



Thailand and Family Planning: An Overview

Background

The Thai government established its first Population Policy in 1970. As a result of participation in the 1994 International Conference on Population and Development (ICPD), reproductive health policies were reviewed by the National Family Planning Committee. In 1997, the Minister of Public Health set forth the National Reproductive Health Policy, which includes family planning and maternal and child health.

As of July 2003, Thailand's population was 63.2 million. As Figure 1 shows, 25% of the population is under the age of 15. About 66% of the population lives in rural areas and the majority are farmers reliant on subsistence agriculture. The urban population is, however, increasing.

Sweeping social changes have had an impact on sexual lifestyles; there has been an increase in pre-marital sex, unwanted pregnancies, unsafe abortions, and the transmission of HIV and STIs.

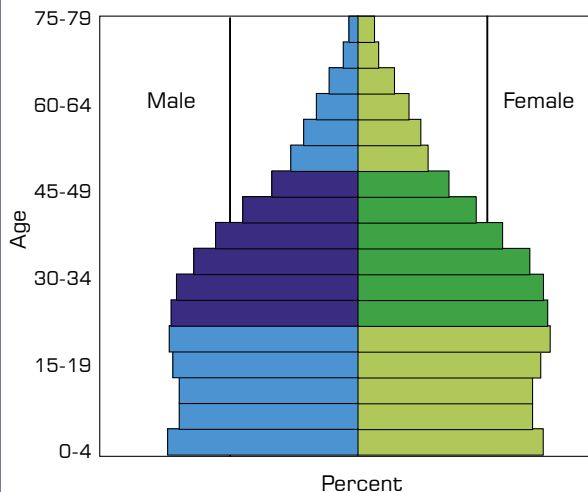
Situation Analysis

Examples of progress made:

- When Thailand started its National Family Planning Programme in 1967, the total fertility rate (TFR) was 6.3. **By 2003 TFR was reduced to below replacement level, at 1.7.**
- Over the last 30 years, **Thailand's annual population growth rate decreased by more than half;** in 1970 it was 3.3% and by 2003 it was 0.8%.
- In 1970, the contraceptive prevalence rate (CPR) was 14.4%. Since then, **CPR has continuously increased, reaching 79.2% in 2000.**

Figure 2 shows the trend in specific contraceptive methods used.

Figure 1: Population Pyramid Thailand



Source: UNAIDS, 2002

Almost all of the contraceptive methods used in Thailand are modern methods. Oral contraception is the most popular method. According to users, it is easy, convenient, inexpensive, and accessible at drug stores. As shown in Figure 3, female sterilization is the second most popular method followed by injectables, which are increasing in popularity. Methods for men are not widely used.

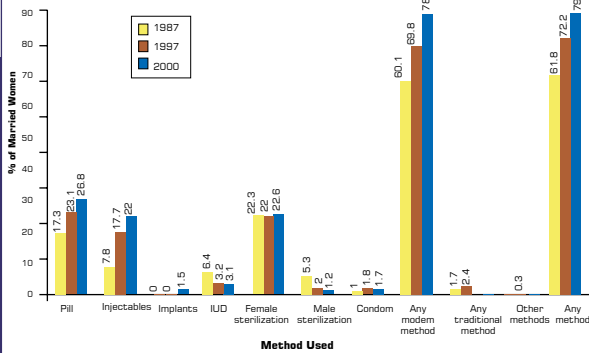
Of the women using contraception, 68.6% said they did so because they did not want more children, 30.5% said they wanted to space their births, and 1% said they had health problems.

The transformation in attitudes and behaviour, and the rapid decline in fertility over the past several decades have been described as a "reproductive revolution".

Elements that have contributed to the success of Thailand's family planning programme include:

- **Family planning has been a government priority,** in policy and implementation. It has been integrated with other public health services in existence, especially MCH.

Figure 2: Trends in Contraceptive Method Use



Source: Thailand DHS, 1987;1997; Thailand Reproductive Health Profile, 2003, Unpublished

- **Family planning services are extensive.** Methods of contraception have been provided conveniently, largely free of charge, without incentives, and with controls for quality and safety.
- A range of **health care providers have been involved** in implementing family planning programming, from physicians to midwives. This enables the government to expand services from the district to the community level, providing convenience to clients and more choices in contraception.
- **Partnerships with NGOs and the private**

sector have facilitated work that the government alone would not have been able to provide. Government support of this work comes in the form of technology, funds, contraceptives, and medical equipment.

- **University-based research** has facilitated **acquisition of data.**
- **Integration with other development programmes**, including agriculture, education, and community development, has increased the demand for family planning.

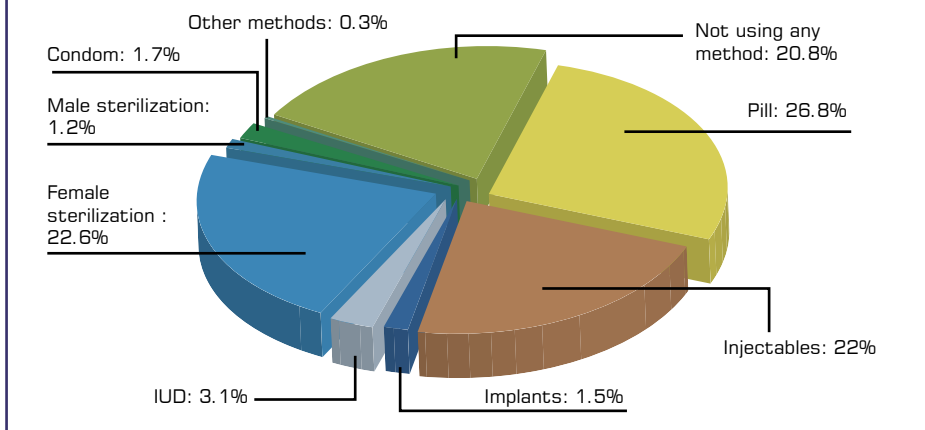
Rapid change and urban migration have had a disruptive effect on social structures.

Although a period of fast economic and social transformation improved the quality of life, there is now evidence that the income disparities both within and between regions and populations are widening.

Current Family Planning Efforts

The Thai Government, led by the Prime Minister's Thai Rak Thai party, won the last national election on a pro-poor, pro-rural, and pro-Thailand platform. Since its installation, the government has focused on five programmes,

Figure 3: Contraceptive Method Use by Married Women in Thailand, 2000



Source: Thailand Reproductive Health Profile, 2003, Unpublished



including providing **universal health care to the population at 30 baht per visit**. The government is in the process of implementing its medium-term strategies through the Ninth National Economic and Social Development Plan (2002-2006).

The present National Plan clearly recognizes reproductive health. Strategies identified include:

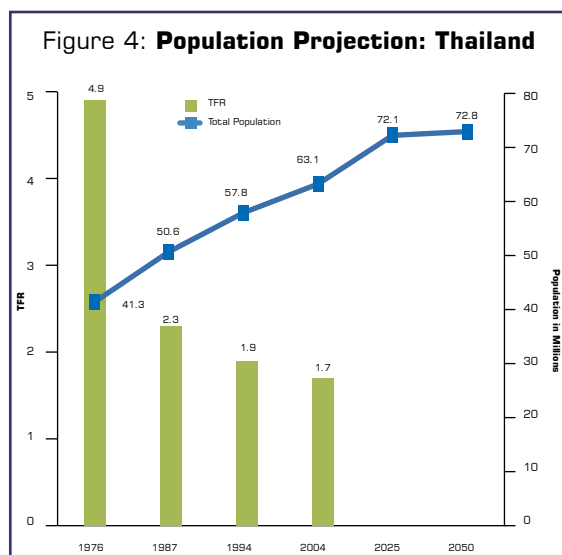
- Maintain fertility at replacement level by fostering knowledge and understanding, providing health education and information, and integrating reproductive health and family planning;
- Disseminate population knowledge into education curriculum at every level; and
- Promote life skills learning, sex education, family education, and equitable gender roles.

With regard to family planning, **the Thai government aims to:**

- Accelerate family planning efforts in areas where TFR is still high and CPR is low;
- Provide services for married and unmarried male and female youth, specifically aiming to reduce adolescent pregnancy;
- Promote a three-year birth space interval;
- Monitor quality of services;
- Promote male involvement in family planning; and

Key Indicators:

Total Population, 2003 (in millions)	63.2
Population Growth Rate, 2003	0.8%
Population Density, 2003 (people per square km)	122
Urban Population, 2003	34%
Population <15 years of age, 2003	25%
Total Fertility Rate (TFR), 2000-2005	1.7
Contraceptive Prevalence Rate (CPR), 2000	79.2%
- Pills	26.8
- Injectables	22.0
- Implants	1.5
- IUD	3.1
- Female Sterilization	22.6
- Male Sterilization	1.2
- Condom	1.7
- Other Methods	0.3
Unmet Need	5.9%
Average age at first marriage, 2003	23.5
Average age at first birth	N/A
Crude Birth Rate (CBR) (per 1,000 population), 1995-2000	19.6
Maternal Mortality Ratio (MMR), 2000	36.46
Infant Mortality Rate (IMR), 2000-2005	20
HIV adult prevalence, 2002	1.8%



Source: World Population Policies, 2003

- Better meet the needs of specific populations, including ethnic minorities, such as Muslims, migrant workers, slum dwellers, and the under-served.

The government has an integrated development policy of population, environment and maternal and child health.

The Ministry of Health is the main provider of family planning services in the country.

Challenges and Opportunities

1. **Inadequate number of health personnel.**
The number of health personnel in Thailand



is inadequate, especially for deployment at the health centre level (tambon/sub-district level). According to staffing patterns (1995-1997), each health centre should have five staff members yet the average is only three. There are wide regional disparities, with the lowest numbers of health personnel in the Northeast, followed by the North. Shortages of health personnel are also due to ill-distribution of staff, designators and transfers.

2. **Low access to family planning services in Southern region.** While Thailand has been overall successful with its family planning programming, there are still disparities in

access to services. The Southern region of Thailand still has: low CPR and high TFR; limited reproductive health information and services for unmarried youth and weak male involvement.

3. **Decreasing use of male contraceptive methods.** Use of male contraceptive methods is low and decreasing. Generally, Thai women take the responsibility of limiting or spacing births. Myths regarding condoms and vasectomies abound, and that Thai men do not like to use condoms for family planning as they associate them with preventing sexually transmitted diseases and HIV.

Sources

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