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**A TALE OF TWO GENERATIONS:  
A Qualitative Analysis of Fertility  
Transition in Thailand**

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expressed by the actors regarding the social change in question (in the present case the rapid decline in fertility) can yield useful and valid insights into the nature and causes of the process which is taking place.

Given the rapidity and magnitude of reproductive change in Thailand, both older generations who were experiencing their family building under a pre-transition fertility regime and a younger generation who are effectively limiting their family size to two or three children reside side-by-side in virtually every village and town. This presents an unusual opportunity for comparing pre- and post-transition generations within a single research effort. The present study attempts to do just this by analyzing qualitative information gathered through focus group sessions centering on questions concerning recent reproductive change conducted with older and younger generation Thai men and women.

#### THE FOCUS GROUP APPROACH

A focus group session consists of a group discussion in which a small number of participants (usually six to nine) under the guidance of a moderator talk about topics of importance to the particular research study. The informal group situation is intended to encourage participants to elaborate on behavior and opinions to an extent that might be difficult to obtain in more formalized individual interview situations. As members of social communities, people do not think in isolation but rather typically form opinions and reflect on ideas agreeing and disagreeing with others in their social environment. The focus group tries to tap this process. When focus groups work properly, interactions among participants stimulate discussion of the topic at hand as participants react to comments made by each other. It is this group dynamic that distinguishes focus group sessions from more conventional individual in-depth interviews typical of ethnographic research. The technique has been widely used in private industry, especially for marketing research. Its use in social research has been limited although some efforts have been made to employ the technique for aiding family planning programs.

The intention of focus group 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 the meaning of particular responses in great depth. The focus group approach can best be seen as a complement rather than as an alternative to surveys. For example, focus group research can serve as a useful source to generate new hypotheses to be tested by surveys on a broader population base, as a way to probe findings from surveys that seem ambiguous or puzzling or as a way to investigate topics which do not lend themselves to a survey format.

It is generally desirable in focus group studies to choose participants who are more or less of equal status and who share similar

values relating to the topic under investigation. Under such circumstances participants are more likely to feel comfortable and secure and talk more freely than they might in an individual interview or in a group containing persons of diverse views, values or statuses. In an individual interview, for example, the interviewer often comes from an urban background and is of considerably higher social, economic and educational status than the respondent. This may lead to a "courtesy bias" and inhibit frank disclosure of opinions, attitudes and behavior. In a focus group setting, participants are surrounded by others of their own status, and even if the moderator is better educated and from a higher socioeconomic stratum, this may well be a less salient feature in the interaction. Moreover, a group situation may facilitate open discussion of some types of sensitive topics if other participants are perceived to share the same perspective. For example, persons deliberating limiting their family size may be more likely to reveal the circumstances and consequences of this decision in the presence of others like themselves than to an individual interviewer whose opinion is not evident. Separate sessions with groups selected on the basis of different sets of criteria permit the in-depth exploration of views of persons with quite different characteristics while still preserving the homogeneity of each particular group in order to facilitate the free flow of discussion. Within each session, the full discussion is typically tape-recorded. A session also includes a specially assigned notetaker who later transcribes the complete discussion based on his notes and the tapes. These transcripts then serve as the basic data for analysis.

As with any research method, there are a variety of limitations and potential problems associated with the focus group approach. Some have already been alluded to and are inherent in the technique. For example, the qualitative nature of the data, the small size of the total sample, and the intentionally purposive manner in which participants are selected make statistical generalizations based on focus group results inappropriate. There is a risk that only one or two participants may dominate the discussion. A group situation can also inhibit discussion if other members are perceived to be unsympathetic to a participant's views. Covert behavior or opinions which may be disapproved by substantial segments of the community may also be less likely to be revealed in front of a group than to an individual interviewer unless they were perceived to be shared by others in the group. However, since in practice individual interviews are frequently conducted in the presence of self-selected onlookers rather than persons of similar status and characteristics, the ability to gain accurate information on such matters may not be very high in an individual interview situation either.

Many of these potential problems with group dynamics can be reduced considerably by having a skilled moderator and by careful selection of group participants. Moreover, by conveying a permissive attitude, the moderator can create an atmosphere in which a range of opinions can be expressed and any tendency to simply agree with others for the sake of conformity reduced.

Given the qualitative nature of the data and the analysis, a considerable amount of subjective judgment is involved in interpreting what

was said or even in determining what views appear to be more pervasive among the many opinions expressed. Moreover, basic values and concerns are not always readily verbalized. Such values and mechanisms, just because they are widely shared, may be significant but may not seem to require overt statements by participants. Mechanisms that operate in subtle or indirect ways may be difficult to detect in direct discussions of the behavior which they influence. Not all statements can be taken at face value but rather require interpretation based on the context in which they are made or in light of information available to the researchers from external sources. We have therefore found it useful to have several persons read through all the transcripts and collaborate on the analysis. This reduces the chances that the subjective nature of the analysis process will lead to unwarranted emphasis or invalid conclusions. When transcripts are translated into another language, it is also essential to have at least one member of the team who can check on the translation during the analysis stage.

It is useful to keep in mind that the transcripts which are analyzed in focus group research are the result of a process with several distinct stages and that during each stage there is a risk of error occurring which can affect the accuracy of the final record. In the present project, sessions were tape-recorded (with accompanying notetaking), transcribed and translated. Moreover, some sessions were conducted in the local dialect and "converted" into central Thai at the time of transcribing. All transcripts were then translated into English. Thus, it is appropriate to view focus group data as transformed to some unknown degree as a result of the processes through which they have gone and to recognize that they are several steps removed from what was actually said. Nevertheless, the analyst is considerably closer to what has actually been said and to the context in which it has been said than is the case with survey analysis. Distinguishing between spontaneous statements and those made only after probing or noting the extent to which a particular topic or question generates discussion, all help the analyst in making judgments about the meaning of what is being said in ways that are not possible with the survey approach. Moreover, as in the present project, when the analysts are present at the sessions and in some cases act as moderator or notetaker, they can have an additional "close<sup>5</sup>ness" to the data which should be an aid in the analysis process.

The use of focus group sessions is clearly a less ambitious approach to collecting qualitative data than a full-fledged anthropological study would be or than is involved in the "micro approach" to demographic investigation being advocated by John Caldwell and associates (Caldwell et al., 1982a). Either of these latter approaches permits far greater in-depth analysis of linkages between demographic behavior and socioeconomic and cultural underpinnings in the context of local communities (see, e.g., Mougne, 1981) than is possible with a focus group study. However, because the focus group approach does not require long-term residence and extensive participant observation in the communities in which focus groups are conducted, a greater number of communities can be included in a given study and thus a broader coverage attained. Moreover, because transcripts are produced in the course of a focus group study, verification of findings and

reanalysis can, in principle, be undertaken by others besides the original investigators. Such an endeavor would undoubtedly be almost out of the question with an anthropologist's or micro approach practitioner's field notes as its basis.

## STUDY DESIGN

Given that the main objective of our study was to explore the recent transformation of reproductive behavior in Thailand, the project was designed to facilitate a comparison between the modal pre- and post-fertility decline generations. The pre-transition generation was defined as married persons who had experienced most or all of their childbearing prior to the rapid changes in reproductive behavior that took place over the last decade and who had five or more living children ensuring that their own reproductive experience would contrast with that typical of couples currently in the process of having families. The post-transition generation was defined as young married persons, under 30 for women and under 35 for men, who wanted to have two or three children and who had not yet exceeded that number. Moreover, the younger generation were to come from families of typical pre-transition size in order to give them a personal reference point against which they could contrast their own low fertility goals. These criteria are based on survey findings indicating that in the recent past most Thai couples had at least five children while at present recently married couples predominantly want to have only two or three children. We also attempted to make the groups relatively homogeneous and typical in terms of educational background. Occasionally minor deviations from these criteria were accepted in order to facilitate formation of a group. In some cases, older generation participants were selected during the screening process on the basis of the number of children born to them rather than the number of living children and it was only discovered during the focus group session that fewer than five children still survived. Separate sessions were held for older generation men, older generation women, younger generation men, and younger generation women.

The purposive nature of the selection criteria was designed to form modal groups rather than ones representative of the entire spectrum of reproductive experience. Thus, to some extent, our sample of focus group participants differs systematically from groups that would have resulted had random sampling been followed. For example, since older generation participants usually had at least five living children, those who effectively limited their family size to a smaller number of children, who were subfecund, or who suffered high rates of child loss through mortality (thereby reducing the number of surviving children to fewer than five) are excluded by our criteria. Likewise, younger generation participants whose parents were so characterized would also be excluded since only those with at least four siblings were selected. While the design to form modal groups rather than fully representative ones would be a disadvantage if we were attempting to make statistical generalizations, we see it as an advantage for efforts to gain qualitative insights into the fertility transition process through the focus group approach.

fertility decline and detract from our ability to determine its true degree of saliency in the views of the participants. Likewise, we first asked an open question about the reasons for the intergenerational fertility differences and only asked specifically about particular factors afterwards to enable us to distinguish which factors are mentioned spontaneously and which are cited only after the moderator first introduces them. In our discussion of birth control methods available in the past, we followed a similar strategy, namely to ask an open question first about what could be done to prevent births in earlier times and follow it up later with specific queries on withdrawal, abstinence, and abortion. With only minor exceptions, most sessions followed the order of the guidelines.

## FINDINGS

Our presentation of findings is organized around a series of questions that we believe are fundamental for an understanding of the means, motivations and processes involved in the radical shift in reproductive patterns that have so recently and rapidly taken place but which have not been adequately addressed in previous research, especially in research based on conventional social and demographic survey data. Considerable attention is devoted to questions concerning fertility regulation since previous research has firmly established that the major proximate determinant of the decline in fertility in Thailand is the increased use of deliberate control of marital fertility through contraception and perhaps abortion (Knodel et al., 1982). More specifically, we address the following questions:

What is the awareness of and attitudes towards the reproductive changes that have been taking place?

To what extent were means of deliberate birth control known and practiced prior to the onset of sustained fertility decline?

Were there alternative mechanisms for controlling family size prior to widespread use of birth control?

Was there a latent demand for fertility limitation among the pre-transition generation?

What is the nature and source of increased birth control use among the younger generation?

What are the perceived socioeconomic and demographic forces underlying the increased use of birth control and the emerging preference for small families?

To what extent do these changes operate through changes in the cost and value of children and in intergenerational relationships?

To what extent can family size be considered a matter of discretionary choice for the two generations?



What is the locus of reproductive decisions and how does this relate to the fertility transition?

The answers to these questions lead us to conclude that four major components underly Thailand's rapid fertility transition. First, for at least a generation prior to the fertility decline, a substantial proportion of Thai couples were characterized by a latent demand for effective and acceptable means to control the number of children born to them. Second, the government's National Family Planning Program and other organized efforts to provide contraceptive methods resulted in a widespread increase in awareness and accessibility to such means. Third, rapid and fundamental social change has led couples to increasingly perceive larger numbers of children as an economic burden. Fourth, the Thai cultural setting is relatively permissive and even conducive to reproductive change in response to changing socioeconomic circumstances.

In our presentation of findings we make liberal use of direct quotations from the focus group transcripts. Nevertheless, given the hundreds of pages of typed transcripts on which our findings are based, we can only reproduce a tiny fraction of what was said. Generally we choose quotations which are both reasonably typical and clear in their meaning although occasionally we quote minority views as well as ones less commonly expressed but thought to be unusually perceptive or important for the discussion at hand. Following each quotation we indicate in parentheses the focus group session from which it is taken. In cases where the quote would be difficult to understand without knowing unspoken but implied words, those implied words are included in brackets. Such quotes occur, for example, when the participant is answering a question and does not repeat the content of the question or when the participant is continuing a line of thought from a previous speaker.

#### 1. Perception of fertility decline

Data on declining fertility and the associated reduction in family size in Thailand have been documented widely and referred to above. In the focus groups we wanted to determine whether this widespread change was consciously perceived by the participants. The results clearly indicate that Thai villagers (and Bangkok construction site residents) of both generations are well aware not only of the sharp reduction in the number of births couples now have but also of the dramatic increase in contraceptive use that brought it about. Older generation group participants are almost uniformly convinced that the present younger generation will have far fewer children than they themselves had. Moreover, there was near universal agreement that these observed changes were widespread.

Moderator - "Do you think that people nowadays will have more or fewer children than during your time?"

Participant 1 - "Fewer, fewer, that's for sure. They will only have two children."

Participant 2 - "Every day now they have fewer children."

Participant 3 - "Most people now only have two children."

Participant 4 - "Nowadays after two children, they get sterilized."

(older men, Northeast).

Moderator - "Do a lot of people practice birth control [nowadays]?"

Many participants - "A lot. Almost everyone."

Moderator - "How about in this village?"

Participant 1 - "In our village a lot practice too."

Participant 2 - "Like everywhere else."

(older women, Northeast)

Most of the older generation participants believed couples nowadays want and will have two or three children. In the case of the older men's group in the northern village a change towards a family size of one or two was frequently mentioned. This is noteworthy since fertility decline in the North, and particularly in the Upper North where the village is located, has probably progressed further than in much of the rest of Thailand. Preliminary results of a large fertility survey in a nearby northern province indicates below-replacement fertility by the late 1970s (personal communication from Tieng Pardthaisong). Indeed, fertility decline has gone on so long and has been so pronounced in that province that it has shown up in declining numbers of entrants into primary school by the late 1960s (Pardthaisong, 1978). It is thus particularly striking that the participants in our northern focus group themselves gave the example of declining school enrollments to support their opinion of the reduced family size.

Similarly the younger generation participants of both sexes are also aware of the changes in reproductive behavior taking place and felt that couples nowadays desire smaller families than were typical of their parents' generation. They feel that in general people now want only two to three children and that there are few now who would want more than this number. Again there was some mention of the single-child family in the northern village. This is consistent with the findings of a recent survey done in the village by a resident anthropologist indicating that the average desired number of children of women in their twenties was slightly under two (Yoddumnern, 1983).

"Almost all want a few, at the most not more than three. When I say this, I mean those my age, at the most not more than three."  
(younger man, Central)

"[Nowadays they are] mostly having two children, sometimes only one child." (younger man, North)

The older and younger generations were thus clearly aware that a major change in family size has taken place between them and identify this change as a widespread phenomenon which is encompassing the broader society around them.

When the older generation groups were asked whether they felt the reduction in the number of children couples are now having is good or bad, they usually approved, indicating they believed it was an appropriate, indeed, a necessary response to present social and economic conditions which they almost always viewed as adverse to large families. Approval was not universal or unconditional but it was distinctly the

predominant attitude. The older generation agrees with the younger generation that important social and economic changes have been taking place over the last few decades and sees little reason to advocate continuation of traditional reproductive behavior when it would appear to be maladaptive for younger couples in the evolving socioeconomic environment.

"It is not at all good to have many children today because it is very difficult now to make a living, to raise a family. People with fewer children are okay. If people have many children it will be difficult." (older Moslem man, South)

"[Having fewer children nowadays] is good because making a living is different than before." (older Buddhist man, South)

"Few is good. The expense is lower. Money is hard to find now." (older woman, Northeast)

There were a couple of groups in which the prevailing attitude towards the change to small families was negative, primarily because they felt that younger couples were not exercising enough foresight about who would look after them and visit them when they were older, who would care for them when they were sick, and who would contribute help and support later in life. Even among participants who expressed disapproval in reaction to a direct question, subsequent discussion made it clear that many saw advantages as well to the small family. Indeed, in most groups some recognition was evident that there were both advantages and disadvantages to a reduction in family size although under present circumstances the advantages were more important.

It is noteworthy that the older generation had basically favorable attitudes towards the change in family size since they themselves had many children. Their favorable disposition to this change in large part stems from their perception of the changes in the socioeconomic environment which are detailed below. In addition, their view is consistent with that expressed by a number of older generation participants, discussed more fully below that they themselves would have had fewer children if effective means of fertility control had been available earlier.

In spite of the fact that the fertility transition in Thailand occurred relatively recently, the acceptance of a small family size for present day couples is widespread among both older and younger generations. During group discussions, when the advantages of a large family are mentioned, they are not seen in isolation from the problems of raising a large number of children under current, and sometimes past, socioeconomic circumstances. A small family size is something which is widely acknowledged and accepted to be more adaptive to present day conditions. Our participants felt that it would be very difficult to find a younger family now who would want to have more than three children. A large family ideal is apparently not deeply rooted among living generations of rural Thais and hence has not been an important impediment to rapid fertility decline. It is evident that the norm of a small family

size has become imbedded into people's ways of thinking and behavior and is now recognized as a new generation's way of life.

## 2. Fertility regulation among the older generation

a. Birth control. Many statements were made by older generation participants themselves, both men and women, and by younger generation participants about their parents' generation, that no birth control was used in earlier times. These statements usually arose spontaneously in response to an open question on why there is a difference in the number of children between the older and younger generations.

"Back in our time it was unavoidable to have many [children]. There was no birth control or contraception. You kept on having children until menopause." (older Buddhist woman, South)

"When [our mothers] had children, they just kept on having them until menopause." (younger Buddhist woman, South)

"Back in our time there were no birth control methods, nobody controlled." (older Moslem woman, South)

"In the past, children came until they stopped naturally." (older woman, Northeast)

"[In the past] whenever couples lived together, they had children without limitation." (older man, North)

"Back then there was nothing one could use for contraception. Children were just born." (older man, Northeast)

Thus the reproductive behavior of the older generation as described by focus group participants was characterized generally by an absence of deliberate birth control and approximated what demographers term natural fertility (see Bongaarts and Menken, 1982; Knodel, 1982). Moreover, not only was birth control not practiced but potentially effective means appear to have been unknown or considered inappropriate or unacceptable, indeed virtually unthinkable, within the cultural context. There is no reason to believe this situation was different for generations further back. As explored in detail below, there were some exceptions. Occasional reference was made to massage abortion and, among Moslem participants, to withdrawal, both potentially effective means of birth control, as well as to folk medicine and postpartum rituals intended entirely or in part to prevent or delay pregnancy but unlikely to be consequential. Nevertheless, the overall picture is one of a near consensus that acceptable and effective birth control methods were not known, not available and not practiced by the older generation or their predecessors.

When discussing where they first learned about birth control, the large majority of older generation participants indicated they heard about it either through a health outlet (hospital or health center) or through health personnel (doctor or nurse-midwife) or through someone

else who heard about it through these sources. Again, this is suggestive that there was no store of traditional knowledge about birth control upon which couples in the past could draw if they were interested in limiting or delaying births. In itself this is not decisive evidence of the lack of knowledge of effective means of birth control prior to the organized effort by the government and some private organizations to disseminate family planning. There is evidence from participants' testimony that some think of birth control as a term which is synonymous with modern contraceptive methods promoted by the family planning program and health personnel and discussed in the mass media rather than as a more generic concept encompassing any means to delay or prevent births. Thus when asked about how they first learned of birth control, they may have only answered in terms of modern methods. Nevertheless, their answer is at least consistent with the contention that the knowledge and practice of deliberate birth planning was largely absent in the past. Moreover, as indicated below, when probed specifically about non-modern methods, most participants generally denied that such methods were widely known or practiced.

The discussion guidelines were designed so that an open question on what could be done to prevent births before modern methods of birth control were available was asked prior to probes of knowledge and use of potentially effective non-modern methods, specifically terminal or temporary abstinence, withdrawal and abortion, as well as awareness of the potential of prolonged breastfeeding to delay births. The discussion which followed the open question usually elicited denials from a number of participants that anything at all could be done to prevent or delay pregnancies during earlier times. There were exceptions: the Moslem group spontaneously mentioned withdrawal; participants in a number of groups spontaneously cited the practice of inducing abortions through vigorous massage; and most common of all was the spontaneous mention of herbal medicines. The specific probes helped clarify the situation.

The most commonly mentioned earlier forms of birth control by the older generation was the use of herbal medicine intended either to prevent or delay the next pregnancy or to abort a present one. These medicines were cited by participants in every village as well as by the Bangkok construction site residents. Usually participants spontaneously added that such medicines were ineffective.

Participant 1 - "They took boiled medicine."

Participant 2 - "It didn't have much effect."  
(older Buddhist men, South)

"There was medicine for driving out [the fetus] but it only worked for some and didn't work for many others." (older woman, North)

"[In the past] there was hot medicine but it wasn't always effective, not like contraceptive pills." (younger woman, North)

"Back then they had herbal medicine to stop childbearing but the more you took, the more children you had." (older woman, Bangkok construction site)

Also acknowledged as ineffective were certain postpartum rituals intended to delay the pregnancy such as burying the placenta in some special place. In one village, mention was made of combining ritual behavior with taking herbal medicine. The traditional postpartum practice of lying by the fire for a few days to a few weeks which was and to some extent still is practiced in Thailand, was also occasionally mentioned as helping delay the next pregnancy although it is unlikely to actually have had any contraceptive effect. This corresponds with the observations by Mougne (1981), an anthropologist studying a Northern Thai village, that women there saw this practice as helping delay the next birth.

There was near consensus in denying the use of abstinence as a means of either spacing births or terminating childbearing. All groups agreed that a brief period of postpartum abstinence should be honored for a mixture of reasons but particularly out of consideration for the health of the new mother and beliefs that it would be unsanitary to resume intercourse shortly after childbirth. Child spacing was only cited rarely as a reason for postpartum abstinence. The period of postpartum restraint from sexual relations believed appropriate, moreover, was quite short. In virtually all sessions, periods of about one or two months were most commonly cited with durations beyond three months only infrequently mentioned. Many participants acknowledged that it is not unusual to resume sexual relations even before a month. There is no evidence that this practice differs much between the older and younger generations.

"Some people wait 40 days but this is only for those who can bear it. Some people can't bear it. It depends on the person." (older Moslem woman, South)

"People are different. Some men feel sorry for the wife. Other men make love even while the wife is still lying by the fire, so I've heard." (older woman, Northeast)

Participant 1 - "It should be two months, one month for lying by the fire and one month to cool off."

Participant 2 - "[Before that] there is a bad smell."  
(older men, North)

"I can wait [for two months] because if we had sex before then it would be harmful for my wife, like making a wound." (younger man, North)

The practice of temporary abstinence (other than for brief postpartum periods) for deliberately spacing births and terminal abstinence for limiting family size seem to be largely foreign concepts to the participants. Only rarely was abstinence spontaneously mentioned as a way that births could be controlled prior to modern contraception and when specifically asked if couples ever practiced abstinence, most participants reacted with disbelief that married couples could do so for any length of time while still living together. There were several instances where women indicated they had tried abstinence as a way to

control births although not necessarily with success. Obtaining the husband's compliance was thought to be a serious problem. Much more typical were the following reactions to our probing about the practice of abstinence as a method of birth control:

"How can they do that if they are married?" (older Buddhist woman, South)

"I don't think anyone could do that." (older man, North)

"Even if they were chained down, they would break the chain." (older man, Northeast)

"We only did normal things." (older woman, Northeast)

"I never thought of [abstaining]. I don't know [if anyone practiced it]". (older woman, Bangkok construction site)

Participants were also asked when they believed it was appropriate for couples to stop having sex relations in order to probe if there was any normative basis for terminal abstinence not directly connected with intentional birth limitation. The ensuing discussions made clear that in Thailand there is no general feeling that sex relations are inappropriate for older people or that there was any link between reaching some stage of the family life cycle, such as becoming a parent-in-law or a grandparent, and the cessation of sexual intercourse. While many participants acknowledge that the frequency of intercourse dropped off with age and that some elderly couples may stop completely, this was explained in terms of loss of interest, not in terms of any normative proscriptions. But it was far more common to indicate that sex continued, at least on an occasional basis, until very old ages, largely because of continued interest by the husband.

"[You continue having sex] your whole life." (older Buddhist woman, South)

"If you stay together as a couple, I can assure you it is difficult to stop." (older Moslem woman, South)

"If I'm not dead, I won't stop." (older woman, Northeast)

"After a long time, husbands and wives become like siblings. There is nothing happening any more." (older man, North)

"Women are not interested in it. But men are still interested. It is not certain about men. Until death." (older woman, North)

"People are not the same [about when they stop having sex]. If you stay together you probably keep having sex two or three times a month. But for some, a few months may pass and they won't have sex." (older man, Central)

The lack of any normative prohibition of sexual relations during the later stages of the reproductive span has also been noted by at

least one anthropologist (Mougne, 1981:95) and accords well with the observation that, in the past, relatively high fertility has persisted through the older childbearing ages of women (Thomlinson, 1971:69-70; Prasithrathsin, 1976:67-68). It is interesting to note, however, that several comments arose in the course of the focus group sessions for both younger and older women which indicated that to bear children today at an older age was considered embarrassing. Perhaps now with the general acceptance of a small family norm, it no longer seems appropriate to continue childbearing until the end of the reproductive span, but given the widespread acceptance of birth control, any such norms about appropriate ages for childbearing are not connected to a prohibition or discouragement of sexual relations. Indeed, it may well be the widespread use of birth control to terminate childbearing early that leads people to feel that giving birth at an older age is now inappropriate.

Previous survey research has indicated that withdrawal is generally not known or practiced in much of Thailand with the exception of the South where it appears to be known by substantial proportions of Buddhists and Moslems alike (Kamnuansilpa et al., 1983; Porapakham et al., 1983). The extent of knowledge and practice of withdrawal as measured by surveys is undoubtedly sensitive to the working and structure of the questionnaire. Surveys that do not specifically ask about withdrawal yield considerably lower estimates of its practice in the South than those that do, probably because many respondents consider the general concept of contraception to refer only to the modern methods that are promoted by the national family planning program as discussed above. In addition, unless the local terminology is used, the respondents may not understand the term used to describe withdrawal. In focus group sessions there is much less likelihood that participants would not recognize what the moderator is asking about since there is greater opportunity for the moderator compared to a survey interviewer to describe in detail what the method is even if an unfamiliar terminology is used. As soon as one participant is able to recognize what is meant and refers to the local term, if there is one, all others in the group understand.

The focus group discussions revealed that withdrawal was both known and practiced by the southern Moslem villagers under study. In all four focus groups, older and younger men and women, withdrawal was spontaneously mentioned although they usually referred to it by local expressions. Moreover, there were indications that it was practiced both in the past and the present. In response to the moderator's inquiry about what could be done in former times to control births, participants were quite explicit that some couples practiced withdrawal.

Participant 1 - "They would take it out and spill it between the woman's legs."

Participant 2 - "When we eat in the kitchen, we spit it out on the balcony. It is the same when people wear a hat (condom). They also would not get children. The only difference is that we take it out and spill it whereas they are controlling it."  
(older Moslem men, South)

Participant 1 - "They did not use birth control much."



- Participant 2 - "They had the idea of controlling by themselves; there was no family planning."
- Participant 1 - "Some people found herbal medicine to take."
- Moderator - "To control by yourself, how do you do this?"
- Participant 1 - "When you have sex, you pull it out."
- Participant 2 - "If the husband does not want the woman to have children because it will be difficult, you will eat in the kitchen and spit it out on the balcony. But before one understands [this method] you have many children and you only know about it later or too late and at that time you have half a dozen children already. If I had known about it earlier, I would have wanted only two children."
- Participant 3 - "We used this method every time."  
(older Moslem women, South)

The concept of "controlling by yourself" came up again and again in the Moslem groups and was seen by participants, both old and young, as an alternative to modern methods of contraception. Curiously, it was not considered to be embraced by the term "family planning," a term which was undoubtedly introduced through organized family planning program activities and hence associated with and reserved for methods promoted by the program. While withdrawal was the specific method most often mentioned in connection with "controlling by yourself," the discussion during the sessions made it clear that, for some participants at least, douching, herbal medicines, and probably abstinence were also included in the concept.

It thus appears that for the Moslem villagers there was a store of traditional methods, some of which were potentially effective, from which older and younger generation couples could and probably did draw on to control births. It is also clear that all were quite familiar with the modern methods now available and that much of the younger generation's use of contraception is through modern methods. In addition, knowledge of traditional methods in the past was not universal even among the Moslem villagers. This is evident from comments made by the Moslem participants to the effect that the large family size in the past was due to the lack of the means to control fertility and from testimony by some Moslem participants that not everyone knew about withdrawal or other ways to "control oneself" from the early stages of their reproductive careers. Nevertheless, the extent of knowledge and practice of deliberate birth control was clearly far higher for the older generation in the Moslem village than for their counterparts in the other villages. If the Moslems in our sample are typical in this respect of Moslems in Thailand generally, the practice of traditional birth control methods in the past may help explain why earlier research found that, prior to the recent fertility decline, Moslem women apparently averaged fewer children ever born by the end of the reproductive ages than did Buddhist women despite an earlier age at first marriage for Moslems (Goldstein; 1970; Jones and Soonthornthum, 1971).

In no group other than those held in the Moslem village was withdrawal spontaneously mentioned. In the southern Buddhist village, however, there was at least one participant in each of the four sessions who indicated they had heard of withdrawal. There were also a number of

southern Buddhist participants who specifically denied they had any familiarity with the method. Unlike in the sessions with the Moslems, the southern Buddhists did not elaborate about withdrawal and gave the impression that while withdrawal was not a completely foreign concept, it was also not a practice firmly entrenched in the store of folk wisdom. The degree of awareness and practice seems to be substantially less than in the case of the Moslems. Outside of the South, only rarely did a participant indicate a familiarity with withdrawal. In most sessions, no one at all indicated having heard of, much less practiced, the technique. Many participants were skeptical anyone would practice such a method and indicated it was a distasteful idea to them.

"I never heard it. Withdrawing when you reach the climax, who is going to do this?" (older man, Central)

"I've never heard of withdrawal before. Back then there weren't even condoms. We just made love naturally." (older woman, Northeast)

"We did not think about whether there would be a child or not. When we reached the point of climax we have to continue until the finish. We cannot take it out." (older man, Northeast)

"Could there be [such a method]? Never heard of it." (younger woman, North)

One of the few participants outside the South who indicated familiarity with withdrawal, a younger woman in the Northeast, volunteered that she and her husband had tried it but only after reading about it in a book which in itself is suggestive that the method was not part of local traditional practices. This is in sharp contrast to comments of a younger Moslem woman who said she learned about it from her elders.

Induced abortion has apparently been known and practiced in rural Thailand for quite some time. In the past, an indigenous method involving vigorous massage of the uterus causing the expulsion of the fetus predominated although herbal medicines of considerably more doubtful efficacy were also taken to induce abortion. More recently, modern techniques are being used as well. Unlike methods of contraception, induced abortion by any technique, although tolerated, is illegal and considered by the vast majority to be contrary to the principles of Buddhism. Therefore, reliable statistics on prevalence are lacking for both past and present. There are some indications that at least during the late 1970s there were considerable numbers of abortions performed in the rural areas, including many induced by massage (Research and Evaluation Unit, National Family Planning, 1979; Narkavonnakit and Bennett, 1981). Reliable estimates of trends in abortion are largely lacking but the little evidence that is available suggests abortion may have increased substantially at the same time contraceptive prevalence rose sharply (Knodel et al., 1981). The extent to which abortion was practiced in the past, however, can be at best only a matter for speculation.

In every focus group session, participants acknowledged knowing about the existence of abortion and often mentioned the massage ("pressing or squeezing out") technique. Many participants also knew that at present more modern techniques were practiced as well. Only rarely, however, did a participant spontaneously volunteer that induced abortion was used when asked how couples in the past could control their births. Most groups, when asked specifically about abortion, indicated they believed it was either uncommon or not practiced at all in the past. When it did occur, it was frequently thought to be reserved for pregnancies resulting from extramarital or premarital sex relations. The dangers of abortion, especially by traditional methods, were stressed by many and given as the reason why it was only resorted to in extreme circumstances.

"Most people who get an abortion have the doctor squeeze it, break the child's neck. They call it 'killing the child in the stomach.' The injection to induce abortion is something new, it's been around only recently." (older man, Northeast)

"They used their hands to press it out. It was illegal and dangerous." "Most [who had an abortion] are women who got pregnant but can't find the child's father." (two older men, North)

"People in my parents' time had many children. If they didn't want any more they had traditional doctors press it out." (younger man, North)

"As for our generation, we didn't have [abortions]." (older woman, Central)

"In the past, there were no abortions being done. . . . People back then were afraid. It was very dangerous." (older Buddhist woman, South)

Since participants never mentioned any personal experience with abortion, it is difficult to know how much weight to give their general assertion of a very low prevalence of abortion during the period when the older generation was in the active childbearing ages. The picture that seems to emerge is that many people in the past knew of indigenous methods of abortion but did not think of it as a readily acceptable means of fertility control because of the dangers and social disapproval associated with it. Of those who did resort to abortion, a fair share may have done so in order to avoid perhaps the even greater social disapproval that would have resulted from having a child outside of a marital union. Nevertheless, occasional resort to abortions, if only to a very limited extent, to control fertility prior to the sustained fertility decline seems probable.

There was near consensus among all groups that it is better to space children by several years than to have one birth right after the other. Nevertheless, there was little evidence that the older generation took deliberate actions to delay births except for an occasional remark that an abortion might be sought for this purpose or, among the

Moslems, that spacing births might be a reason for practicing withdrawal.

We attempted to find out if participants were aware of the impact prolonged breastfeeding had on delaying conception and if such knowledge partially motivated women in the past to breastfeed their children for extended periods of time. Only among older women in the Northeastern village was there a clear consensus that breastfeeding would delay the next birth and indicated this was knowledge passed from one generation to the next in the past.

Participant 1 - "If she doesn't breastfeed, the mother will have children very soon because the nipples are cold."

Participant 2 - "In the past, parents would say not to wean the child [soon] because the nipples will get cold and the mother would have a child soon."

Participant 1 - "These days mothers wean their children soon and have closely spaced children."

Participant 3 - "The elders told us. We followed their beliefs."  
(older women, Northeast)

Interestingly, among the men's groups and the younger women's group in the same village, opinion was more mixed but in each group at least some participant believed or said they had heard that there was a contraceptive effect of breastfeeding. Elsewhere, however, older women generally denied breastfeeding delayed pregnancy and often cited as evidence their own experience of becoming pregnant before they had weaned their child. Thus locally there may have been some intentional prolonging of breastfeeding to space births in the past but it does not appear to have been a general phenomenon.

Although condoms have been available in urban Thailand for quite some time, only one participant in all the sessions mentioned that they were available at the time the older generation was having their children. Moreover, the other participants in that session then commented that generally only men who patronized prostitutes would have known of condoms back then. Most likely awareness of condoms in rural Thailand became widespread only at the time they were being promoted along with other modern methods in association with organized family planning activities. Even recently, although awareness of condoms is quite high, very few married couples report using condoms, probably because of their association with prostitution (Knodel et al., 1982).<sup>10</sup>

The transition from high to low levels of fertility in the more developed countries of the West took place largely at a time before modern methods of contraception were available. It is generally agreed that withdrawal, perhaps in combination with abstinence, was the primary birth control technique during the initial phase although abortion and condoms may have played important roles somewhat later. This has led a number of Western social scientists to assume that virtually all populations have sufficient folkway methods at their disposal to reduce fertility to low levels without access to the modern methods, provided there was sufficient interest in doing so (Stix and Notestein, 1940; Demeny, 1975). Such an argument, however, is insensitive to cultural

differences which affect the acceptability, indeed even the awareness, of potentially effective non-modern birth control means. While many present day observers recognize that cultural differences affect the reception to different modern methods of birth control, there has been little explicit recognition that there may be cultural differences in receptivity to non-modern methods. Results of the focus group sessions suggest that both abstinence and withdrawal were not thought of as realistic means of fertility control in most of Thailand during the past and continue not to be thought of as such in the present. The fact that withdrawal is an acceptable concept among the southern Thai Moslem villagers underscores the role that cultural differences can make in the level of acceptability and awareness of particular methods. Cultural barriers to the use of specific birth control methods are not immutable and may erode in the face of considerable socioeconomic pressure conducive to reduced fertility if no more preferable methods are available. Nevertheless, they may sufficiently affect the initial acceptability of non-modern methods that such methods cannot necessarily be assumed to be as readily available as some have argued. Thailand seems to be a case in point.

b. Age at marriage. The ultimate family size that couples achieve depends not only on the extent to which couples control their level of marital fertility but also on the age at which they enter into marriage (or some equivalent reproductive union). In Thailand, age at first marriage has traditionally been moderately late by regional standards, although substantial increases in marriage age elsewhere make this less so the case today. Most women marry in their early twenties as has been the case at least for several generations. While age at marriage for women has increased moderately over the last few decades, this trend has made only a modest contribution to the fertility decline in comparison to the reduction of childbearing within marriage. It has, however, been a very important factor in keeping fertility in the past well below its theoretical maximum level (Knodel et al., 1982).

During our focus group sessions, we asked participants what they felt was an appropriate age to start marriage. The results, which are analyzed in detail elsewhere, indicate that participants make little connection between subsequent fertility and age at marriage (Pramuaratana et al., 1983). More specifically, no one suggested that marriage should be or was delayed in order to limit the number of children eventually born. Only in the sense that age at marriage was contingent on readiness to start childbearing in terms of being able to assume the responsibility of child rearing was age at marriage apparently linked to fertility in the conscious thoughts of the participants. Thus it seems unlikely that the older generation viewed delaying marriage as a deliberate way of controlling fertility.

c. Child transfer. In populations where birth control methods are not practiced, an alternative and potentially effective way to control family size and cope with unwanted fertility is to transfer the care of children from those families in an unfavorable position to raise them to families who are in a more favorable position to do so. The term "child transfer" rather than adoption is used to describe this mechanism because the transfer may not be permanent and the natural parents may

not relinquish all authority over the child. Such a mechanism might be reserved only for extreme or special circumstances or might be institutionalized as an acceptable and routine way to adjust family size to the needs of individual couples.

Several observers have noted the existence of child transfer in Thai society. In his study of a central Thai village, Riley (1972:228-229) noted that most such cases involved young mothers who gave up their first births to someone else, mostly kin, to raise. On the other hand, Henderson (1971:68) states that ". . . families with large numbers of children may send one or more children to stay with relatives, neighbors, or in the case of boys, to the wat (Buddhist temple) where . . . they act as servants to the monks." They also stated that "children are frequently adopted, especially by childless couples" (p. 71). Their description makes it clear that they are not referring to orphans but to children whose parents are still alive. In an article describing his own experience of being sent to live as a monk's apprentice at an early age, Sudham (1980:67) states that ". . . to give one of your children to be adopted by strangers for a sum of money or for free had been a common practice of peasants who have a large brood of youngsters, particularly in years of drought."

The focus group discussions make clear that child transfer was known and occurred throughout Thailand although they do not provide a basis for assessing how frequently it happened. Participants in almost every session acknowledged its occurrence and frequently cited examples, sometimes from their own family's experience. Some participants said it is done as much now as in the past but most believed the frequency of child transfer had declined substantially or no longer occurred in recent times because couples were now able to control the number of children they wished to have. Although many participants stated they would not give their own children away, their comments generally implied that the practice was acceptable, even beneficial, to all concerned under the circumstances in which it occurred. When children were given to others, it was often to relatives, particularly ones who were either childless or had few children themselves. Examples of giving children to non-relatives were also frequent but apparently not the rule. Some participants even mentioned selling or abandoning children but such instances appear to be far less common than a transfer between relatives in a transaction that both parties saw as beneficial.

A variety of reasons for the transfer of children was offered. The most commonly described circumstances involved a combination of poverty and excess fertility on the part of the couple giving up the child and a need for a child because of childlessness or low fertility on the part of the receiving couple who also were almost invariably described as being in a better position to provide for the children. Sometimes the receiving couple were described as relatives who had no children to care for them when they would be old or to inherit their property. In these cases, the transfer was seen as a way of keeping the property within the family. Frequently participants mentioned that the child also benefited because the new parents or caretakers would be able to better feed and educate it. There were also a few examples mentioned of apparent exploitation of the child with the main motive for acquisition being a

desire for some inexpensive help with the transferred child being treated essentially as a family servant. Other frequently mentioned circumstances leading to child transfer were illegitimate births and the absence of a spouse because of marital dissolution through death, divorce, or desertion.

"In our time there is not much [giving away of children] because you just have the right number." (younger Buddhist woman, South)

"If the husband has a new wife, she may give the child to someone else. Some women get pregnant without [being married to] the father. Some people have many children and cannot take care of them, so they give them away. They give the children to people who do not have any. [This practice] is well known in our village. During our mothers' time, there were many but now there are only a few. Back then they gave up children for adoption." (younger Moslem woman, South)

"Some people gave away their children permanently because back then parents were very poor and had many children but not enough land. So they gave the children to relatives who had few children to raise." (older man, Central)

"Now they have few children, so they don't give them away." (older woman, Northeast)

Child transfer thus appears to have been an accepted practice in Thailand at least until recently and served as a mechanism for dealing with unwanted fertility at a time when deliberate birth control within marriage was not widespread. The focus groups give us no basis to judge if the practice was significant demographically in the sense of having an observable impact on the distribution of family size (defined in terms of the number of children raised). Analyses of life histories of married women collected in the course of a recent survey in Bangkok and a central village, however, suggest it occurred on a rather modest scale involving only a few percent of children (Knodel et al., 1982:122-123). Its importance, however, is that it was probably a symptom of a broader unrealized demand for birth control in the past, a topic we now address.

### 3. Latent Demand for Birth Control

The concept of latent demand implies that a receptivity to the use of birth control existed among a substantial segment of the population prior to widespread awareness and use of acceptable methods and that a reduction in what is sometimes called the "cost" of birth control would, in itself, result in considerable increased use of such methods. In this context, cost must be defined very broadly in terms that include not only time and money (obviously negligible in the case of withdrawal and abstinence) but also psychic costs such as reduced pleasure in sexual relations, normative costs that might be incurred by deviating from established modes of reproductive behavior or by engaging in socially disapproved acts and, perhaps most basically, the lack of awareness that an acceptable means of controlling births is available. Determining latent demand is admittedly a difficult task since it is

inherently a hypothetical construct. Nevertheless, we believe it is an important concept for understanding the suddenness and rapidity with which fertility in rural Thailand declined.

The most convincing evidence of a latent demand for effective birth control among the older generation is their frequent references to their attempts to limit and space births through the use of traditional but ineffective means, particularly herbal medicines. As noted above, participants generally lamented the failure of such means. Presumably if more effective and culturally acceptable methods had been available, some of the older participants would have practiced them and reduced their fertility.

In a direct attempt to determine if there was a latent demand for birth control in the past, older generation focus groups were asked if they would have had fewer children had the methods of birth control available today been available when they were having children. A similar question was asked of younger generation groups about their parents. The ensuing discussion as well as a number of spontaneous comments that arose before this question was posed, especially in the context of discussing the differences in family size between the older and the younger generations, indicated that there would have been indeed a receptivity, even an explicit desire, on the part of many participants to have had fewer births than they actually had. The main reason why this latent demand did not translate itself into reduced fertility, in the participants' views, was their own lack of awareness of acceptable and effective means of fertility control.

"Back in our time, people also did not want to have many children. They took the traditional medicine which was available to induce abortion but it didn't work. Some took medicine to induce bleeding but it didn't work either." (older Buddhist woman, South)

"If I could have gotten sterilized I would not have had eleven children. I would have had five at most." (older Buddhist man, South)

"If I could have controlled, I would have had only three children. I only knew about birth control when it was too late." (older Moslem woman, South)

"If there had been [birth control] like today, people at that time would have had few children also. Some feared the pain of bearing babies, some of taking care of [many] children. I wouldn't have had so many children like this. Probably only four, two daughters and two sons." (older woman, North)

"My parents used to tell me if there had been pills like nowadays, the last ones would not have been born." (younger woman, North)

"My mother had a lot of children. I once asked her why. She said she did not know what to do to stop so she kept on having them until she couldn't have any more." (younger woman, Central)



"I stopped having children before learning about birth control. If I had known about it, I wouldn't have had as many children as I have now." (older woman, Bangkok construction site)

Not all participants were of like mind. There were also those who indicated they had wanted the large families they had and would not have been interested in birth control.

"I wanted to have many children even though I knew the method of controlling [withdrawal]". (older Buddhist man, South)

"I wanted many children because back then there were not many people. The family that had many children could do more in the rice fields." (older man, North)

"My mind tells me I would not have wanted to control." (older woman, Central)

Nevertheless, the more commonly expressed opinion was that the older generation would have had fewer children had modern birth control methods been available when they were in the reproductive ages. In every older generation session at least one participant made comments to that effect and in most sessions this was the majority view (at least of those who commented). At the same time, the older generation participants most frequently mentioned three to five children as the number they would have liked to have. While this is fewer than what they actually had, it is still more than the number opted for by the present younger generation.

Of particular interest are the frequent expressions indicating strong latent demand on the part of older women in the Moslem village given that they had also indicated that non-modern methods had been known and practiced. Their discussion made clear that not everyone was aware of the traditional birth control methods and that others only learned about "controlling by yourself" too late to limit their family size to what they would have liked to have. Moreover, such techniques may not have been wholly effective, thus leading to excess fertility among those that started to practice the methods before exceeding their family size goals. The discussion implies that modern methods are viewed by the participants as being more effective than the traditional means. Moreover, since couples seemed to have relied primarily on withdrawal, the exercise of control would depend on the husband who may not have shared his wife's interest in spacing or limiting births.<sup>11</sup> It is noteworthy, however, that this never was mentioned as a problem in the discussions.

Answers to hypothetical questions such as were posed to the focus groups to attempt to assess latent demand must be interpreted cautiously. The older generations' perception of how they would have reacted had modern birth control methods been available in the past is likely to be influenced by the socioeconomic change that has occurred since then and by their awareness of the younger generation's, and often their own children's, widespread use of these methods and acceptance of a small family size norm. Without the experience of the socioeconomic

changes that occurred and the current example of the younger generation's behavior available to them, the older generation's receptivity to birth control might be very different from what they now indicate. Nevertheless, the combination of their present opinions, many of which spontaneously arose even before we posed our hypothetical question, with the frequent mention of their past frustrated attempts to find effective acceptable means of birth control presents a consistent and reasonably convincing picture of a substantial degree of latent demand for contraception. Moreover, recent anthropological studies have also noted an absence of effective birth control in the past and attempts to control through ineffective methods (Lauro, 1979; Mougne, 1981). Whether such a latent demand also characterized the even more distant past when a variety of conditions such as child mortality, land availability, and many others would have differed from the time when the older generations represented by our focus groups were having their children cannot be judged from the current research. At a minimum, however, latent demand for birth control appears to have preceded the decline in fertility in Thailand by at least one generation.

The focus group discussions also provide some insights into the reasons which led to the latent demand for birth control. To some extent, the same forces of socioeconomic change which make large families disadvantageous for the younger generation were operating at the time the older generation were having their children, although typically such changes were at a less advanced stage than at present. These include declining land availability, the increasing perceived need to and desire for educating children for non-agricultural jobs, the spread of a market economy with the accompanying increase in consumer goods and monetization of daily life including child rearing costs, and a variety of related changes which affect the balance of costs and benefits of children. Since these factors are discussed in detail below in connection with the changes responsible for the emergence of low fertility among the younger generation, we merely note here that such factors are a product of a process of change and thus were present to some extent a generation ago as well.

In addition, there are also factors which are largely inherent to bearing children and raising large families rather than being the direct product of change. These include the time lost due to child rearing, particularly by the mother, that could otherwise be spent doing tasks needed to run and sustain the household, including contributions to the economic activities. Such opportunity costs would be present even in a traditional subsistence agrarian context. This cost of child raising is felt by both husband and wife, especially in a rural society such as in Thailand where much farming is done by separate nuclear family units rather than as a corporate family enterprise. In addition, there is the pain, suffering and health hazards associated with childbirth, particularly frequent childbirth, and the general burden of caring for and rearing children, costs which are borne predominantly by the mother.

"When a woman has a child she can only do work in the kitchen."  
(older Buddhist man, South)

Participant 1 - "Women don't want to raise [many] children. It's difficult for them."

Participant 2 - "It's the women who get pregnant. They're afraid of the pain [of childbearing] . . . and [the inconvenience] that they won't be able to go anywhere. Even though they were in the ninth month, they still had to go out to work."  
(older women, North)

"It's very good to work together [in the rice fields]. But when we have a child, we have to work alone while the wife looks after the baby." (older man, North)

"Having births in quick succession causes troubles in birth delivery and in having to take care of children all the time."  
(older woman, Northeast)

"Children are troublesome and difficult to raise. [We should space them] so we have time to do other things. When they are small they are difficult." (older woman, Central)

"When women have babies they can't do their work for nearly three years." (older man, Central)

"When you have a lot of children it is difficult to get around from place to place." (older woman, Bangkok construction site)

These factors admittedly are not totally unaffected by the social and economic changes that have been occurring. For example, the opportunity costs of child raising can vary with changing circumstances: smaller family land holdings could reduce such costs while high levels of education obtained by mothers could increase them. Also the extent to which a wife's worries over the risks and burdens of childbearing and rearing may now be considered a more legitimate concern by herself, her husband and the general community although we have no direct evidence to this effect. With respect to the mortality risks of childbirth, they were even greater in the past than in the present. Nevertheless, such costs are to a large extent not a product of the social and economic changes that have been taking place but rather are aspects of reproductive life that hold for both the older and younger generations. It thus seems reasonable to assume that they played some role in generating a latent demand for birth control in the past.<sup>12</sup>

#### 4. Fertility regulation among the younger generation

In sharp contrast to when their parents' generation was bearing children, the current younger generation of married couples now has virtually universal knowledge of effective means of birth control and shows little hesitation in adopting them in order to limit family size to a few children. This general picture of the younger generation is well documented by survey research (Knodel et al., 1982) and our focus group sessions simply confirm this. While negative comments arose concerning specific contraceptive methods, no one challenged the overall concept of fertility control nor the use of modern methods in general. There was

consensus among all the younger generation sessions that the widespread use of birth control is now an accepted fact of life in Thailand. Moreover, this is also recognized by the older generation as discussed above.

Survey data also show, and the focus groups confirm, that virtually all contraceptive use today is of modern methods except among the Moslems and, perhaps to a lesser extent, among southern Buddhists (Kamnuan-silpa et al., 1983). Despite the powerful forces, described below, leading to widespread deliberate limitation of births, no general upsurge occurred in the use of withdrawal, temporary abstinence or any other non-modern method with the possible but unknown exception of massage abortion. Traditional herbal medicine and ritual practices are viewed as ineffective means of control by the younger generation (and generally recognized as such now by the older generation as well). In most focus group sessions, the younger generation participants clearly rejected the idea of using withdrawal or abstinence as realistic ways to control fertility. The main exceptions were the Moslem participants who indicated withdrawal, and perhaps douching, were known and still practiced by some younger couples at the same time other couples practiced modern methods.<sup>13</sup> In the southern Buddhist village, young couples appeared to be aware of withdrawal but only modern methods were mentioned as now being practiced.

In virtually all groups, differences in the availability and use of modern contraceptive methods were spontaneously mentioned when participants were asked why the younger generation has smaller families than the older generation.

"Nowadays young people can get the number they want. Now they can control." (older Buddhist man, South)

"I think [our children] will have less [than we did] because at this time there is the pill." (older Moslem woman, South)

"Back then they did not have the pill--only roots to make into medicine--but now the young people have pills." (younger Moslem woman, South)

"Nowadays there are pills, so we have a smaller number [of children]. Back then there was no pill so they had many children." (younger man, North)

"Now they take the pill. Some get sterilized." "Back in our time there was no pill." (two older women, Central)

"[Now they have] fewer [children]. In the past they stopped having children naturally. Now it's more advanced. There are many kinds of medicines [to control births]." (older woman, Northeast)

Although some participants seem to think of the difference in family size between the older and younger generations only in terms of differences in contraceptive availability, more commonly they cited both

differences in the ability to control fertility and differences in socioeconomic conditions that would affect the desire for large or small families, sometimes in the same statement. The importance assigned by participants to the introduction of modern contraception for bringing about the reduction in family size accords well with observations by Lauro (1977) based on anthropological research in a Central Thai village.

The upsurge of contraceptive use in Thailand coincides with the development of an active national family planning program. Independent survey evidence as well as service statistics from the program itself clearly indicate that the national program is the source of contraceptive supplies or services for the overwhelming majority of rural users and a smaller but still large majority of urban users (Knodel et al., 1982). The focus group discussions confirm the importance of the government health outlets and health workers in providing supplies and services inasmuch as most sources cited by the younger generation participants were those of the program.

As discussed above, most older generation participants indicated they first learned about birth control through some source connected with the official program. While many younger generation participants also cited a government health outlet or worker as their initial source of information, mass media and particularly informal channels of communication were mentioned with a noticeably higher frequency than was the case with the older generation. Friends and siblings were a particularly common source of initial knowledge of birth control for younger generation participants. In a number of instances they also mentioned that they learned through observing or hearing of someone else obtaining or using birth control methods.

Participant 1 - "[I first learned about contraception] when I was just married. I did not dare to consult any other persons [meaning health personnel] so I consulted my friends first."

Participant 2 - "I was just thinking about how to prevent childbirth, so I asked my husband and went to the health center. [I knew where to go] from friends. They had gone to get pills before I did."

Participant 1 - "Those who used to take [pills] told us."

Participant 2 - "We got to know about it as time passed."

Participant 3 - "I saw my sister taking pills. I was 19 then. I asked her [what they were]."

Participant 2 - "Before marriage we saw them taking pills but we didn't know how [to take them]. They said taking these birth control pills would prevent childbirth but I was still ignorant. I saw the midwife give them out. After marriage there was a problem of how to take the pills so I want to ask friends. I went to see the doctor and he gave me the pills."

(younger women, North)

Participant 1 - "I heard about [birth control] from the T.V. and radio."

Participant 2 - "From the radio."

Participant 3 - "I heard about contraception from my mother. She had me buy pills for her."  
(younger men, North)

Participant 1 - "I heard about birth control from the radio."

Participant 2 - "I heard about it when [my friend's] mother went to get an IUD. During that time many in the village went to do it."

Participant 3 - "I heard about it when it was talked about by everyone. I heard about the IUD, to put things in like that."

Participant 4 - "[That was] a long time ago, about 10 years. The radio station was just being built and the health center began to announce it. It spread to the village. People went from every house."

(younger men, Northeast)

"It seems that we learned about [birth control] from inside the village. Most of the time people will talk about it and tell others." (younger woman, Central)

The contrast between the primary reliance of the older generation on health outlets and health workers for their initial knowledge of modern contraception and the younger generation's description of frequently learning about birth control through talking with or overhearing friends or relatives or through observing others within the community practice or go to get the service illustrates the process by which modern birth control practice can be rapidly transformed from an innovative behavior pattern emanating from outside the community to a well established, institutionalized one learned from persons inside the community.

The comments made by focus group participants also indicate why the diffusion process can occur far more rapidly today than it did in the past. In the case of Thailand, modern methods were introduced into all rural areas almost simultaneously with the establishment of a national program that operated primarily through existing health stations and hospitals. Mass media, particularly the radio, which had already permeated the countryside by the early 1970s when the program became fully operational, could help spread the message to virtually every village almost instantaneously.<sup>14</sup> Moreover, unlike withdrawal, abstinence, or secretive abortion which were the major methods responsible for the initial stages of sustained fertility decline in the West, the use of modern methods today is much more visible to others in the community. The user of the IUD, sterilization or injection may be seen openly going to obtain the service and, in the case of oral contraceptives, may be observed taking her daily dose or possessing a packet of pills. Awareness of modern contraceptive methods can thus diffuse at a very rapid pace compared to the past and use can spread quickly if there is sufficient receptivity.

The coincidence between the timing of sustained fertility decline in rural Thailand and the development of a nationally organized family planning program raises the question of the program's role in precipitating and facilitating the decline. Previous research has firmly established that the reduction in fertility in Thailand is

primarily due to an increase of the use of modern birth control methods by married couples and that the vast majority of rural couples obtain these methods from program sources (Knodel et al., 1982). At the same time, however, as we discuss in detail below, powerful socioeconomic forces have been operating to cause couples to view large families as increasingly burdensome and disadvantageous.

Given the absence of a tradition of effective non-modern methods, indeed the lack of awareness and acceptability of withdrawal and abstinence except among restricted segments of the population, it seems improbable that any increase in the use of solely non-modern methods in response to the forces of socioeconomic change that have been operating, powerful as they are, would have led to the present level of control had modern methods not been made available through the program. Nor does it seem likely that an expansion of the limited commercial outlets providing contraception to the rural population would have occurred to a sufficient extent to generate the current level of prevalence, in part because the methods in use require either trained medical personnel or a licensed drugstore for their provision and in part because the monetary costs of contraception have some bearing on their levels of use among poor rural inhabitants. That such costs matter is illustrated by the fact that the elimination in 1976 of even the very modest subsidized price charged for pills by government outlets apparently led to a sustained increase in acceptance rates and prevalence (Knodel et al., 1983). Increases in induced abortion through traditional and modern means might have made greater contributions to fertility decline than they actually did had contraception not been as readily available through the program. The far lesser moral acceptability of abortion and the greater perceived health risks associated with it compared to modern contraception, however, would probably have been serious constraints.

The importance of the program lies not only with its function as a provider of contraception. It also involves a set of activities which have helped to disseminate an awareness of the possibility of controlling family size through effective and acceptable means and has been a force helping legitimate a preference for fewer children. A number of spontaneous comments were made in the course of the focus group sessions acknowledging, with approval, the government's policy to promote smaller families and provide contraception. Given the general lack of normative resistance to smaller families, even on the part of the older generation, the legitimation aspect of the program's activities may not have been crucial. In contrast, given the apparent widespread lack of awareness of effective and acceptable means of fertility control, the information dissemination aspect was probably of great significance, whether it occurred through activities explicitly intended to provide information or indirectly through a demonstration effect set in motion by users who obtained their method at a program outlet.

Thus we believe any adequate understanding of the timing of Thailand's fertility transition must take into account the crucial role played by the establishment and implementation of the national family planning program. We are convinced the program has been important in facilitating the fertility decline and in many villages probably helped initiate the widespread effective contraceptive use which led to the

curtailment of births. We also firmly believe it would be a misguided effort to attempt to assess separately the impact of the program in any explanation without taking into account the impact of the socioeconomic forces which have operated to encourage small families. It is the interaction of the program with these forces that has resulted in the rapid increase in fertility control and rapid decrease in fertility. Moreover, it is necessary to recognize that both the socioeconomic forces and the national program were operating within a particular cultural setting in order to understand more fully the process of fertility transition as it has been taking shape in Thailand.

##### 5. Child mortality reduction

Child mortality has declined substantially in Thailand, especially since the second World War, in response to medical and public health service advances including a considerable expansion of health facilities and trained public health and medical personnel. By the mid 1970s, a child had a 10 percent chance of dying before reaching age five, which is less than half the risk estimated for the period between 1937 and 1947 (National Research Council, 1980; National Statistical Office, 1978; Rungpitarangsi, 1974; Thomlinson, 1971). In the focus group discussions, practically every group was aware that nowadays there were fewer child deaths than before. Participants in many groups mentioned that diseases and sickness which were frequent causes of death in the past rarely occur nowadays and clearly perceived that at present there is a much greater availability of hospitals, health centers, doctors and modern medicine. Various examples were offered pointing out that medical and health facilities for prenatal check-ups, child delivery, vaccination and treatments for illnesses exist now whereas before such facilities were lacking and reliance was primarily on traditional medical practices of questionable efficacy. Most younger generation participants expressed only minimal concern that their children would die of disease or sickness. There seemed to be more worry about death by accidents such as by drowning or through a mishap with a motor vehicle or through violence when they become young adults.

"Nowadays there are few children who die. It is different from the earlier times when there were a lot." (younger Moslem man, South)

"[Not many children die now] because there is medicine to prevent it. Before the method was to put an eel in the water jar and leave it at the bottom of the steps to prevent disease from entering the house." (older Moslem man, South)

"Now [child death] is very rare. Very serious diseases can be cured. The patient will get well at the hospital." (older man, North)

"Back then when children had chills, all we could do was to cover them with blankets. Now we can take them to the doctor." (younger woman, North)



"Back then people were worried that their children would get sick from malaria. Now it is more developed. There is no malaria but we are worried that our children will drown." (younger man, Central)

"Now when we get pregnant, we get an injection to prevent diseases so nothing much happens. During our parents' time, there were more deaths." (younger woman, Central)

"I don't think children will die; I think that they will grow up. I am not afraid of death due to disease but rather due to car accidents. There are many cars." (younger woman, Northeast)

Very rarely was the decline in mortality risks for children spontaneously cited when participants were asked about what accounted for the reduction in family size between the older and younger generations. Only a few participants in the entire set of sessions mentioned that in the past it was necessary to have more children than today in order to insure against the greater chance of a child dying. In several sessions, the need to have an extra child or the danger of having too few in case a child dies was spontaneously mentioned but in the context of the disadvantages of having too few children today rather than as a reason for why family size is changing. Such spontaneous comments, however, were exceptional.

Generally comments about child mortality risks were not mentioned until the moderator asked directly, towards the end of the focus group session, about participants' perception of mortality risks today and in the past and whether or not couples considered the possibility that a child might die when deciding on the number of children they wished to have. Reactions to this latter question were quite mixed. Many participants simply denied flatly that this was something they had ever thought about. Among the older generation, some responded that children were simply born in the past rather than planned in the light of mortality or any other consideration. A few said they felt it would bring bad luck to the previous children to have an extra child as insurance against a possible death. Among those who did not deny that couples took into account the risk of losing a child when having children, only some made it clear that they had actually considered it themselves or that they believed it was in fact a consideration in the past which helped keep fertility high. The rest seemed to be expressing agreement that it would be good for couples to do this, not necessarily that couples in fact considered it.

"You should not think about [having an extra child in case one might die] because it is like condemning your living child."  
(older Moslem woman, South)

Moderator - "In the past did you have more births just in case some may die?"

Participant 1 - "Very few [did]."

Participant 2 - "We did not think about this."

Participant 3 - "Well, it depended on destiny. It's not like I would want eight or five. I didn't think about it, I just accepted what came."

Participant 4 - "Whatever number was left, that's the number we had. When some got sick, some got well again, some didn't." (older Buddhist men, South)

"Back then we couldn't have fewer children because there was lots of disease." (older man, North)

"Like people said, only a two-ply rope was not enough in the past. They wanted three, four, or five-ply rope. If one or two of the plies were torn, there would still be some left. This is why they wanted more children, because children died a lot." (older man, North)

Most of the older generation groups felt that it was not necessary for people nowadays to have extra children in case some might die. Although the younger generation showed only minimal worry about children dying, some still indicated that it would be a good idea to have an extra child as protection against circumstances beyond their control which might result in the death of their child. This precaution was not seen primarily as due to a lack of health and medical advances but rather to the fact that death may occur at any time regardless of the conditions. Moreover, several mentioned the need to have an extra child as insurance against contingencies other than death such as a child not being reliable or turning out to have a bad character. Some younger participants stated that the number of children they wanted (two or three) already took into account the possibility of child loss. However, there were many younger generation participants who did not think about having extra children. Some indicated there was no need to anticipate the loss of the child in advance because if a child died, one could have another to replace it. Moreover, it was questionable how meaningful were the comments of the younger generation participants who said they wanted to have an extra child for this purpose. Some of them had indicated when screened a day or two previously that they wanted no more children or indicated that their wife was already sterilized. In these cases at least, it appears that the participant was really indicating approval of the idea and not that it had been consciously considered previously.

"I have thought of [having an extra child]. I have two children and I should have one more because I am afraid [one may die]. (younger Buddhist woman, South)

"No one in the village thinks about [having an extra child in case one might die]. They believe to do so is to condemn the living children." (younger Buddhist man, South)

"It depends on your income status. If your income is good you have an extra child [in case one may die]." "I already hope for two or three. If one happens to die and there are two left it will still be okay." (two younger Moslem men, South)

ventional measures of socioeconomic development can capture only imperfectly the nature of the fundamental changes that have engulfed Thai society and which underlie the emergence of low fertility preferences and practices among the younger generation. In addition, it is persons' perceptions of change, including not only their assessment of how the present situation differs from the past but also their anticipation of what the future holds, rather than the objective conditions themselves, that influence their actions. These perceptions of present conditions, past changes, and future prospects were clearly revealed in the course of the focus group sessions and help clarify why young couples in Thailand are now opting for small families of few children.

The general picture that emerges from the discussions and our interpretations of them is one of a set of interwoven fundamental social and economic changes that intimately impact both on the daily lives of Thai villagers and their future plans for themselves and their children. The net result of these changes is to increase directly or indirectly the monetary cost of raising children, thus making large families far more of an economic burden than in the past. Both generations agree in their perception that the cost of living in general and the cost of raising children in particular are far greater now than before. We believe the perceived increase in the general cost of living is the result of interrelated processes centering on the spread of the cash economy, mainly through extensive market penetration and the resulting monetization of daily life, and changing consumer aspirations. Particularly salient for the perceived increase in the cost of raising children is the cost of education, in part because the costs involved in sending a child just for elementary schooling are felt to have increased, but more importantly because of the increasingly felt need to send children for higher levels of education than had been necessary in the past. Increased availability of schooling has facilitated this change. Providing children with more schooling is seen as the primary mechanism through which families can cope with limited land availability and reduced prospects both for themselves but more importantly for their children for making a satisfactory living through agricultural pursuits. It is also perceived as the main vehicle for social mobility and as a prerequisite for more secure and prestigious jobs outside of agriculture. Changes in what is normatively considered appropriate child care and legitimate needs and demands of children have also contributed to the perceived increase in child rearing costs. Rising consumer aspirations, the perceived need for increased education for their children, and changing views on child care have all undoubtedly been reinforced by increasing mass media penetration. To think in terms of monetary costs when contemplating raising children is now considered normal and it has come to be an accepted way of thinking that the more children a couple has, the more costly it will be.

At the same time that the perceived cost of raising children has risen, children are generally perceived to be less helpful in doing household chores and contributing to the family's economic activities while they are growing up. This is seen as a result in large part of the increased schooling. However, expectations of support, both economic and otherwise, from children once they become adults and particularly, although not exclusively, when the parents are elderly,

clearly persist. Some shift towards a greater monetization of support seems to be taking place along with a perception that better educated children, through their ability to obtain secure salary-paying non-agricultural jobs, will be in a better position to provide economic support later in life.

The participants themselves did not explicitly make all these connections. This is undoubtedly due in part to differences in the level of abstraction we are seeking in an explanation as social scientists and the level of explanation that seems of direct relevance to the individual participant. Nevertheless, we believe their comments go a long way towards suggesting this basic picture of the social and economic changes underlying the fertility transition in Thailand.

a. The perceived rise in the cost of living and child rearing. Time and again when participants were asked why the younger generation plans to have smaller families than the older generation had, they responded that nowadays everything is so expensive and that money is constantly needed to carry on daily life. Participants repeatedly indicated they had difficulty in earning a living sufficient to allow them to meet the constant expenses they currently incur. A multitude of examples were cited about how much more virtually every conceivable item costs today compared to the past when the item in question was either far cheaper or was home-produced, home-grown, or available for free in nature. The increasing cost of raising children is seen as an important part of the rising cost of living. Although not stated explicitly, it seems reasonable to infer that the cost of raising children is also seen as increasingly competing with the expanding array of other costs deemed necessary to conduct a satisfactory life. As a result, bringing up children is viewed by both generations as a far greater economic burden now than had been true in the past. Moreover, limiting family size to a few children is seen as an important means for the younger generation to achieve a more reasonable balance of their present expenditures with their current income.

"Before when things were not expensive, there were plenty of children. Now when things are expensive, there are fewer children. If you have many children, you need to spend a lot. If you have fewer children, you spend less." (older Buddhist woman, South)

"Right now everything is expensive and there's also education for your children. Earning a living is also very hard. To have many children is to be poor." (younger Buddhist woman, South)

"[We don't want to have many children] because things are expensive and the cost of living is high. The children must have an education. You cannot find enough money in time to send them to school." (younger Moslem woman, South)

"The more the children, the more the expense; the fewer the children, the less the expense. Parents can't earn enough money to serve their children's need." (older woman, Northeast)

"To have fewer children means expenses will also be few." (older man, Northeast)

b. Market penetration, monetization, and rising consumer aspirations. It is easy to gain the impression from the focus group discussions that people are worse off now economically than they were in the past. From an objective point of view this is unlikely to be the case. Real per capita income has increased substantially over the last few decades and while not everyone has benefited, probably most lead a more comfortable life and enjoy a higher standard of living. They are likely to be better fed, better clothed, and own more consumer durables nowadays than a few decades ago. What has happened for young parents is that they feel they need to spend more on their children than was true for the older generation because they perceive that more education is needed than in the past and because of related changes in child care practices and views of the legitimate needs of children as discussed below.

The crucial process underlying the perceived increase in the general cost of living is the rapid expansion of the cash economy through widespread market penetration and the consequent monetization of daily life. The availability of durable goods and produce to rural Thais has increased substantially through the expanding network of shops in the villages as well as through increased accessibility to stores and markets in urban areas due to rapidly improving public transportation. The increased market penetration has been critical, no doubt not only for the substitution of store-bought items for those previously produced at home or gathered in nature but has probably led to increased aspirations to acquire goods which were not available at all or were unfamiliar to the average villager. The penetration of the mass media has surely contributed to an increased awareness of what goods are available and to heightened consumer aspirations both for the parents themselves and for their children. While only two decades ago radios were a rare possession in the countryside and television virtually unknown, now radios are commonplace in rural households and there is hardly a village without at least one television set.<sup>15</sup> Thus, while the consumer society is still at an incipient stage in rural Thailand, consumerism is taking hold and increasing desires for consumer goods are becoming an important part of villagers' lives, competing with the number of children rural couples believe they can afford.

The increased need for money to cover the costs of raising children as well as to meet a couple's other needs and desires have undoubtedly made the costs of child rearing far more salient to parents now than in the past. Moreover, the increasing availability and awareness of, as well as aspirations for, consumer items are resulting in a situation where having another child or acquiring other goods may be seen increasingly as alternatives. In interpreting the pervasive sense of economic hardship today, Easterlin's concept of relative income, defined as the ratio of anticipated earnings to aspirations, may be relevant (Easterlin, 1980). Thus, even if real income is higher for the younger generation now than it was for the older generation when they were raising children, the higher consumer aspirations of the younger generation combined with the higher anticipated cost of adequate child rearing and

the greater extent to which these need to be met by monetary payment result in a considerable decline in relative income.

Participants were keenly aware of the extent to which monetization pervades their lives at present, frequently discussing the expenses that confront them just to meet their everyday needs. Moreover, the older generation groups made clear how rapid and pervasive the change had been, indentifying a variety of differences between just a generation ago and now. It is striking how the participants' views of themselves have changed from more or less self sufficient home producers to consumers in a cash economy. Many examples were cited. Rope made from jute has been replaced by nylon rope; the palm bowl, used as a receptacle for various purposes, has been replaced by plastic, aluminum, stainless steel and glass bowls. Most frequently, however, they talked about food and clothing. Formerly fish, fruit and vegetables were either far less expensive or could be acquired without purchasing. Clothes and material that were commonly woven and sewn at home have now been replaced by factory manufactured products. Moreover, they mention a range of goods that were simply not available or thought not necessary before that now have to be bought. Participants clearly feel that a major change has occurred in production and consumption habits with the result that money is more needed nowadays than was true a generation ago.

"During my time we did not have to buy fish. We did not have to buy shrimp paste or hot peppers. Only salt was to be bought."

"Now if you don't have money you can't grow vegetables [because you need fertilizer and insecticides]." (two older Buddhist women, South)

"Before you made it at home but now you buy it in shops." (older Moslem man, South)

"Today we've got to buy everything. In the past we didn't have to spend money on these things. We didn't spend much money like nowadays." (older woman, North)

"These days we need to spend money to raise children. We can't have many." (younger woman, North)

"When you wake up, you start to pay . . . you brush your teeth with toothpaste. When you go down from the house you have to pay, you have to wear shoes or sandals. Before children did not ask their parents for money. Nowadays if they don't get at least a Baht or two they won't come home to help in the housework even if you order them." (older man, Northeast)

"Now it's like this. As soon as you open your eyes you go to the shops. Mothers nowadays don't go into the kitchen but go into the shops instead. They pick up this and that and then sign their names for credit." (older man, Central)

"Before parents used rice to raise children. Now they use money." (younger woman, Bangkok construction site)

c. Medical costs and child care. Another basic change that is perceived by participants as contributing to the rising cost of living is the modernization of medical care. While the practice of traditional and modern medicine still coexists in Thailand, the greater effectiveness of modern medicine in preventing, treating and curing most medical problems is increasingly recognized by both the older and younger generations (Riley and Sermsri, 1974). The cost of modern treatment, however, is also viewed as considerably higher than for traditional practices and frequently involves additional transportation costs when treatment is sought at a hospital or other modern medical facility outside the village. Even when the treatment is provided at minimal subsidized prices at government health outlets, the cost may still seem significant to the average villager.

The increasing resort to modern medicine involves not only costs for the parents' own medical care but perhaps even more significantly, for their children, thus contributing to the perceived increased cost of child rearing. In addition, the increasing frequency with which childbirth takes place in a hospital or health center attended by modern medical personnel rather than at home attended by the traditional mid-wife and relatives has upped the cost of childbearing.

"When you are sick you do not have enough money for treatment. If you have many children, there won't be anything left for the mother." (older Moslem woman, South)

"Back then if you got sick, you didn't have to go to see the doctor. You only had to take herbal medicine. At present, if you are sick, you have to go to the doctor." (younger man, Northeast)

Participant 1 - "Raising children was easier [in our generation]. No need to see the doctor. No troubles like today. We had traditional medicine."

Participant 2 - "We never went to see the doctor. Now they run to the doctor for being a little sick. It was more convenient to raise children back then."

Participant 3 - "Very convenient."

Participant 4 - "Now they need to see doctors. I never sent any of my children to the hospital."  
(older women, Northeast)

"When [children] get sick, you have to spend all your money. You have to pay for medicine." (younger woman, Central)

"[Nowadays] if a child is a bit sick or hurt, you take it to the hospital . . . Just going once [to the hospital] means money for the travelling, food." (younger woman, North)

Some participants stated that nowadays people take better care of their children in comparison to earlier times when there may have been less concern about health needs. Presumably, this is in large part due to an awareness today that health care facilities are available and a conviction that parents can now influence their children's health status to a far greater degree than was true in the past when only traditional

medicine was easily available and a trip to the hospital a much bigger undertaking. In both the older and younger women's sessions in the northern villages, however, there were a variety of comments made suggesting that a more general change in attitudes towards child care may have taken place, with a higher level of concern for the child's welfare being exercised by parents now than before. Both generations mentioned that in the past a child would be tied to a pole while the mother went to work in the fields. They also remarked that infants were left on the ground to crawl in the dirt. Today both practices are considered quite inappropriate. Mention was also made that little effort was made to clothe children. These changes in child care practices, such as they did occur, are undoubtedly in part a product of other changes such as a better understanding of hygiene and ready availability of cheap store-bought clothes. Thus it is difficult to judge the extent to which the participants' comments reflect a change in attitudes towards children.

While it is difficult to judge from the focus groups' discussions the extent to which children are now viewed as meriting more concern and attention, not only in terms of health needs but other needs as well, there were hints that parents indulge their children more today than in the past and that participants now felt that the wishes and demands children make on parents are treated with greater legitimacy. This was perhaps most evident in the variety of remarks that participants made indicating that children now demand and apparently get small amounts of spending money, often to buy candy, while in the past it would have been out of place for a child to make such a request. The legitimacy of children's needs was also evident in indications that children are permitted to play more frequently now than in the past. In part, the greater extent of playing is associated with organized sports activities through the school but an impression is given that more playing takes place generally as well.

"Nowadays if children can't go out to different festivals, they won't be very satisfied with their parents." (older Moslem man, South)

"They haven't got out of bed before they ask for money. 'Mom, one Baht please.'" (younger woman, North)

"Nowadays we have to give children money every day." (older man, North)

"Nowadays if you give children 50 satang [a small amount of money] they won't accept it." (younger woman, Northeast)

"[Nowadays] kids just run away to play because kids from this house and kids from that house do it. Everybody then does it." (older man, Northeast)

"If you ask your kid to help you with your work, he will answer he cannot and hurry off to practice sports saying the teacher told him to practice hard. Before, whatever parents said, the children would do." (younger man, Central)



Whether or not a basic shift in the way parents view children is underway today is not possible to judge from the focus group discussions. However, there were some hints that parent-child relations may be shifting because the spread of education has led to a situation in which at a fairly young age a child often exceeds his parents' education. This may, in some cases at least, undermine the degree of parental authority in comparison to the past. It may also contribute to the greater legitimacy we suggest children's demands and wishes receive today compared to a generation ago.

d. Increasing educational costs and aspirations. While participants of both generations identified a variety of sources for the increasing cost of raising children, expenses associated with an increased need for schooling were probably the most consistently mentioned and thought of as the most significant. When asked why the younger generation wants smaller families compared to the older generation, there was general agreement, and indeed most groups mentioned spontaneously, that the cost of education played a most important part. There is universal agreement that education is more essential today than in the past and that couples who have many children will encounter great financial difficulty in being able to provide even the minimally necessary education for their children. Almost everyone agreed that only by having fewer children could each child receive the appropriate level of education.

"[People want fewer children today] because if you have many children you cannot send them all to school." (younger Buddhist man, South)

"[People want fewer children] because now things are expensive and because they want their children to get a higher education. If there are many children you cannot send them to school but if you have only one or two children, you can manage. Nowadays education must come first." (younger Moslem woman, South)

"When I think about the cost of education in the future it troubles my mind. [My husband] thinks about education. He hopes that the children will get as high an education as possible. If we have only a few children we can save a lot of money." (younger woman, Central)

"We can afford our children's education if we've got just a few. But if we have more it would be a big burden." (younger woman, North)

"Having more or few children is related to education. Now with two or three children you can afford to send them to school. If there are ten [children], it will not be possible, it will be troublesome." (older man, Northeast)

The perceived financial burden of educating children is compounded in Thailand by the feeling today that all children, whether sons or daughters, first or last born, should be given an opportunity for education. In the past, sons were more likely to receive an education than

daughters and this came up in the discussions. Today, however, sex differentials in education have diminished considerably and there was no indication that younger generation participants planned to favor their sons in terms of providing an education. Rather, participants in a number of sessions spontaneously mentioned that if they had many children and only gave some an education, the others would feel disappointed or resentful. Some participants even complained about being unhappy that their own parents had provided an education for some of their siblings but not for them.

"If you have many children and you send [only] some to school, you feel very sorry for the others. If you have fewer, such as two or three children, you can send them all to school." (older Buddhist woman, South)

"If you have few children, you can send them [all] to school. If you have many children, some can go to school but the others cannot, so they feel very bad." (older Moslem woman, South)

"If we have too many children parents won't have the money to send them to school. If we [only] send the older child to school, the second child will ask why we do that and we will quarrel. If we send only one child, it will mean we love that child and do not love the other." (younger man, North)

"If you have many children you are afraid you cannot give them all an education. Then you feel sorry for the child who did not get one." (older woman, Central)

This does not mean that they expect all children to receive an equal education. A number of comments were made recognizing differences in aptitude and willingness to study. But there seems to be a strong feeling that all siblings should have the opportunity to study and that how far they go should depend on their ability to learn and not be hampered by the parents' inability to pay. Several participants mentioned that older siblings who complete their education should help pay for younger siblings' studies. For a few, this seemed to mitigate the need to limit family size.

The increased need for education was seen as arising both from what might be considered "push" factors emanating from the perceived diminishing opportunities to make a satisfactory living off the land and the consequent increased need to find alternative non-agricultural employment as well as from "pull" factors inasmuch as such employment, especially the type that involves jobs for which some education is considered a prerequisite, is seen as a way to improve one's economic situation and to achieve a more comfortable life. One participant also mentioned that education is necessary today simply in order to function outside the village.

As discussed below, there is considerable concern among participants that their landholdings will not be adequate for their children if it is divided up amongst them. An important strategy for dealing with this problem is to prepare at least some children for jobs

outside of farming by providing them with adequate schooling. For many parents, education has come to be seen as a replacement for land. This was particularly evident when inheritance was discussed. Participants commonly indicated that the children who went furthest in school would receive less land than their lesser educated siblings, perhaps even receive no land at all. Moreover, education and the jobs which are perceived to be made accessible by it are seen as the principle avenue for social and economic betterment. Farming was viewed negatively by many participants inasmuch as it involved heavy physical labor and was precarious because of its dependence on natural circumstances beyond human control. In contrast, they viewed more favorably jobs which can be acquired through education, particularly civil service jobs.

"Education is necessary because if you don't know anything, you don't know how to make a living." "In each workplace, the people are all educated at least to grade six. Just look at the electricity department." (two older Buddhist men, South)

"Having higher education is the same as owning ricefields. Without education there's no job." (older woman, Northeast)

"Some people do not have land for their children so they want them to get education, to be civil servants, to be a soldier or policeman, things like that." (younger man, Central)

"Nowadays children who don't have any education find it troublesome when they go anywhere." (older woman, Central)

"We send children to school thinking that they will not come back to take the land." (younger man, Northeast)

The increased desire to send children for education has been facilitated by an awareness that schools are now more accessible and available than before. The educational infrastructure in Thailand expanded considerably over recent decades. The number of elementary schools, and to a lesser extent secondary schools, has grown steadily. Compulsory education has been increased from grade four up to grade six in all elementary schools. Furthermore, such schools are now more easily accessible to most villages both because of their greater numbers and because of improved transportation. With nationwide improvements in public highway networks and means of transportation and communication, continued education to secondary schooling level has now also become more accessible. This greater accessibility was mentioned in a number of sessions. An increasing proportion of rural Thais now see education for their children as more readily within their grasp at the same time education is considered more necessary.

"Back in our time we did not think about [education being necessary]. The school was very far away. But nowadays you can walk to the main road, and see the school." (older Buddhist woman, South)

"Now the school is close to our homes. Most of the children now finish secondary school." "To study in our village is very convenient because we don't have to buy food for the children [since

they can come home to eat]." "There is a [secondary] school in our village, so the children can get higher education." (three older men, North)

The desire to provide children with a higher degree of education than was typical in the past is interwoven with their aspirations for the children to be upwardly socially mobile both so their children will live a more comfortable life when they grow up and so the children will be in a better position to provide financial support for the parents themselves. Participants generally perceived working as a farmer, as most did themselves, as an arduous and difficult occupation with an unstable income. Many indicated that they did not want their children to experience the same difficulties. When younger generation participants were asked about what occupations they would like their children to take up, only a minority indicated that their children should also be farmers. By far the occupations most frequently mentioned as desired for their children were ones in government service. This preference stems from the belief that government positions are secure, provide steady income and have both social welfare benefits and social prestige associated with them. Children who obtain such jobs will live comfortably themselves and be able to help their parents as well, especially through financial contributions.

"We are in difficult times as farmers. I don't want my children to do this type of work like me. I want my children to have knowledge, to do work, to sit in a chair like other people." (younger Buddhist woman, South)

"Children who have an education will sometimes make their parents comfortable, but those without an education will depend on their parents. Those with education will use their education to earn a living." (older Moslem woman, South)

"I want [my children] to be civil servants because it's so hard to work like us, their parents. We have to work in the sun. Now I have two children. When I have money I'll send them to school. If they become government officials, I'll be relieved." (younger woman, North)

Participant 1 - "It's good [for children to study a lot]. They'll be able to find jobs."

Participant 2 - "If they get jobs we'll be happy."

Participant 1 - "We'll be able to rely on them. There will be a future for them."

(older women, North)

"[During our parents' time] . . . They did not think about the future and education or that children should do any other work [than rice farming]." "They must become civil servants. If they do the same as we have done, they can't help us. But if they are civil servants they will help us." "To be a government employee is good both for them and us." (three younger men, Central)

The fact that so many parents with rural village backgrounds and minimal education themselves aspire for their children to achieve what they perceive as higher occupational positions indicates that many do not believe there are insurmountable social barriers to upward mobility in Thai society. In most villages there are already examples of farmers' children who have been successful in attaining the types of positions many parents wish for their own children, thus making such aspirations seem attainable. Hopes are further fueled by the penetration of mass media into the lives of villagers. Radio, movies, and now increasingly television provide abundant examples of relatively affluent urban life styles along with stories of successful upward mobility. There is no lack of exposure to models of material and social well-being. Thus a combination of necessity and hope has led parents to reorient their aspirations for their children and to increasingly feel a need to provide them with an education as a way to achieve social and economic betterment. Not only do people invest more in their children, but this investment has come to be seen increasingly as a necessary cost.

While urban and non-agricultural jobs are undoubtedly expanding in Thailand, opportunities are nonetheless limited. Certainly the number of government service jobs likely to be available in the coming years will come nowhere close to being enough to meet the aspirations of most rural parents for their children. The frequent mention of civil service positions as the desired job for their children may simply reflect a lack of familiarity on the part of villagers of the wider range of jobs available outside agriculture. Nevertheless, it would seem that many of today's young parents have unrealistic expectations for their children. There is of course a wide range of less remunerative, less secure, and less prestigious non-agricultural jobs available, many in the informal sector, and no doubt many of the participants' children will have to turn to these jobs regardless of how well educated they are. Indeed, there was some recognition expressed by participants of both generations that education does not always guarantee a 'better' job for their children and that the investment in the children's education may not result in any returns.

"Sometimes children with an education still cannot find any jobs . . . Before [the children] acquire a job or complete schooling, parents have to sell their land. It seems like we spend money for nothing." (older woman, North)

"I have seen many people lose their property because they have sent their children to receive higher education . . . [Because I had many children], I only sent my last child to the College of Education. He received the certificate but he has gained nothing from it." (older man, North)

The focus group discussions confirm the point made recently by Caldwell (1980) that at least at the onset of fertility transition, it is primarily the changing education of the children rather than of the parental generation that acts as a stimulus to fertility reduction. Not only is the rural population fairly homogeneous with respect to low educational attainment but survey evidence points to rather weak dif-

ferentials in fertility and contraceptive practice as related to parent's education (Knodel et al., 1982). Thus it seems unlikely that changes in the parents' educational level have played as important a role as have changes in the perceived need and cost of children's education in encouraging the rapid move to a smaller family size.

e. Land availability and concern over inheritance. Agricultural land is the most important resource in the lives of most Thais since almost three-fourths of the labor force is engaged in agriculture, mostly rice farming. Over recent decades the amount of land under cultivation has increased but has not kept pace with population growth. According to the agricultural censuses, between 1963 and 1978 the total area of agricultural holdings increased by a third (National Statistical Office, 1982: Table 19). During the same period population increased by about half. However, since the proportion of households engaged in agriculture has decreased somewhat and there may well have been an increase in landlessness, the average size of a holding changed little, rising slightly from 22 rai in 1963 to 23 rai in 1978 (National Statistical Office, 1982: Table 19; Turton, 1978:112). At the same time, productivity, although low on regional standards, has been increasing. There is general agreement, however, that by 1980 most of the usable new agricultural land in Thailand had been occupied except in parts of the South (Whitaker, 1981:127).

In the focus group discussions, many participants expressed their feeling that land is now quite limited and that the productivity was not sufficient to support many children. In all the villages as well as among the Bangkok construction site residents, there was at least one group in which the problem of limited land availability was raised spontaneously when discussing reasons why couples nowadays want fewer children than couples had in the past. In some villages, land problems came up repeatedly and were mentioned spontaneously by all or most groups. As discussed above, the limited land that participants felt was available to divide among their children was a reason they cited for the need to provide them with an education so the children would no longer be dependent solely on land to earn their living. In contrast, the fact that land was more plentiful in the past was frequently given as a reason why the older generation had many children. Many participants believe that at present their land is not adequate and that there is no longer the possibility to acquire more land with little or no economic cost as was seen as possible during the older generation's time. According to the participants, in former times people were able to expand their holdings by clearing some forest but now this has become impossible. At present, the primary alternative by which more land can be acquired is through purchasing, but this is not considered a real possibility by many people since agricultural land prices are very high compared to an average family's income.

"Back then if we wanted more land in the morning we could carry our axe and clear some. We could get as much as we wanted. But now if we want just one rai, we will have to spend money in the tens of thousands of Baht. To be able to get land without money is not possible." (older Moslem man, South)

"Back then we just cleared some forest in order to raise our children. But nowadays there is no forest left to do that."  
"During earlier times they could still tie a cradle [hammock style] between two trees but now there is nothing left, neither woods nor fields." (two younger women, Central)

"[People back then] could take care of as many children as were born but today they have to control [births] because of less [land]." (older man, Central)

"I don't have enough land. It's not like earlier times. There are more people now so I don't want to have many children." "I don't have much land, so I had two children. Even though I wanted four, I will actually have two." (two younger women, Northeast)

"If people had many children [nowadays] they would starve. They got very little [land] from their parents because there were four or five children. They could get only small shares and if there were more children it would be terrible." (younger woman, North)

Participants also perceived, no doubt accurately, that besides a shortage of land to provide their children and themselves with an adequate living, other natural resources which were important to their sustenance were declining. In particular, declining availability of fish to be caught and a reduction in forests where wood and food could be gathered were mentioned.

The problem of land availability is particularly salient when people discuss inheritance and the problem of providing for their children's future. Traditionally land is seen as the main asset parents pass on to children. The inability for a family to acquire additional amounts of land has forced people to reassess not only the need for education but also how to subdivide the limited land among their children. People view the succeeding generations to come in relation to the more or less fixed size of their landholdings. Thus they are not only aware of present pressure on land but are also concerned with the future problems which their children or grandchildren will have to confront. Numerous examples were presented by participants in order to explain how landholdings will be continually subdivided into smaller proportions if family size is not limited and that this will jeopardize their ability to make a living from the land. The traditional norm of dividing the land equally threatens the viability of holdings.

"There used to be more farms and land but there's not much anymore. Everyone has many children. Thailand is divided into pieces for children and grandchildren." (older woman, Northeast)

"Our parents gave us a little [land]. We worry about our children for they will get even less. Whenever there is a drought it will be even worse." (younger woman, Northeast)

"During our parents' time there was plenty of land. For example, my mother got 20 rai. I have six brothers and sisters, so we each got a little. Now in my time I have to divide [my share] for my

children. For many children it is not enough. So you just have two or three children at most. Like me, I had two and then got sterilized." (younger man, Central)

"Even during our parents' time we only got two or three rai. By our grandchildren's time there won't be anything left." (younger woman, Central)

In brief, rural Thais perceive their traditional means of making a living through farming which has served many well in the past generations now to be increasingly threatened by limited land availability. They anticipate the situation would become quite untenable for future generations if family size remained large and alternative sources of employment are not found. To cope with this problem, the younger generation plans both to limit the number of children they have and to provide their children with the education they see necessary for finding non-agricultural jobs.

f. Contributions of children to household economic activities. So far we have been discussing the impact of recent societal change on the costs of children to their parents. It is also important to consider the extent to which the benefits of children have changed since it is the net balance of costs and benefits, broadly defined to include both economic and non-economic dimensions, that will determine family size preferences. Our analysis of costs has concentrated primarily, although not exclusively, on economic dimensions and our analysis of benefits does likewise. This is done in part because economic concerns were more salient in the focus group discussions and in part because they seem more easily identifiable. We recognize, however, that parents perceive raising children in non-economic terms as well, even if they appear more able or willing to articulate the economic aspects. There was somewhat more discussion of non-economic types of benefits than was true for costs although again economic benefits were quite commonly mentioned.

Any discussion of changes in the perceived economic benefits of having children in Thailand needs to distinguish between the contributions children make to their families in terms of labor inputs while growing up and support provided in the form of both labor and monetary or material contributions once the children become adults themselves. Participants in most sessions perceived that, in comparison with the past, a reduction has taken place in the contributions to household chores and to family economic activities made by children today while they are growing up. We discussed this and its connection to the changing reproductive patterns in the present section. Expectations of both economic and other support for parents after the children reach adulthood, however, apparently remain substantial and are discussed separately in the subsequent section.

In agricultural countries such as Thailand, virtually all members of the household except infants typically contribute some labor to productive activities. In Thailand, this is frequently the case even for non-agricultural households. In the case of farm families, all members can help in a variety of activities such as with ploughing, planting, and harvesting or with minding the animals. In villages near the



coast where fishing is important, such as the two in the South where we held our focus group sessions, family members can help on the small fishing boats. In addition to helping directly with economic activities, children can also help in a variety of household chores. In the past, children were almost universally expected to contribute labor to various productive activities as well as to help around the house. In our focus group sessions, the older generation participants confirmed that during their time they helped their parents in planting rice, taking care of buffaloes, fetching water, cooking food, and doing a whole range of activities which contributed both to the maintenance of the household and to the efforts of the parents to support the family economically. Changes in land availability as well as the changes in agricultural technology have resulted in a decreased need currently for children to actively help in the family economy. At the same time, the increased period of time which children spend on education as well as other school activities has correspondingly decreased the child's ability and willingness to contribute to the family's work.

When asked to compare how much children help their parents nowadays compared to the past, the consensus in most groups was that children currently helped less. Children nowadays are seen as not having enough time to help parents in their work because they spend more time at school, study more, and also play a lot more than they used to. Moreover, the content of the schooling was not seen as very practical in terms of teaching children how to do needed chores or housework. Though parents complain about the decline in the help children give to them, they seem to accept this change as a necessary cost of the greater need to educate children today.

"[Nowadays, children] do not help very much because they all go to school. Only the parents are left at home." (younger Buddhist woman, South)

"Children nowadays are not like children before. Before they helped mother and father but now all they want to do is to have fun. They have a lot of friends." (younger woman, Central)

"In the past we didn't have to learn very much. Even before 20 we knew a lot about being a housewife but now they have to study and they don't know very much about these things." (older woman, Central)

"[Children now help] less than before because they study." (younger woman, Northeast)

"They don't help much. After school they play football. They don't have to pound rice anymore." (older woman, Northeast)

"The school teachers support the children in playing sports so everyone plays. We thus cannot blame the children. It has to do with the surrounding social environment." (older man, Northeast)

"[Children back then] worked in the field, in the garden, did everything. Whatever the parents did, the children would do the

same. But today they only study, they don't help their parents. Only study and the parents have to earn money to support them." (older woman, North)

There was not universal agreement, however, that children help less today than before. In one group, the consensus was that children help more in housework, such as cleaning, washing, building a fire, fetching water, etc. They mentioned that the school taught children to help parents. But the participants also noted that there has been a change in the type of help which children give, from fieldwork to housework. In another group, there was some disagreement but, according to most members, children helped more now in the family's work than before. The greater help was related to the diversification of crops which was seen as generating more tasks for the children to do. A few disagreed, however, indicating that there were some children who helped less because they were more mischievous.

It is obvious that most participants felt that there was a decline in children's help. However, only infrequently did they relate the decline in help provided while growing up to the fact that people want to have fewer children today, as was clearly the case in the discussion on education. Quite likely education was seen by people as involving direct and continued monetary cost and thus an obvious economic burden for the parents, whereas the decline in children's help, which is often a matter of degree rather than a total absence of help, may be seen as more of a nuisance than as creating serious hardship. When their help is really necessary, the children no doubt do heed their parents' requests or commands to contribute to the family effort. In addition, there may be a reduced need for child labor inputs as the technology of farming changes, although the extent and direction of these changes would need to be considered in more detail before reaching a firm conclusion. What seems clear, however, is that parents' perception of children is changing from viewing them as being an integral part of the division of family labor to being more recipients of the family's resources.

g. Persistence of Parent Repayment. The expectation that children will provide comfort and support to their parents once the children become adults and economically active, and particularly once their parents are elderly and too old to work or care for themselves, is shared by virtually all segments of Thai society. It is a tradition deeply rooted in the culture and firmly linked to the broader normative structure. The forms of support expected are both economic and non-economic in nature and are viewed as repayment to the parents for having borne, cared for, and raised the child. Ordination and temporary service as a Buddhist monk by the son is seen as part of this repayment since the parents as well as the son gain merit from it.<sup>16</sup> As part of a traditional rite frequently performed prior to ordination, it is explicitly cited that the son is doing this to repay his parents for having cleaned up after him in his infancy. Moreover, adults aver that they will do the same for their parents once the parents become too old and senile to care for themselves.<sup>17</sup>

Many observers of Thai society have commented on the pervasiveness of the patron-client relationship in social interactions (Kaplan, 1981). Accordingly, many social relations are guided by a model in which the socially or economically superior patron will confer benefits on the inferior client with the expectation and understanding that the client will reciprocate by providing needed services at the appropriate time and in the appropriate way. In a sense then, parent repayment can be seen as part of, perhaps even the epitome of, this deeply entrenched model of social relations. Moreover, helping support parents and providing them comfort is also viewed as a way a person can accumulate merit, thus conferring a religious significance on a tradition that is firmly rooted in the secular culture. The concept of parent repayment is probably viewed most accurately in Thailand as a process which traditionally begins from the time when children are old enough to do household chores and make useful contributions in terms of labor inputs to family economic activities and continuing into the child's adult years through the period when the parents are in their elderly years. In this sense, any help that young children provide while growing up might be thought of as part of it. However, it is the later stage of the process, particularly when parents are no longer able to work or care for their own personal needs, that seems to epitomize it. Both because of this, and because of the contrast between the declining contributions made by children prior to adulthood and the persistence and shifting forms of support to parents provided after children achieve adulthood, our discussion of parent repayment focuses on contributions made by adult children.

In the focus group sessions, both younger and older generation participants almost universally agreed that parents were entitled to and expected some form of support from their adult children and frequently described support of parents in the elderly years explicitly as a form of repayment for, or as an obligation created by, the fact that parents had cared for them in infancy and childhood. Repayment was generally described in broad terms, particularly as taking care of the parents. The discussions made clear that this was thought of as encompassing both economic and non-economic dimensions. The former included contributions in the form of money, material goods or labor assistance to the parents' economic activities while the latter encompassed both non-economic labor services and moral support.

Perhaps the most frequently mentioned specific expectation of adult children was help at times of illness, which included providing physical care and psychological comfort primarily, but also financial help through buying medicine and paying for medical help. Also very commonly mentioned was the expectation that the children would be responsible for arranging and paying for funeral ceremonies, often a significant expense in rural Thailand, and in making merit for the parents after their death. Other specific examples that were frequently mentioned included provision of food, clothes, donations of money on a regular or irregular basis, social visits, help around the house, and help with cooking. Moreover, the form of repayment is seen to vary in accordance with the stage in the parents' as well as in the adult children's life cycle in a way that balances need and ability. For example, it was often mentioned

that parents expect a reduction in monetary and material contributions once their adult children started to raise families of their own.

Discussions during the focus group sessions made clear that the expectation of help and support is perceived as a fundamental reason in Thailand for having children. Both the older and younger generations view children, at least ideally, as a form of security and comfort in old age and see the support to be given by them as encompassing a variety of forms.

"Everybody raises children in order to acquire some benefits from them. It has been in this way ever since the old days." "It is necessary [to have your children care for you] when you are old. For example, if you are sick and someone else helps, you would feel uncomfortable. Children can help in all things which are dirty, such as washing the body and cleaning up excrement and urine."  
(two older Moslem men, South)

"If we cannot get up and go anywhere, we can ask our children to go for us. Then they can spoon-feed us." "We'll ask them to work in our place when we are old." (two younger women, North)

"If my children don't come [to look after me] when I am old, I don't know why I had children." (younger woman, Northeast)

"I hope for everything from my children but I don't know if they will do it all for us . . . to help us in work, get money for us, help the family, things like this." (younger man, Northeast)

"When we are sick, when we are old, we expect our children to cook and find food for us, find water for us. We are not strong enough to fetch water, so we want to depend on them. If we do not have any strength to work, have no money, well, we will depend on them."  
(older woman Central)

Although there seemed to be nearly universal agreement that it is important for children to help support and comfort you in old age, there was some recognition that it doesn't always work out that way. Indeed, several participants stressed the need for at least several children in recognition that some will turn out to be undependable.

While there is clearly a persistence of expectations of support, especially during old age from adult children, it is more difficult to assess if the extent of support expected has changed, in part because there seems to be considerable divergence of opinion on this, and in part because a change in the form of support appears to be taking place. Many participants observed that the monetary remittances from wage labor or non-agricultural jobs outside the village are replacing help in activities requiring labor inputs. In other words, parent repayment is becoming monetized along with other aspects of villagers' lives. This is clearly happening already in the form of support being provided to the older generation participants. Both generations appear to be aware of this change and thus it is likely that the younger generation participants will increasingly take this into account. Some participants

see this change as an improvement and even as an increase in the extent of support provided to parents by adult children, but this is by no means a universal opinion.

The monetization of help is tied in with many of the other changes we have been discussing. Limitation of available land for farming means more children need to seek non-farming jobs away from home in which they earn wages. At the same time, it is not always easy to take absence from these jobs to return to their home village and provide labor at critical times, such as when the rice is being planted or harvested, although this does occur with some frequency. Older parents are faced with much the same monetization of daily life as other villagers but may have quite limited access to earning cash incomes of their own. Hence the shift from labor assistance to cash remittances may be more convenient for both parents and children. Moreover, many elderly parents probably have access to both monetary and non-monetary support since some children may remain home or near the village while their siblings are working elsewhere in non-agricultural jobs.

"Back then [children] helped with labor. Now they help with expenses." (older Buddhist man, South)

"The kind of help which children give to their parents has changed from working in the rice field to sending things or money to their parents because the children always work outside the village." (older Moslem woman, South)

"They help differently. Back in the old days they helped with labor but now they help with money." "It changes as time goes by. Back then there were no large fishing boats so the children had to give their direct labor such as working in the fields or in the garden, but now they may be working as laborers. They can find money to send to the parents." (two older Moslem men, South)

"Those who stay at home help us cook. Those who are far away send us money." (older woman, North)

"It's changed for the better. They make money for us, that's better. Before there was no place to earn money. Today there are lots of places. In the past children only helped growing rice . . . [Today] they both grow rice and make money for us. [Before] I didn't know where to go. After the rice growing season, we stayed at home. Now after growing rice, they go to earn some money. It's better than before." (older woman, Northeast)

Given the persistence of parent repayment expectations and the continuing anticipation of dependence on children for support in old age by older and younger generations alike, we were particularly interested in how participants reconciled this with the younger generation's desire for a small number of children. There was clearly divided opinion among both the older and younger generation groups as to whether the small family sizes common today conflicted with the need for children to support you in old age. Although a consensus was sometimes reached within a group, there was no consensus among the different groups, with

approximately an even split in opinion as to whether having few children threatened security in old age or not.

Several typical views emerged. Perhaps the most common was that a trade-off was involved between maximizing the economic security and psychological comfort to be gained in old age by having many children and minimizing the economic hardships and burdens of child rearing by keeping family size small. The participants who believed in the advantage of many children for security in old age believed that one's own children are the only persons that can truly be depended upon and that a couple with few children runs the risk that there might not be any children around to help later in life.

"Right now when you have few children, the probability they will take care of you is low." (younger Buddhist woman, South)

"I want many children after they have grown up. But right now I want only a few because I have no time to raise them." (younger Moslem woman, South)

"When children have grown up, the one who has many is more comfortable than the one who has few. But if the children are still small, the one with many children will not be as comfortable as the one with few." (older man, Northeast)

"In principle, having a lot of children will make you comfortable when you are old, but when they are young it will be difficult to find the money to raise them." (younger man, North)

Those participants who did not feel that few children adversely affected old age support gave various reasons to justify their attitude. One view was that support in later years does not depend upon the numbers of children but rather on their upbringing and that if a few children were raised properly then a small number would still be sufficient to provide parents with security. Others simply asserted without elaboration that only one or two children are needed when you are old. Some also mentioned that even if children could not take care of their parents because of their job commitments or other reasons, the grandchildren would still be able to look after them. In addition, a few mentioned that neighbors could also be depended upon in times of sickness and trouble.

"[The amount of help you get] depends on the personality of the children and their upbringing. It does not depend on the number of children. It really depends on how they were taught by their elders." (older Buddhist woman, South)

"[Support in old age] depends on how you raise and bring up your children. To have a small number of children but to raise them well is better than to have many children but not to raise them well." (younger Moslem man, South)

"Even if we had many children we still have to die. Like the others have said, even though one has only a few children, they

will bring us to the doctor and the neighbors will help take care of us as well." (younger woman, Northeast)

"When you have two or three children, and they grow up, they can help their parents. You don't need any more children than that." (older man, Northeast)

"Suppose our children have gone to work as government officials, we still have our grandchildren to help us. We can depend on both our children and grandchildren." (younger man, North)

Perhaps most significantly, there were a number of respondents who believed that the relationship between the number of children and the amount of economic support given parents later in life has changed and that a linear relationship implying the more children the greater economic security no longer holds in today's changing social and economic environment. They feel that fewer but better educated children will be in a superior position to obtain more favorable non-farming jobs and thus will also be better able to provide economic support to their parents. They recognize that the cost of providing an adequate education to many children would be prohibitive and thus believe that the economic prospects of both the children and the parents are improved by limiting family size to only a few children.

"[Parents will still be supported well] because education has progressed. Now children get a higher education. Repayment of parents will go according to the level of education. Before not too many studied but for those who got a high education, they repaid their parents well. The needs and expectations of parents with two or three children will be higher but the children will receive more care. Two children with education can repay parents better than ten [without education]." (older man, Northeast)

"[Children should study a lot.] That's good. They'll be able to find jobs. We'll be able to rely on them. There'll be a future for them." (older woman, North)

"I think it is important [to have children take care of you when you are old]. That's why now I try to send my children to school. I expect that in the future I will depend on them." "[Two or three children are enough to help.] Suppose they are civil servants or something like this. If we have three children, this one will give us 100 Baht, that one 200 Baht. I think it's enough." (two younger men, Central)

It is quite clear from the focus group discussions that the younger generation has strong expectations of support during their later adult years from their children despite the fact that they wish to have only a few children. While some see this as a conflict, they still opt for small families because they judge the additional benefits to be gained later in life from many children are not worth the hardship they feel they would endure from raising many under today's social and economic circumstances. Some indeed feel there is really no choice to be made since, given current circumstances, having many children is simply out

of the question for them. Others, however, do not see a conflict. They believe that, given the societal changes underway, one of the main reasons for having fewer children, namely the necessity of providing them with education to prepare them for better jobs, will also render the children more able to support them economically, especially in terms of cash remittances. This is seen as all to the good. Given the increasing monetization of daily life discussed above, it is not difficult to know why some participants have reached this conclusion.

## 7. Reproductive decision making

The focus group sessions make clear that in the course of the fertility transition taking place in Thailand, family size changed in the perception of couples from being a matter over which little deliberate control was exercised to being one of conscious choice. The fact that reproductive decisions are considered to be almost entirely the responsibility of the couple themselves, with the couple's parents or other relatives having relatively little say, means that couples are free to adjust their fertility to fit their own perceived interests. There also appears to be considerable autonomy exercised by the wife in decisions about the use of birth control, birth timing and family size, thereby enabling a woman to accommodate her childbearing to her own special concerns as the one who bears and has most of the responsibility for rearing the children. Thus the potential barriers to lower fertility that could exist if parents or relatives exercised substantial pronatalist influence over a couple's reproduction, as apparently is the case in many societies, is notably absent in Thai society. The fact that within the Thai culture the locus of reproductive decision making is defined in the way it is has undoubtedly facilitated the rapidity with which the fertility transition has been taking place.

a. Emergence of family size as a matter of discretionary choice. Any discussion of reproductive decision making in Thailand and the part it played in the fertility transition needs to recognize that for the pre-transition generations, family size was generally not thought of as a matter of discretionary choice but rather considered the product of a natural process over which the couple had minimal control. This is clearly reflected in the many comments by participants that there were no effective means of birth control in the past and thus children continued to come until the end of the couple's natural reproductive span. There were some older generation participants who indicated they consciously wanted many children and implied that they wished to have as many as they could. There were others who seemed to indicate that it was more a matter of not opposing having many children rather than of actively seeking large families. Neither group had specific family size goals or thought much about them but accepted whatever came along. As the discussion on latent demand for birth control indicated, there were also a substantial number of older generation participants who indicated they did think about limiting family size but generally felt helpless to stop childbearing. Thus, despite their consideration of family size goals, even if the goals may only have become clear once some children were already born, family size was also not a matter of conscious choice.



"We didn't think about how many [children] we should have. [My husband] felt sorry for me when I had lots of children but no one knew what to do." (older Buddhist woman, South)

"I never planned [how many children I should have]. I just thought about having [sexual] pleasure." "I thought about it sometimes but people back then did not have any trouble raising children so they didn't think about it much." (two older men, South)

Participant 1 - "We never decided [on the number of children]."

Participant 2 - "I didn't intend [to have any particular number of children]. I never decided at all."

Participant 3 - "It wasn't like nowadays when they have pills to limit the number of children to what you want and then stop." (older men, North)

"In the past there was no choice. Just let it be." (older woman, North)

"We never thought about [how many children to have] so [my husband and I] never disagreed." (older woman, Central)

"People back in our time just kept on having children. They got whatever came. They never thought about controlling." (older woman, Bangkok construction site)

For couples having families nowadays the situation is very different. Virtually everyone considers the number of children to be a matter of deliberate choice rather than a matter to be left up to chance. Family size goals are not immutable nor necessarily fully formulated at the start of marriage but most young husbands and wives already start out their married life with a fairly clear idea that they want only a small family and are likely to settle on a precise number by the time one or two children are born. Thus as part of the process of fertility transition, family size has emerged as a matter of discretionary choice. Among younger generation participants, the idea of letting the number of children nowadays be the result of a process of uncontrolled fertility is as remote as the idea of effectively limiting family size to a specific target number was for the older generation in the past.

b. The locus of reproductive decision making. Recent discussions of the props supporting stable high fertility in parts of the Third World have placed considerable emphasis on the fact that in a number of societies the responsibility for reproductive decisions does not lie only or even primarily with the couple themselves but extends to a wider kin group, particularly the husband's parents. Moreover, the influence they exercise is generally pronatalist in accordance with their own interests (e.g., Caldwell, 1982:117-118). What is striking in the case of Thailand is how clearly this is not the case. Childbearing decisions are generally defined as being primarily, and by many even exclusively, the domain of the couple themselves. Focus group participants of both the older and younger generation were largely in agreement on this mat-

ter. When asked if they sought advice from anyone about how many children to have, younger generation participants rarely mentioned their parents. They either stressed that it was a matter for the couple to decide themselves or mentioned discussing it with their friends and siblings. It seemed clear from their comments that they were by and large simply seeking and receiving friendly advice rather than imperatives from persons with deeply felt vested interests. The older generation also rarely mentioned discussing matters related to reproduction with their own parents, thus suggesting that the absence of strong parental influence over the reproductive behavior of the children is not a recent phenomenon. When asked if they gave advice to their children, however, some said they had but many others indicated they had not. Moreover, they were largely of the opinion that the children would only follow their advice if it was what the children wanted to do anyway.

"I don't say anything. I leave [the number of children] up to them." (older Buddhist woman, South)

"[My wife and I] have discussed [the number of children] once in awhile but we don't discuss it with anyone outside the house."  
(younger Moslem man, South)

"We don't talk with anyone else. If we want two, we get two . . . We wouldn't listen to what other people advise. We listen to ourselves." (younger woman, North)

"Most of the time . . . we can decide for ourselves, decide between husband and wife. Everybody does this." (younger woman, Central)

Participant 1 - "They don't want our advice. They have their own ideas."

Participant 2 - "No need to advise. They know themselves."

Participant 3 - "I didn't advise anyone. Not even my daughter at home."

(older women, Northeast)

"It's not related to anyone else. The husband and wife decide together." (older man, Northeast)

"Only the husband and wife consult each other. Nobody else should have an opinion. Other people don't help raise the children. It's the parents who take care of them when they are sick." (younger woman, Northeast)

"I never discussed [how many children to have] with my children. They never asked me for my advice. I never give advice." (older woman, Bangkok construction site)

To the limited extent that parents and others do offer advice on reproductive matters, the focus group discussions indicate that it is overwhelmingly antinatalist rather than pronatalist in tenor, encouraging the use of contraception and advocating only a few children as the best number to have. This encouragement of small families by the couple's parents is seen primarily as done for the couple's interest

although occasionally older generation participants indicated small families for their children were also in their (the grandparents') interest since they might have to help to ease the burden of raising many children. Both generations agreed that whatever advice is offered tends to be considered non-binding by parents as well as children. Older generation participants were well aware that their advice may be readily ignored.

"I told [my daughter] to go get sterilized, get an injection, not to have births close together. If there are many closely spaced children, who will take care of them." (older Buddhist woman, South)

"I told them it is good to space your children appropriately." (older Moslem man, South)

"If I advised them to have many children, they won't listen." (older man, North)

"Taking our advice depends on them." (older woman, Central)

"You don't have to discuss with others. Everybody will tell you not to have many." (younger woman, Central)

"[I advised them] not to have many children because not only they but we will also be in difficulty." (older man, Northeast)

"I told my children to have two is enough." (older woman, Bangkok construction site)

Our focus group results in this respect are quite consistent with findings reported from a nationwide rural survey conducted in 1975. The vast majority of both husbands and wives interviewed indicated they had not received advice from other family members about the number of children to have. Among the few who did receive advice, a substantial proportion said they did not follow it (Deemar, 1975). Hence both survey and focus group evidence agrees that there is a notable lack in Thailand of a pronatalist influence of the older generation, a factor considered critical as a prop for continuing high fertility as well as a barrier to fertility decline in many other societies. Its absence contributes to a cultural setting permissive of rapid reproductive change.

Another important feature of the Thai cultural setting that is probably instrumental in facilitating the rapid fertility decline is the relatively high degree of female autonomy and particularly the fact that it extends into the area of decisions regarding childbearing. It is useful when discussing influences on reproductive behavior to distinguish the concept of autonomy, which refers to the ability to manipulate one's personal environment, from the broader and more diffuse concepts of female status and social position since it is female autonomy that is of more direct relevance (Dyson and Moore, 1983). There is an emerging literature--and debate--over women's status in Thai society and the esteem, or lack of it, that is accorded women. Most observers, however, agree that whether or not Thai women have high social esteem, they are

able to act relatively independently with regard to many matters compared to women in most other societies in the developing world.

The focus group discussions make clear that Thai women nowadays believe they have considerable influence over reproductive decisions. Participants were asked their opinions about whether the husband or wife should decide about the use of birth control as well as who had the ultimate say in deciding on the number of children to have. A number of older generation participants indicated that in their times there were no decisions made about birth control or the number of children and thus neither spouse could be thought of as having the primary influence over reproductive decisions. Among the other older generation participants and among younger generation participants, the most common opinion expressed was that reproductive decisions were a matter to be decided on jointly by husband and wife. It was common for younger generation participants to indicate that they and their spouses shared the same reproductive goals and hence the question of who should prevail was irrelevant in their own cases.

"Both parties [think about birth control] . . . Both people [decide on the number of children] . . . We have never argued [ourselves]."  
(younger Buddhist woman, South)

"You must discuss [the number of children] between both husband and wife."  
(younger Moslem man, South)

"We have to decide [on the number of children] together."  
(younger man, North)

"There has to be a consensus. We must first ask the child's mother whether to control or not to see how willing she is." "If the wife doesn't accept [how many children we want], what are we going to do?"  
(two younger men, Central)

"Both sides should be satisfied, the husband and the wife . . . [the number of children] can usually be agreed upon."  
(younger man, Northeast)

Not everyone agreed that both partners had equal weight in reproductive decisions. Some men indicated birth control and family size were mainly matters for the wife to decide and some women indicated that they followed their husbands' wishes in these matters. More commonly, however, when participants did not stress the joint nature of reproductive decisions, they indicated that it was they themselves who had the dominant influence or ultimate say. The rationale usually given by the men for why the husband should be the ultimate determiner was related to the husband's position as head of household and as the primary provider for the family. We sensed that for some men to say that the wife ultimately decided on a matter as important as family size would be seen as a sign of weakness and convey a poor image of themselves to others. In contrast, women who indicated that wives were the prime movers behind reproductive decisions stressed the fact that women had more at stake inasmuch as they experienced the pain of childbearing and most of the burden of child rearing. Some men also agreed with this

pret the discussions as giving somewhat more weight to the woman's role than the man's. Many women argue convincingly that they have special interests in limiting family size and in controlling childbearing. Moreover, the vast majority of Thai couples currently practicing contraception rely on female methods and thus contraception in a very real sense is under women's direct control.<sup>19</sup>

The locus of reproductive decisions in Thailand lies largely within the conjugal unit itself, with the wife's views and special concerns having considerable weight. Moreover, the relative autonomy of Thai women not only means that women have an important say in matters related to childbearing but also that they are exposed more or less to the same extent as men to many of the societal changes discussed above. In addition, they are linked to the same communication and transportation networks that have been increasingly penetrating the countryside. Thus in a variety of ways, the parameters of reproductive decision making in Thailand reflect aspects of the cultural setting that have facilitated the rapid adoption of birth control and reduction in fertility over the recent past.

#### SYNTHESIS AND CONCLUSIONS

In a situation such as Thailand's where the transition from high, relatively stable fertility to far lower levels began recently and abruptly and proceeded rapidly, generations characterized by sharply contrasting reproductive behavior coexist. Our present study takes advantage of the unusual opportunity to probe the views and perceptions of the older and younger generations of married couples regarding the dramatic difference in their fertility patterns. Discussions conducted through focus group sessions with rural villagers and rural migrants to Bangkok, when supplemented by other research results, provide the basis for an understanding of the reasons underlying the timing, extent and pace of fertility decline among the large rural majority.

As we indicated in the preface to the findings, we believe an adequate explanation of Thailand's fertility transition involves four major components, all of which interacted with each other to result in an abrupt and rapid shift in reproductive patterns. First, there was a latent demand for effective and acceptable means to control fertility among a sizeable proportion of couples for at least a generation before the fertility transition began. Second, organized efforts to provide modern contraceptive methods, especially through the government's national family planning program, resulted in a massive increase in awareness of and accessibility to effective and acceptable means of fertility regulation. Third, rapid and fundamental social changes have been taking place which have caused couples to increasingly view large numbers of children as an economic burden with which they are neither able nor willing to cope. Fourth, the Thai cultural setting is one which is relatively conducive to the acceptance of deliberate fertility regulation and limitation of family size in response to changing circumstances.

1. According to older generation participants as well as considerable other evidence (see Knodel et al., 1982:102-103), effective means of birth control were neither known nor practiced among the vast majority of rural Thais until recently. An exception may be awareness of traditional massage abortion, a potentially effective method but one probably limited to extreme circumstances because of the perceived danger involved and problems of moral acceptability. Withdrawal and lengthy abstinence appear to be largely alien to Thai culture and, to the limited extent known, considered unacceptable. A notable exception, however, appears to be the fairly well diffused knowledge and perhaps practice of withdrawal among Thai Moslems and some southern Thai Buddhists for some time prior to the sustained decline of fertility.

The absence of effective practice of birth control in the past does not appear to result from a lack of interest in limiting family size or spacing children, at least for a generation prior to the onset of fertility decline. Evidence of a latent demand for fertility regulation was clear from many comments made by older generation participants and from their reports of having tried unsuccessfully to control through ineffective means, particularly traditional herbal medicines and ritual postpartum practices. In a sense, these attempts preconditioned couples for the adoption of modern effective methods once such methods became known and accessible. The latent demand for effective birth control arose out of concerns that couples, and particularly women, had about the burdens inherent in childbearing and child rearing as well as from some of the same social forces, although in an incipient stage, that were operating during the more recent period of actual fertility decline.

2. The existence of considerable latent demand for fertility regulation helps explain why organized efforts to provide contraception to couples throughout the country met with such immediate success. The development of these efforts began during the mid-1960s and by 1972, following implementation of a policy to distribute oral contraceptives and condoms through local level health stations, had more or less penetrated the entire countryside (Rosenfield et al., 1982). Moreover, a variety of information dissemination activities were associated with these efforts. The active implementation of the program helped legitimize concern over large numbers of children and reinforced desires for fertility control. Thus the timing of the development of the national family planning program which provides the vast majority of rural Thais with their contraceptive methods (Knodel et al., 1982), helps explain the timing of fertility decline in rural Thailand. While some reduction in fertility may have preceded organized family planning efforts, it is difficult to imagine that the massive increase in awareness and practice of effective means of birth control that took place subsequently and within a relatively short period of time would have occurred to the same extent in the absence of the program.

3. Processes of fundamental social and economic change have been under way in Thailand for some time. They can be seen as responsible in part for the latent demand for fertility control among the older generation and far more so for the current desire for small families among the younger generation. These changes involve a number of interrelated

processes: widespread mass media and market penetration of the countryside, expanding transportation networks, rising consumer aspirations, monetization of daily life in general and child rearing in particular, modernization of medical care, increasing perceived need and aspirations for educating children and associated increases in educational costs, decreasing availability of new land suitable for farming, changing balance of perceived future livelihood opportunities for children inside and outside of agriculture, a reduction in the need for and the extent of help provided by young children to household economic activities, and a shift in the nature if not the extent of support of parents by adult children. These changes have been occurring simultaneously and have operated in such a way as to reinforce one another in terms of their impact on reproductive behavior. It can thus be difficult and perhaps misleading to attempt to assess the relative importance of any one divorced from the larger total process of change. From the viewpoint of the focus group participants, however, the perceived increased need for and cost of education for children appeared to be particularly salient in creating pressure to limit family size to a few children.

There remain, of course, a variety of both economic and non-economic reasons why couples still want children even if in limited numbers. Among the most important is the persistence of expectations of parent repayment, especially in the form of providing comfort and support during the parents' later years. Some participants viewed a reduction in the amount of support they received as the inevitable but necessary price for avoiding the hardship of raising many children. Others, however, saw little conflict between the amount of parent repayment and reduced family size. Some even felt there was more to be gained from few, better educated children than from many less educated ones.

Caldwell (1982) has argued recently that the fundamental issue in demographic transition is the direction and magnitude of inter-generational wealth flows, broadly defined to include cash, goods, services and a variety of intangibles. Sustained fertility decline is brought about when the net flow reverses from a situation favoring the parents to a situation favoring the children. Whether and if so, when, such a reversal occurred in Thailand is difficult to determine from our present study. The qualitative and limited nature of our focus group data prevents any sort of precise assessment of such flows. Our results do make clear that the perceived (and undoubtedly real) monetary costs of raising children have significantly increased while some benefits have decreased. The net result is that Thai couples increasingly perceive bringing up children as an economic burden and view large families as creating hardships that they are unwilling and unable to tolerate even though they might anticipate greater benefits from larger numbers. Thus the most we can say with regard to a reversal of the wealth flow is that our results seem to be consistent with that possibility. However, it remains to be determined if even for the older generation the net flow was upwards. Moreover, the views expressed by some participants that, in the current socioeconomic setting, parents will gain better returns from having fewer children which they can afford to educate well than from having more but less educated children suggests that even if

the wealth flow remained upwards, there would still exist a basis for reducing fertility.

4. In any society, the impact of social and economic change on reproductive behavior is mediated through the cultural setting. There are a number of important cultural traits characteristic of Thais which can be considered conducive to the adoption of birth control and the limitation of family size as a way to adjust to changing socioeconomic circumstances. Several pronatalist props or barriers to fertility decline thought to characterize some cultures of Third World countries are notably absent in Thailand, at least during the period spanned by the two generations we studied. In particular, reproductive decisions seem to be generally defined as the domain of the couples themselves rather than a matter over which considerable influence is exerted by parents and kin. Moreover, pronatalist attitudes are quite limited among older generation parents who appear generally supportive of the lower family size goals of the younger generation. The lack of influence of parents and kin over the reproductive decisions of their children fits in with the prevailing expectation that each conjugal unit will be largely responsible for the support of their own children (Pramualrathana et al., 1983). Even during the initial period following marriage when the couple is typically co-resident with parents of one of the spouses, usually the wife's, the younger couple may contribute more to the upkeep of the household than the older couple (Yoddumnern, 1983). This is in considerable contrast to the situation thought to typify many developing countries whereby co-residence in a joint household results in freeing the younger couple from the direct economic responsibility of rearing children (Davis, 1955).

Within the couple itself, the wife has considerable influence over birth control practice and family size, thus enabling her to effectively take into account her own stake as the one who bears the children and has primary responsibility for raising them. More generally, Thai women also have considerable autonomy in many other spheres of life and are more or less as fully exposed to the forces of social change as are men. Given the special stake that women have in childbearing and the fact that most of the birth control methods being practiced in Thailand require the woman's initiative, the extent to which female autonomy has facilitated women's exposure to the socioeconomic forces described above has undoubtedly contributed to the extent and pace of fertility decline.

There also appear to be no major barriers posed by Buddhism as practiced in Thailand to the use of contraception or to the reduction of family size. Only abortion is opposed on religious grounds although this is apparently not felt strongly or universally enough to prevent its widespread practice currently. It was notable that religion was almost never mentioned in the focus group sessions in connection with discussions of family size or fertility control. In one session, in response to a direct inquiry by a resident anthropologist, the participants indicated that they felt it would be inappropriate to discuss family planning with monks since it had nothing to do with Buddhism. More generally, Buddhism as practiced in Thailand emphasizes the primacy of individual action and responsibility (Pfanner and Ingersoll, 1962:353; Phillips, 1967:363-364). This emphasis can be seen as con-



tributing to the general flexibility and tolerance often associated with Thai culture. In this respect, Buddhist culture may contribute to the relative ease with which modern tastes, attitudes and behavior, including changing reproductive patterns, are taking hold.

The influence of religion on the reproductive behavior of Thai Moslems is quite likely a very different matter. Although religious reasons for opposing small families or fertility regulation did not surface in the village we studied, as we indicated above, our study village is probably atypical of the majority of Moslem villages since it was Thai- rather than Malay-speaking. Thus it is noteworthy that recent focus group research conducted by a marketing firm on the acceptability of modern contraception among Malay-speaking Moslems in the South found considerable opposition based on religious grounds (Deemar, 1983). While the impact of cultural differences between Thai Buddhists and Thai Moslems is of considerable academic interest and merits further exploration, it is not very significant nationally in a demographic sense since Moslems constitute only 5 percent of the Thai population.

Other aspects of the Thai cultural setting which may have facilitated the decline in fertility are more difficult to specify. The fact that Thai culture can be characterized as pragmatic, however, is no doubt relevant and ties in with the general view of Thais showing considerable flexibility in their behavior (Wijejewardene, 1967:83; Rosenfield et al., 1982).<sup>20</sup> One anthropologist has noted that Thais have an unusual ability to imitate and thus to adapt themselves readily to alien cultural influences such as from the West or Japan (Bunnag, 1971:20). Such a characterization is consistent with the rapid adoption of modern means of contraception as well as the rapid acceptance of and aspirations for modern consumer goods. It might also contribute to the speed at which the small family norm has taken hold among the younger generation.

Culture itself is also subject to change and indeed the same socioeconomic forces which are mediated through the cultural setting also contribute to its change. In the present discussion, however, we have attempted to identify cultural traits which at least in their broad outline appear to show some consistency across the generations covered by the present study. If we were able to delve further into the past we might find that pronatalist props or barriers to fertility regulation were far stronger than is true recently. An attempt to gain a longer historical perspective on the nature of the Thai culture would be of considerable interest but is beyond the scope of the present study.

We have not included as one of the four major components of our explanation for the fertility transition in Thailand mention of the decline of infant and child mortality. This does not mean that we have ruled out its importance but rather that it is difficult to judge its significance from either previous research or from our focus group results. While there was close to universal recognition among participants that survival chances of children had improved considerably over the last few generations, only occasionally were these mortality risk differences mentioned in connection with the intergenerational differences in family size. Despite this lack of saliency, however, it

seems intuitively likely that had mortality risks remained at the levels prevailing several generations ago, the present fertility decline would have been more modest. Given its low saliency in the focus group discussions, however, we see little basis for believing that the reduction in mortality acted as a factor to precipitate fertility decline. Thus we tend to view the improvement of child survival chances as a facilitating factor rather than as a prime mover of reproductive change.

The two major dynamic components of the explanation we are proposing for Thailand's fertility transition are the impact of the family planning program and the set of fundamental societal changes that have been taking place. It is important to recognize that neither can be understood properly without taking the other into account. The organized efforts to promote and provide contraception have no doubt facilitated, and in some localities helped initiate, the widespread use of deliberate birth control underlying the decline in fertility. The socioeconomic changes taking place, however, played an essential role in creating the initial and continued receptivity to limitation of births. It is the interaction of the family planning program with the socioeconomic forces operating within a cultural setting conducive to reproductive change and within a situation characterized by a pre-existing receptivity to birth control that has resulted in the rapid and extensive decline of Thai fertility. Under such circumstances, the conventional debate over the relative importance of family planning programs versus development in bringing about a fertility decline would seem to pose a misleading question.

We see little evidence at present that the force of the socioeconomic changes underlying the decline in fertility is spent. Most of these changes are continuing in essentially the same direction and some may well intensify in future years. For example, the penetration of the countryside by television, undoubtedly the most potent of all the mass media, while proceeding rapidly, is still only at an initial phase and thus its impact is only starting to be felt. Moreover, the family planning program continues to be active and accessibility to modern, effective means of birth control is increasing due to improving transportation which makes travel to existing outlets easier and because new outlets are being built or old ones upgraded to provide a wider variety of methods. The focus group sessions also revealed close to universal desire for spacing births which is only more recently being realized through contraceptive use (Knodel et al., 1982:114-119). Thus we believe there is still sufficient momentum remaining in the present trend to lead to a continuing decrease in desired family size and an increase in contraceptive practice for at least some time to come. Since current fertility levels are above what even present family size preferences would indicate, we believe the decline in fertility in Thailand will also continue. At some point, of course, desired family size will undoubtedly stop falling, contraceptive use will stop increasing and fertility will stop declining but this appears to be still some years away in Thailand.

Many of the socioeconomic forces we have discussed in connection with the ongoing fertility transition in Thailand are operating in varying degrees throughout the Third World. Moreover, many countries also

have mounted organized efforts to promote and provide contraception. Given these commonalities, it is interesting to consider the extent to which the dynamics of the Thai fertility transition are relevant for understanding reproductive behavior elsewhere. As we have stressed, the impact on fertility of the societal changes as well as the family planning program is mediated through a cultural setting which in a number of important respects is unique to Thailand. Moreover, the latent demand for fertility control prior to the widespread availability of modern means of contraception may have been unusually strong in Thailand compared to most other developing countries.

Nevertheless, we are struck by the many common features between what we see as the central forces behind fertility decline in Thailand and the recent account of fertility decline in an area of south India being intensively studied by Caldwell and colleagues (Caldwell et al., 1982b, c, and d). Despite a number of obvious and substantial social structural and cultural differences, fertility has been falling in the Indian study area and has apparently done so in response to many of the same socioeconomic forces that have been operating in Thailand.<sup>21</sup> In the Indian case an organized family planning program also appears to have been an important component of the process of change both in terms of promoting awareness and increasing availability of contraception (in this case, primarily sterilization). Another similar feature is the lack of full participation in the reproductive change by the Moslem minority, pointing again to the importance of culture as a mediating factor. The cultural milieu of the Hindus in south India and the Buddhists in Thailand may have more in common with each other than with those of many societies in the Middle East, Africa or Latin America. A challenging task for future research will be to determine more precisely which particular constellations of cultural traits promote and which hinder a fertility response to the common forces of socioeconomic change and the organized efforts to promote fertility control that are increasingly characterizing most of the developing world.

## FOOTNOTES

<sup>1</sup>Although an increase was indicated in the total fertility rate as estimated from births reported as occurring in the year prior to interview between the first Contraceptive Prevalence Survey at the end of 1978 and the second in April and May 1981, most other evidence on fertility trends points to a continued decrease during this period. Even those same two surveys point to a decline in the percent of women reporting themselves as pregnant. More importantly, however, birth registration data, although incomplete, show a continuation of the decline in fertility. For example, the annual percentage decline in the total fertility rate based on registered births was about the same between 1978/79 and 1981 as it was between 1970/71 and 1978/79. Although registered births are incomplete, unless the extent of registration deteriorated recently, they suggest that the pace of decline over the last few years was at least as fast as during early and mid-1970s. In addition, another pair of surveys conducted by the Institute for Population and Research, Mahidol University, in 20 provinces selected for special attention by the World Bank and covering more or less the same two-year period of time as the two rounds of the Contraceptive Prevalence Surveys indicates a 9 percent decline in the total fertility rate estimated from births in the year prior to interview. The extent of decline indicated by this pair of surveys agrees well with the extent indicated by the rates based on registration data.

<sup>2</sup>There may well be other ethnic minorities who have also not fully participated in the reproductive changes underway, especially among the hill tribes, but relevant information about these groups is generally lacking. For example, hill tribe areas are typically explicitly excluded from survey samples. In any event, they are numerically a relatively insignificant proportion of the Thai population.

<sup>3</sup>Two recent anthropological studies by Lauro (1971) and Mougne (1981) are notable exceptions. In particular, the study by Mougne provides one of the most thorough and insightful analyses of not only fertility but demographic change in general done for a village population in the developing world.

<sup>4</sup>A special issue of Studies in Family Planning (December 1981 12[12]:part 1) recently described some of these efforts and provides a general discussion of the technique.

<sup>5</sup>Problems in analyzing transcripts from tape-recorded interviews are discussed in some detail in Thompson et al. (1982). In the actual analysis we worked with both the Central Thai and English transcripts to minimize the errors due to translation.

<sup>6</sup>Caldwell and colleagues have stressed the inherent distancing effect in survey analysis from the phenomena being studied (Caldwell et al., 1982a). This effect results from the typical ladder of command in

survey research since only lower echelon employees (the interviewers and perhaps their supervisors) gain intimate or first hand experience with the study population and those responsible for the analysis deal only with coded processed responses essentially devoid of the context in which they were elicited. While the extent of this distancing effect surely varies with the particular research team and its importance with the research topic, the analysis of focus group data is virtually certain to involve less distancing from the phenomenon under study because of the nature of the collection process and the data it yields.

<sup>7</sup>Construction site residents were chosen because of their rural background. An additional criterion used in selection of the construction site residents was that the participants for each session come from the same region. Participants in the older women's group all come from the Central region, those in the younger women's session from the Northeast and those in the younger men's session from the North. An older men's session was not held because of the difficulty of locating male candidates meeting our age selection criteria among construction site residents. The two younger groups were largely construction workers themselves while the older women included some who were workers but also some who were living with their children, typically helping care for their grandchildren.

<sup>8</sup>This may be a common phenomenon in populations where birth control is promoted actively and widely through an official family planning program. Caldwell et al. (1982, p. 712) observe that in the smaller villages of their study area in India, sterilization, the only method actively promoted there, is believed to be synonymous with family planning. In the Family Planning Operations Research Workshop held in May 1983 in Bangkok by the Population Council, delegates from Sri Lanka also reported that respondents in surveys there do not think of the usual term for family planning as encompassing traditional birth control methods. An important implication of this is that responses to survey questions about birth control knowledge and use could underestimate or even miss entirely the use of traditional or non-modern forms of birth control unless the interviewer makes clear that such methods are included in the phenomenon that the survey is attempting to measure.

<sup>9</sup>Such normative proscriptions on intercourse are thought to be widespread in some African and South Asian populations (Nag, 1982 and Knodel, 1982).

<sup>10</sup>The popular images of contraceptive methods were investigated in a more or less national sample survey of rural households in 1975 which found a strong perceived association between condoms and use with prostitutes, far stronger than for any other method (Deemar Company, Ltd., 1975).

<sup>11</sup>Unfortunately, the moderator of the older men's group neglected to ask the group if they would have had fewer children had modern methods been available and no spontaneous comments arose which bore on the issue.

<sup>12</sup>Knodel and van de Walle (1979) have made a similar argument with respect to the existence of a latent demand for fertility control in Europe prior to secular fertility decline. Caldwell et al. (1982b and 1982c) also note "problems peculiar to women," including their lost work time, as forces responsible for receptivity to sterilization and the limitation of family size in South India. They also believe the legitimacy of women's concerns for influencing reproductive decisions has changed considerably there as a result of a reduction in patriarchal authority. As we discuss below, patriarchal authority over reproductive decisions appears to be negligible in the case of Thailand.

<sup>13</sup>A recent survey in Jana district, where the Moslem village is located, indicated withdrawal is the most commonly practiced contraceptive method among Moslem couples, accounting for about half of all use. Buddhists in the district also reportedly practiced withdrawal as frequently as Moslems but because they practiced other methods far more than Moslems, withdrawal accounts for a much smaller proportion of their total use (Porapakham et al., 1983).

<sup>14</sup>According to the 1970 census, 64 percent of rural households had a radio (National Statistical Office, 1982:Table 5).

<sup>15</sup>According to preliminary results of the 1980 census, 86 percent of rural households have a radio, up from 64 percent in 1970 (National Statistical Office, 1982:Table 5).

<sup>16</sup>"Merit" is a limited English translation of the Thai belief which derives from the Hindu-Buddhist doctrine of Karma. All one's good conduct brings positive rewards (merit); one's evil conduct, negative rewards both in the present life and in subsequent incarnations (Pfanner and Ingersoll, 1962:352-353).

<sup>17</sup>We are grateful to Fern and Jasper Ingersoll for pointing this out to us. The idea of cleaning up after one's elderly parents was also spontaneously mentioned in one of the focus group's sessions. Apparently the concept of cleaning up or assisting in matters related to going to the toilet, because of their unpleasant nature, are used to symbolize the extent of care parents gave children and children must return to parents later in life.

<sup>18</sup>There may be regional differences in the extent Thai women assert their own wishes regarding family size. Statements to this effect, while by no means limited to the Northern group, were particularly pronounced among them. This is consistent with the common impression that Northern women are more independent than others.

<sup>19</sup>One reason cited as being important in explaining the shortfall in some countries between predicted demand for contraception based on surveys gauging contraceptive knowledge, attitudes and practice (KAP) and actual subsequent use once family planning programs were established has been the assumption inherent in the surveys that reproductive decisions were primarily controlled by the couple, especially the wife (Warwick 1982:115-117). While this criticism of KAP surveys may be valid in some contexts, it is worth noting that not only does this assumption

seem valid in the case of Thailand, but also that KAP surveys showing considerable built-up demand proved to be quite good predictors of the subsequent massive surge in contraceptive use once the national family planning program was established.

<sup>20</sup>In a discussion at Khon Kaen University in September 1982 with Dr. Akin Rabibhadana, a noted Thai anthropologist, he stressed that pragmatism and flexibility were two major characteristics of the Thai national character and that this was rooted in the Thai Buddhist view of life.

<sup>21</sup>At the same time it is sobering to note that in 1953, considerably before any sustained decline in Indian fertility, Kingsley Davis provided a description of how the social milieu of the typical Indian villager had changed over the previous 30 years which indicates many of the same socioeconomic forces were already underway that we and Caldwell and colleagues have identified as underlying recent fertility decline in Thailand and south India respectively (Hodgson, 1983:18-19). This may suggest that societal change interacts positively with family planning efforts after those changes (and perhaps after such efforts) have continued for some time and have reached some critical density.

Appendix 1

Number and Characteristics of Focus Group Participants

A. Older Generation										
Sex of Group	Total N	Age			Years of Schooling			Living Children <sup>a</sup>		
		45-54	55-64	65+	0-3	4-7	8+	2-4	5-7	8+
Central										
men	7	0	1	6	5 <sup>c</sup>	2	0	0	5	2
women	8	1	6	1	3	5	0	1	4	3
Northeast										
men	9	2	7	0	1	8	0	2	5	2
women	8	3	5	0	2	6	0	1	4	3
North										
men	8	3	2	3	5	3	0	1	5	2
women	8	2	4	2	8	0	0	0	4	4
South, Buddhists										
men	7	1	3	3	1	4	2	0	3	4
women	7	4	2	1	2	5	0	1	0	6
South, Moslems										
men	7	3	3	1	2	5	0	0	5	2
women	8	4 <sup>d</sup>	4	0	8	0	0	0	4	4
Bangkok <sup>b</sup>										
women	6	4	2	0	4	2	0	0	4	2

  

B. Younger Generation										
Sex of Group	Total N	Age			Years of Schooling			Desired Number of Children		
		-24	25-29	30+	0-3	4-7	8+	1	2	3
Central										
men	8	0	6	2	0	8	0	1	3	4
women	7	2	4	1	0	6	1	1	4	2
Northeast										
men	8	0	7	1	0	8	0	0	5	3
women	8	2	5	1	0	8	0	0	5	3
North										
men	7	0	4	3	1	6	0	2	5	0
women	7	2	5	0	3 <sup>e</sup>	4	0	3	4	0
South, Buddhists										
men	8	0	3	5	0	8	0	0	2	6 <sup>f</sup>
women	9	1	7	1	0	9	0	0	3	6
South, Moslems										
men	7	0	7	0	0	6	1	0	0	7 <sup>g</sup>
women	7	6	1	0	0	7	0	0	0	7
Bangkok <sup>b</sup>										
men	6	4	2	0	0	6	0	2	4	0
women	11	9	2	0	2	9	0	0	7	4



Appendix 1 (continued)

Notes:

- a) In some cases, only children ever born is known. For the Northeast, the number of children surviving until age five is given.
- b) Rural migrants in construction sites; no older generation's men group was held.
- c) Includes one participant with unknown education.
- d) Includes one woman under 45.
- e) Includes one participant with unknown education.
- f) Includes one participant who has four children but wanted only three.
- g) Includes one participants who wants to have four children.

## Appendix 2

### Description of Sample Sites

In the following description, we use the term village to refer to what might best be thought of as social communities and consist of what in strict administrative terms sometimes amounts to several adjacent villages or hamlets (mubaan). In most cases we relied on resident anthropologists or a local contact to define for us what was the appropriate area for recruitment of participants.

The Southern Buddhist village. The Buddhist village in the southern region chosen for our study consists of approximately 170 households gathered in scattered clumps. The village is situated on the eastern coast of the Thai peninsula in Sichon district of Nakorn Sri Thamarat province approximately 18 kilometers from the district center and approximately 50 kilometers from the provincial capital. The geography of the village consists of alternating sand bars and low lying wet areas. Houses are built on old sand bars. In the past the village area was actually under water. The shoreline is advancing but only very slowly. There is no electricity in the village although this will change soon. Sandy paved paths allow for motor vehicle travel within the village. Residents are engaged mostly in rice farming with some wage work on fishing boats. Some villagers produce shrimp paste to be sold in the markets in the district center. Water for consumption is acquired through household wells. There are no water pumps. Water for agricultural purposes is mostly dependent on the rain. There is some limited canal water with people using water pumps to channel water into their fields. There is a health center in the local market town situated approximately five kilometers from the village. This center was built approximately eight years ago. The primary school in the village is situated in the temple compound. A secondary school is located in the nearby market town.

The Southern Moslem village. The Moslem village in the South is located in Jana district, Songkla province, approximately 50 kilometers from the provincial center, and consists of around 700 households in scattered clusters. The village is situated near the main highway. Electricity had been connected to the village less than a year prior to the time of our visit. There is a primary school in the village which was built in 1974. There is also a midwifery center in the village staffed by one nurse and one village health volunteer. The main agricultural product of the village is rubber. Before dawn, women prepare the morning meal for the men, many of whom work in a nearby rubber plantation. The men return home at around noon after which many work in their garden lots. Women weave mats for sale. Rice farming is also undertaken but is only for household consumption. Men plough the fields but it is the women who mainly harvest the crop. Men are responsible for transporting the rice back to the household where the women then pound it to separate the rice from the husk. Other agricultural products grown include melons and tobacco. Some villagers acquire wage work on other rubber plantations as well as on small fishing boats. There are no household water

containers in the village. Instead, water for consumption is acquired from wells in the village. The village is by no means totally occupied by Moslems although all our participants were Moslem. In some household groupings, Moslem households live intermixed with Buddhist households. A Buddhist temple is also situated near the village.

The Central village. The village in the Central region is located about 18 kilometers from the provincial capital of Nakorn Prathom and consists of over 300 households. The village is situated on the upper edge of the Central plain, in the watershed of the Mae Klong river. Most of the villagers are rice farmers. As communication and transportation have improved, however, and with the substantial changes occurring outside the village, and to a lesser extent within the village confines, some residents are now engaged in a variety of other occupations, not all of which are related to farming, such as school teaching and other civil service occupations. There has also been a diversification in crops grown which now include sugar cane and corn. Some forms of animal husbandry have also developed. Electricity has been available in the village for some years now and much time is spent watching television. The village has had a primary school for many years. A secondary school was built in 1973. An established health center was constructed in the same year. Prior to this, there were health services but on an irregular basis. Water for household use is acquired by enclosed pump wells. Irrigation provides the rice fields with water but it is as yet incomplete. Since the topography of the rice fields is uneven, some paddy fields may be flooded while others remain dry. This remains a major irrigation problem which has yet to be solved.

The Northeastern village. The village chosen in the Northeast is located approximately 14 kilometers from the provincial capital of Roi Et. There are 257 households in the village. There is no electricity but there are plans to connect power lines in the future. Houses are built on slightly raised knolls with a higher elevation than the surrounding paddy fields. Most villagers are involved in rice farming as well as other crops in the non-farming season which include melons and tobacco. Buffalo rather than tractors are used for ploughing the rice fields to avoid hardening of the soil. There is no irrigation and rice farming is totally dependent on rainfall. Almost all households own their own land. Water for household use is acquired from both private household wells and public wells. The market is situated in Roi Et with regular bus services to and from the village. The roads into and around the village are unpaved. There is a health center situated in another village four kilometers away. The village has its own primary school.

The Northern village. The village in the Northern region is located in Lampang province approximately 52 kilometers from the provincial capital and is administratively part of the district center of Jaehom. There are 337 households in the village which is situated on flat land near the banks of a river surrounded by low elevation hills. Because it is part of a district center, more shops and services are readily available within walking distance than in the other villages. Major occupations in the village are rice farming and tobacco growing. Land holdings vary in size from very small to moderate. Rented land is also common. Other occupational groups include craftsmen, merchants, and civil servants

(e.g., teachers, police, and district officials). The latter group includes some who were transferred from outside the district by the Thai government.

Bangkok construction sites. In Bangkok, focus group participants were recruited from two different temporary housing complexes associated with construction sites. One such complex was located near a hospital where construction was taking place and consisted of approximately 90 connected rooms on two floors surrounding a central communal area. Electricity was supplied by the employer. Water for daily use was obtained at the far end of the main compound. This area was also used for bathing. These temporary buildings are poorly constructed, typical of much housing for construction site employees in Thailand. School age children generally did not live with their parents and only infants were numerous. The residents generally frequent nearby drugstores for medication and contraception. The array of public and private health facilities of Bangkok are also available to them. There are quite a few old women in the site who take care of their grandchildren while their own children go off to work. Food is acquired at a nearby market. Some people also buy food from the markets in order to sell it in the site for profit. There is no garbage collection system and consequently the main compound is strewn with refuse.

The second complex housed workers constructing a large office building. It consisted of two three-story buildings, each containing approximately 40 separate rooms. The two buildings are situated in a rather small area. The latrines are located on one side of each building interspersed with living quarters. About half a dozen small water tanks supply water to the occupants. Electricity is supplied by the employer. The main buildings are even less well constructed than the first construction site due to the fact that there is a third floor and that housing conditions are more cramped. There are no special health services provided though there are irregular health check-ups arranged by the employer. Bangkok's various health facilities are available to them. There is no regular garbage collection system. No special schooling facilities are provided for children but there is a small room in front of the site used as a nursery. It was not open during any of our visits.

## Appendix 3

### Discussion Guide for Focus Group Sessions

Note: Unless otherwise indicated, an item was included in both the older and younger generation focus group sessions. Items included only in the older generation sessions are preceded by "O" while those included only in the younger generation sessions are preceded by "Y".

#### A. Introduction

Reason for session--to learn about family and children in Thailand  
Need your help  
Open expression of opinions encouraged  
Session will be tape recorded  
Confirm names  
Warm-up questions (on topics unrelated to major concern)

#### B. Marriage

Age at marriage of a randomly chosen respondent (or two)  
What is a good age at marriage for sons? Why?  
What is a good age at marriage for daughters? Why?

#### C. Change in Family Size

- O Number of children of respondents
- O Do respondents think their children will have fewer children than they had themselves?
- O Why the difference? (Probe both why respondents had more and why younger generations are having fewer.)
- O Is this a general change? That is, do most younger couples want fewer children than their parents had?
- O Is that good or bad?
- O Will having fewer children improve the younger couple's chance to live better?
- O Is the availability of consumer goods now greater than formerly?
- O Do you think this affects the number of children younger people want today?
- O Is more education necessary today than when you were growing up?
- O Do you think this affects the number of children younger people want today?
- O Do children nowadays help more or less around the house than in early days?
- O Do you think this affects the number of children younger people want today?
- Y How many children do you want? (ask about 2-3 persons)
- Y How many brothers and sisters do you have? (ask about 2-3 persons)
- Y Did the older generation generally have larger families? Why?
- Y Why did your parents have more children?
- Y Why do respondents want fewer children than their parents had?
- Y Do most young people want few (2-3) children only? Why?
- Y Do some young people still want many children? Why?
- Y What are the expenses involved in rearing children?

- Y Are these expenses related to the number of children you want? In what way?
- Y Do children today need more or less education than when you were growing up?
- Y Does this affect how many children you want?
- Y Do children today help with work more or less than before?
- Y Does this affect how many children you want? Do you prefer sons or daughters? Why?

#### D. Birth Control

If a couple wants no more children, what can they do to prevent having more? Probe for specific methods.

Is birth control practiced widely today? How about in your village?

How can you have only the number of children you desire?

Who should decide about family planning? The husband or the wife?

What could couples do to stop having children twenty or so years ago before modern methods were available?

Did couples ever practice abstinence? Withdrawal?

- Y Do younger couples still practice these two methods? (If no) Why not?
- O If you could have controlled the number of children, would you have had fewer children or would you have wanted the same number you had?
- Y Do you think that if our parents could have controlled the number of children, they would still have had a large number of children? Why?
  - When did you first learn about birth control?
  - From what source of information? Which was the most important?
  - When did you first learn about birth control?
  - From what source of information? Which was the most important?
  - When did you first learn about birth control? From what source?
- O Did people in the past send out children to live with others? Why? To whom?
- O Is this done today? Under what circumstances?
- Y Do some people send out children to live with others? Why? To whom?
  - Do some people use abortion to prevent births?
  - Have you ever heard of anyone who ever had an abortion? Why did they have it?
  - How widespread is abortion today? How about in your village?
  - Does the number of abortions differ from earlier times? How? Why?

#### E. Child spacing and childbearing

Is there anyone who got married and did not have a child immediately? Why?

Is it better to have a child right after marriage or to wait? Why?

Is it better to space children or to have them in quick succession? Why?

Does breastfeeding a child help delay the next pregnancy? How?

After giving birth, how long should husband and wife wait before resuming sex together?

- Y What is a good age for the wife to finish childbearing? Why?
- Should married couples stop having sex together when they get old?
- When should they stop? Why?

F. Support in old age

- O Expectations of respondents regarding support and help from children. In what ways (economic/non-economic)?
- O What kind of help are you receiving?
- Y Expectations of respondents' parents regarding support and help from children. In what ways (economic/non-economic)?
- Y What kind of help have you given your parents already?
- For children who are not residing in this village and are working elsewhere, do they help their parents? If so, in what way?
- O Has the extent of help children give parents in old age changed? How so?
- O Is the type of help changing? How?
- Y Expectations of respondents regarding support and help from own children. In what ways (economic/non-economic)?
- Is it important to have children to care for you in old age?
- O Will the younger generation receive less help since they will have fewer children? Why or why not?
- Y How do respondents reconcile desire for few children with expectations of support in old age?
- Y What do you expect your children to do when they grow up?
- If your land is not enough to give a sufficient amount to each of your children, how do you plan to divide it?

G. Child Survival

Do many children or babies die today because of serious sickness? Comparison with earlier times.

- O Did people in your village worry much about losing children?
- Y Do people in your village worry much about losing children?
- Is it necessary to have more children than you want in case one dies?
- Did you ever have another child to replace one that died?

H. Reproductive Decision Making

Who has primary responsibility for deciding on number of children? (Husband/wife/others)? Why?

Have you ever discussed desired number of children with spouse?

Does he/she agree with you on desired number?

In case of disagreement who makes the final decision?

If husband and wife disagree about how soon to have a child after marriage or how many children to have, whose opinion should prevail? Why?

Have you ever discussed with anyone else (besides your spouse) about how many children you should have, or when to have children?

- O Have you ever discussed with your children how many children they should have, or when they should have children?
- O Do your children agree with you? Do parents generally advise their children on this matter?

Y In general do people consult others (such as parents, friends, relatives, etc.) about how many children you should have or when to start having children?

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