertility. In other words, one should have an adequate understanding of religion and search for the characteristics that are most likely to be related with fertility measures before making the simple cross-tabulations.<sup>6</sup>

Liang, after making an observation on Buddhism, presents a number of religious features that might have an impact on population growth and control. Two of them are a desire for sons and the Buddhists' beliefs in and practices of five moral precepts, particularly the one that prohibits man to commit a killing or take lives. The desire for a son arises from a desire of Thai parents, particularly rural ones, to see at least a son entering the monkhood to earn religious merit for them and himself. Such a desire can bring about a high fertility rate.

<sup>6</sup>The kind of research is best exemplified by a research report on "The Fertility of Thai Women" by John Knodel and Visit Prachuchamon, Institute of Population Studies, Research Report No.10 (Bangkok: Thai Statens Panich Press, 2517 B.E.) pp.71-78.

particularly in the rural areas where a child mortality rate is high.<sup>7</sup> The parents who wish to have at least one son enter the monkhood in the high mortality rate areas tend to have at least two sons in case of one of them dies. If the mortality rate declines and they do not realize it, this could result in a rapid population growth rate.

As for the moral precepts, Ling argues that the one that prohibits man to commit a killing or take lives can potentially have an impact on family planning or birth control practices. The belief in the moral precept is re-inforced by a folk-mythology in which different degrees of suffering in hell hereafter are related to different degrees of seriousness of acts.<sup>8</sup> Such a belief could deter the rural people from practicing birth control.

However, Ling's study is based on a review of literature and interpretative statements of a few well-educated Buddhist, not on the religious beliefs and practices of the rural people in the actual social situations. Thus, his arguments remain as possible explanations or hypotheses that this research will further investigate.

In attempting to study Ling's hypothesis on the desire for sons, the following questions were used to interview the rural people: "Do you think who is the better, a daughter or a son" and "Do you think it is necessary to have a son in a family". As the responses to these questions may partly depend on the sex composition of the children in the family, a question on the sex composition of the children is asked and used as a control variable in the analysis.

<sup>7</sup> Suchart Prasithrathsint, "The Effects of Sex Preference for Prospective Children on fertility Level of the Thai Women in the rural areas", *Samathibodi*, Vol. 3 No. 4, 2515 B.E. pp.138-155

<sup>8</sup> Ling, op.cit.

Table 36 shows that the majority of the rural people express no sex preference but one third of them prefer boys to girls. The Ban Tam villagers in the North differ from those in Ma Glua Kao village in the Northeast in that over one-third of the former as compared with below one-fourth of the latter said they preferred boys to girls. Clearly the former prefer having sons to daughters. Furthermore, the percentage of those who prefer having daughters to sons is higher in Ma Glua Kao than in Ban Tam.

Table 36: Sex Preference for Children

Sex Preference	Ma Glua Kao	Ban Tam	Total
boy	23.2	39.0	32.2
girl	9.3	5.3	7.0
No Preference	67.5	55.7	60.8
Total	100.0	100.0	100.0
Number	86 <sup>a</sup>	113 <sup>a</sup>	199 <sup>a</sup>

Controlled for the effect of the actual sex composition of the children in the families, Table 37 illustrates that among those who have more sons than daughters, slightly over two-thirds of Ma Glua Kao villagers express no sex preference. The percentage of those who prefer sons to daughters is equal to that of those who prefer the opposite. Their preference differs from that of the Ban Tam villagers in that only 2 per cent of the latter prefer girls to boys. 48 per cent prefer the opposite and half of them have no preference.

<sup>a</sup>

Total number of cases are less than 10.

Thus, among those who have more sons than daughters, the Ban Tam villagers express a stronger preference for sons to daughters than the Ma Gua Kao.

Table 37: Sex Preference for Children by Sex Composition of Living Children

Sex Composition	Ma Gua Kao					Ban Tam				
	Sex Preference		Total			Sex Preference		Total		
	Boy	Girls	No	%	N	Boy	Girl	No	%	N
More boys	15.4	15.4	69.2	100.0	39	48.0	2.0	50.00	100.0	40
Boys=Girls	23.1	-	76.9	100.0	13	40.0	5.0	55.0	100.0	20
More Girls	31.0	3.4	65.6	100.0	29	34.8	4.7	60.5	100.0	43
All Boys	-	-	-	-	-	-	-	a	a	2
All Girls	-	-	-	-	-	-	-	-	-	-
No Child	a	a	a	a	3	a	a	a	a	4
Don't Know no answer	a	-	-	a	1	-	a	a	a	4
Total	23.2	9.3	67.5	100.0	86	39.0	5.3	55.7	100.0	113
Number	20	8	58	-	86	44	6	63	-	113

Among those who have an equal number of sons and daughters, the percentage of those in Ban Tam who prefer boys to girls declines along with an increase in the percentage of those who prefer girls to boys and that of those who express no preference. In Ma Gua Kao village, the percentage of those who prefer boys to girls and those who have no preference arises. None prefer girls to boys.

<sup>a</sup> Total number of cases are less than 10.

In both villages, it is evident that there is a preference for sons to daughters.

As for those who have more daughters than sons, the majority of them express no sex preference only 31 per cent in Ma Glua Kao and 35 per cent in Ban Tam prefer boys to girls.

Compared with the group that have more sons than daughters, the preference for boys increases in Ma Glua Kao and decreases in Ban Tam; yet, the majority of them have no sex preference.

It is concluded that the majority of the rural people in both villages express no preference for a given sex ; however, a sizable minority prefer boys to girls. Thus, there is generally a moderate preference for boys among the rural people in both villages.

The importance of having a son is more obvious from the analysis of the responses to the question whether it is necessary to have sons in a family. Table 38 shows that the great majority of the rural people, about 82 per cent, consider the two villages also indicates that the percentage of those who think it necessary to have sons is higher in Ban Tam than in Ma Glua Kao. The difference is consistent with their difference in sex preference for children.

Table 38 : Necessary of Having Sons in a Family

Necessity of having sons	Ma Glua Kao		Ban Tam		Total	
	N	%	N	%	N	%
Yes	83	74.8	126	86.9	209	81.6
No	20	18.0	2	1.8	22	8.6
Don't know no answer	8	7.2	17	11.3	25	9.8
Total	111	100.0	145	100.0	256	100.0

One third of the villagers disapprove of the use of birth control. The percentage of disapproval is similarity found in other areas before the official adoption of voluntary family planning programs. This implies that the family planning programs have not reached the rural people as expected. The difference in the two villages is rather obvious :

About 63 per cent of the Ma Glua Kao villagers approved of the use birth control to prevent births or having many children, whereas only 43 per cent of the Ban Tam villagers did. The difference is consistent with the social and economic

Table 39: Reasons for Approval or Disapproval of Birth Control Practices.

Reasons for Approval or Disapproval	Ma Glua Kao		Ban Tam		Total	
	N	%	N	%	N	%
Approved	70	63.1	70	48.3	140	54.7
Scarcity of Land, difficult to make a living and high cost of living	28	40.0	7	10.0	35	24.2
Already poor	24	34.3	41	58.6	65	44.8
Already had too many children	13	18.6	15	21.4	28	19.3
Other	4	5.7	5	7.1	9	6.2
Don't know, no answer	1	1.4	2	2.9	3	2.1
Total	70	100.0	70	100.0	140	100.0
Disapproved	31	27.9	49	33.7	80	31.3
To take care of parents and to work for the family	1	3.2	8	15.3	9	11.3
To continue the family line just in case some die	4	12.9	4	8.2	8	10.0
Will adopt birth control after having an adequate number of children	5	16.1	3	6.1	8	10.0
It's a sin wanting children to acquire merits	12	38.7	19	38.8	31	38.7
Afraid of getting sick	2	6.5	3	6.1	5	6.3
Other	6	19.4	5	10.2	11	13.7
Don't know, no answer	1	3.2	7	14.3	8	10.0
Total	31	100.0	49	100.0	80	100.0
Don't know	8	7.2	15	10.4	23	9.0
No answer	2	1.8	11	7.6	13	5.0
Total	111	100.0	145	100.0	256	100.0

dissimilarities, i.e., those in Ma Glua Kao who are better educated and better off are more likely to approve of family planning than those in Ban Tam who are poorer and less educated.

The reasons for the approval of birth control are mainly economic and demographic, e.g., inadequacy in land holding, difficulty in making a living, high cost of living, being too poor to have more children, and having already many children. The reasons for the disapproval are more varied, mainly, religious, economic, demographic and familial. Some of these are : fear for a sin, desire to have children to earn merits to compensate the past sinful acts, to assist them and to take care of them in the old age, having children to perpetuate the family name, having many children in case some die, wanting more children with an intention to control births after having an adequate number, etc.

The attitudes toward birth control should have an impact on women's fertility. More than half of the women in both villages have 1 to 4 children (Table 40). The Ma Glua Kao villages average a smaller number of children than the Ban Tam villagers. In Ma Glua Kao those who approve of birth control tend to have less children than those who disapprove of it. In Ban Tam the difference between those who show approval and those who do not is best indicated by the percentage of the families that have 7 children and over. About 11 per cent of those who approve as compared with 23 per cent of those who disapprove have 7 children and over. In brief, the favorable attitudes toward birth control are negatively associated with the rural women's fertility,

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<sup>9</sup>Institute of Population Studies, "The Rural and Urban Population of Thailand: Comparative Profiles, Research Report No.8 (Bangkok: Thai National Printing Press, Co. Ltd., 1972), p.73

Table 40: Attitudes towards Birth Control By the Number of Living Children

Villages and Attitudes	Number of Living children						Total	
	0	1-2	3-4	5-6	7 +	Unknown	%	Number
Ma Glua Kao	9.0	27.9	34.2	18.0	4.5	6.3	100.0	111
Approve	8.6	28.6	37.1	15.7	2.9	7.1	100.0	70
Disapprove	6.5	29.0	32.3	19.4	6.0	6.0	31	31
Don't know, no answer	20.0	20.0	20.0	30.0	10.0	-	100.0	10
Ban Tam	5.5	31.0	24.2	19.3	13.8	6.2	100.0	145
Approve	2.9	31.4	20.0	25.7	11.4	8.6	100.0	70
Disapprove	8.2	32.5	26.5	10.3	22.5	-	100.0	49
Don't know, no answer	7.7	26.9	30.8	19.2	3.8	11.5	100.0	26
Total	7.0	29.7	28.4	18.8	9.8	6.3	100.0	256

The attitudes could really have a negative impact on the fertility level if the women practice birth control. Even though the data from this survey and others show that the majority of the rural people approve of birth control, there are many problems of and room for promoting its timely practice.<sup>10</sup> In order to do so family planning or birth control programs must be properly introduced in such a way that they are not in conflict with the people's moral and religious beliefs as well as their economic and social reasons. As the medical profession and the family planning administrators have been interested in abortion as a means of reducing the number of unwanted children and as a final resort measure after contraception fails. A study of the rural people attitudes toward abortion - whether it is a sin or not - is therefore needed.

<sup>10</sup> Suchart Prasithratsint, "Family Planning of the Rural Women in Thailand," *Journal of Social Sciences*, Vol.9, No.1, 1972 pp. 63 - 71.

The responses to the question, 'Is abortion to prevent having children considered a sin or against the moral precept, prohibiting taking lives?', shows that 95 and 93 per cent of the people in Ma Glua Kao and in Ban Tam villages, respectively, consider abortion a sin (Table 41). Only 4 per cent of the former and 1 per cent of the latter do not consider it a sin.

Table 41 : Attitudes toward Abortion

Reasons	Ma Glua Kao		Ban Tam		Total	
	N	%	N	%	N	%
<u>It's a sin</u>	105	94.6	134	92.5	239	93.4
Killing a baby or sperms	83	79.1	111	82.8	194	81.3
Taking away one's chance of being born	16	15.2	15	11.2	31	13.0
Against a moral precept	4	3.8	2	1.5	6	2.5
Others	-	-	2	1.5	2	0.8
Don't know, no answer	2	1.9	4	3.0	6	2.5
Total	105	100.0	134	100.0	239	100.0
<u>It is not a sin</u>	4	3.6	1	0.6	5	2.0
"If she does it willingly"	3	a	1	-	4	a
"It's not yet formed"	1	a	-	-	1	a
Total	4	a	-	-	4	a
Don't know, no answer	2	1.8	10	6.9	12	4.9
Total	111	100.0	145	100.0	256	100.0

Among those who consider it a sin, the majority give the reasons that "it's a killing of a baby or a sperm" and "against the moral precept". The rest do not think that it's a killing but that it takes away the chance of being born from those who are to be born. A small minority who do not consider abortion a sin give reasons that "it is not a sin as a baby has not yet been formed" and "it is not a sin if the mother does it willingly".

<sup>a</sup> Total number of cases less than 10

In order to emphasize economic justification of a married couple in resorting to abortion after the failure of a birth control practice, the respondents were asked : "Is it a sin for a poor family that already have many children and does not want any more and that has practiced birth control but failed to resort to abortion"?. The great majority of the villagers still consider it a sin. However, as compared with the previous question, the percentage of those who consider it sinful is noticeably reduced. In Ma Glus Kao village, it reduced from 93 to 87 per cent and in Ban Tam 95 to 88 per cent (Table 42). This implies that if an abortion is done with an economic justification in a certain context, it becomes more acceptable.

The major reasons given by those who consider abortion a sinful act, are similar to the previous responses "it is a killing of a baby or sperm ;" "it is against the moral precept." Among those who do not consider it a sin, apart from economic justification, the other reasons given are that "if it is done by a doctor" or "if it is done after practicing birth control". It can be seen that a belief in sin and merit could be related to some methods of birth control. However, it is also obvious that certain groups of people are ready to change their attitudes if abortion is done with a good reason and under necessary circumstances. This kind people's susceptibility to change is similar to the people's religious attitudes toward certain occupations. Any occupation which is their only choice tends to make them amenable to change in their belief or rationalizing their doing.

Table 42 : Attitudes toward Abortion as a Method of Birth Control for a Poor Family with Many Children.

Attitude	Ma Glua Kuo		Ban Tam		Total	
	N	%	N	%	N	%
<u>It is a sin</u>	<u>97</u>	<u>87.4</u>	<u>128</u>	<u>88.3</u>	<u>225</u>	<u>87.9</u>
"Taking away one's chance of being born"	15	15.5	15	11.7	30	13.4
"Killing a baby or a sperm"	72	74.1	101	79.0	173	76.9
"Against a moral precept"	3	3.1	4	3.1	7	3.1
"Bad for mother's health"	2	2.1	3	2.3	5	2.2
Others	5	5.2	5	3.9	10	4.4
Total	97	100.0	128	100.0	225	100.0
<u>It is not a sin</u>	<u>6</u>	<u>5.4</u>	<u>3</u>	<u>2.1</u>	<u>9</u>	<u>3.5</u>
"They will have nothing to eat"	2	a	2	a	4	a
"Necessary, already poor"	2	a	1	a	3	a
"Having practiced birth control"	1	a	-	-	1	a
"If it is done by a doctor"	1	a	-	-	1	a
Total	6	a	3	a	9	a
Don't know	5	4.5	7	4.8	12	4.7
No answer	3	2.7	7	4.8	10	3.9
Total	111	100.0	145	100.0	256	100.0

In conclusion, religious beliefs and practices are found to be related to birth control which, in turn, has an impact on population change. Data from the survey, to some extent, confirm some speculative conclusions of the researchers who attempted to study the relationship between religion and population change. One of these is the hypothesis that the rural people prefer a son to a daughter with an expectation that he would enter the monkhood and earn religious merits for them. The present research shows that the rural people have a moderate preference for sons. However, this preference may be due to some other economic, social and familial reasons. The research also confirms another hypothesis that the moral precept of prohibiting a person to kill or take lives could potentially deter the rural people from resorting to a necessary measure, abortion in particular, to prevent births. This is drastically different from the Japanese who have used abortion as a method of birth control for several decades.

This research also shows that religious beliefs and practices of the rural people in Thailand vary from region to region, depending on their social, economic and cultural way of life. Therefore, an introduction of the programs of any kind that might affect the rural people's beliefs cannot be universally done throughout the country. To ensure of the success, the real differences should be taken into account.

However, as this research is only a pilot study attempting to investigate the rural people's religious beliefs and practices relating to social, economic and demographic change should be carried out. Insight into the relationship is most useful for introducing a program in such a way that it will not conflict with the people's values and religious beliefs. It is also helpful in making a preliminary evaluation of whether a specific public or private family planning or birth control program is likely to be successful.

A Total number of cases less than 10.