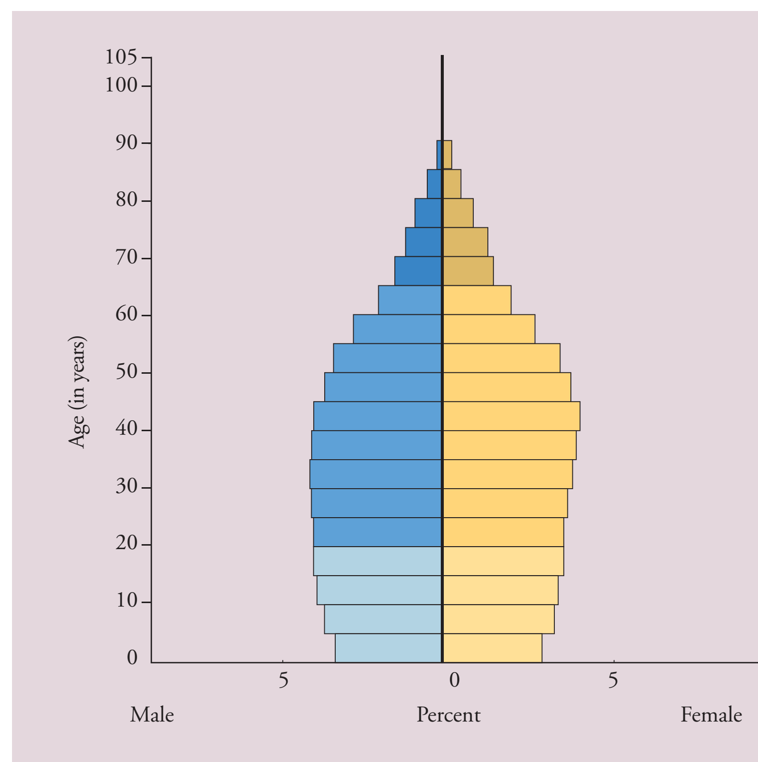
Thailand and Family Planning: An overview

Background

The Thai mainland is bordered by Cambodia, Lao People's Democratic Republic, Malaysia and Myanmar; the country also includes hundreds of islands. According to the 2010 Thai census report, the population is 65.98 million (The 2010 Population and Housing Census). It is also one of few countries in the South-East Asia Region where the female population (33.63 million) marginally exceeds the male population (32.35 million). The population is unevenly spread across the country, with the capital Bangkok being the most densely populated region.

The success of the family planning programme in Thailand is acknowledged worldwide. The population pyramid seen in Figure 1 shows a smooth distribution of the population across age groups, which is typical of populations that have not only managed to tackle issues related to excessive fertility, but have also made tremendous progress in terms of health improvement and increased life expectancy.

Figure 1: Population pyramid, 2010



Source: UN Population Projections 2010.

Situation Analysis

Thailand introduced its first population policy in 1970, and it is one of the most successful programmes in the South-East Asia Region. The programme has moved beyond a focus on family planning to include other vital components of reproductive health. In 2006 and 2009, the National Statistical Office of Thailand in collaboration with the Reproductive Health Division of the Department of Health, conducted special surveys focused on various aspects of reproductive health of the population (Reproductive Health Survey, 2009). Earlier fertility-related surveys were conducted in 1975, 1985 and 1996.

The relevant demographic and health indicators are presented in Table 1.

Table 1. Key indicators

Total population (in millions), 2010	65.98
Population growth rate, 2000–2010	0.8%
Population density (people per square km), 2010	127.5
Urban population, 2010	45.7%
Population <15 years of age, 2010	19.8%
Total fertility rate (TFR), 2011	1.5
Contraceptive prevalence rate (CPR), 2009	79.6%
– Pills	35
– Injectable	14
– Implants	0.4
– IUD	0.8
– Female sterilization	23.7
– Condom	2.3
– Emergency contraceptive pill	0.3
– Traditional or natural methods	2.2
Unmet need, 2001	1.2%
– For spacing births	0.9
– For limiting births	0.3
Average age at first marriage (in years), 2009	22.2
Average age at first birth (in years), 2009	24.8
Crude birth rate (per 1000 population), 2011	12.4
Maternal mortality ratio (per 100 000 live births), 2010	31.8
Infant mortality rate (per 1000 live births), 2012	11
HIV adult prevalence, 2001	1.8%
HIV prevalence among female sex workers, 2010	2.82%
HIV prevalence among indirect female sex workers, 2010	2.05%
HIV prevalence among male sex workers, 2010	21.0%
HIV prevalence among pregnant women, 2010	0.7%
HIV prevalence among blood donors, 2010	0.17%
HIV prevalence among intravenous drug users, 2010	26.0%
HIV prevalence among fishermen, 2010	2.52%

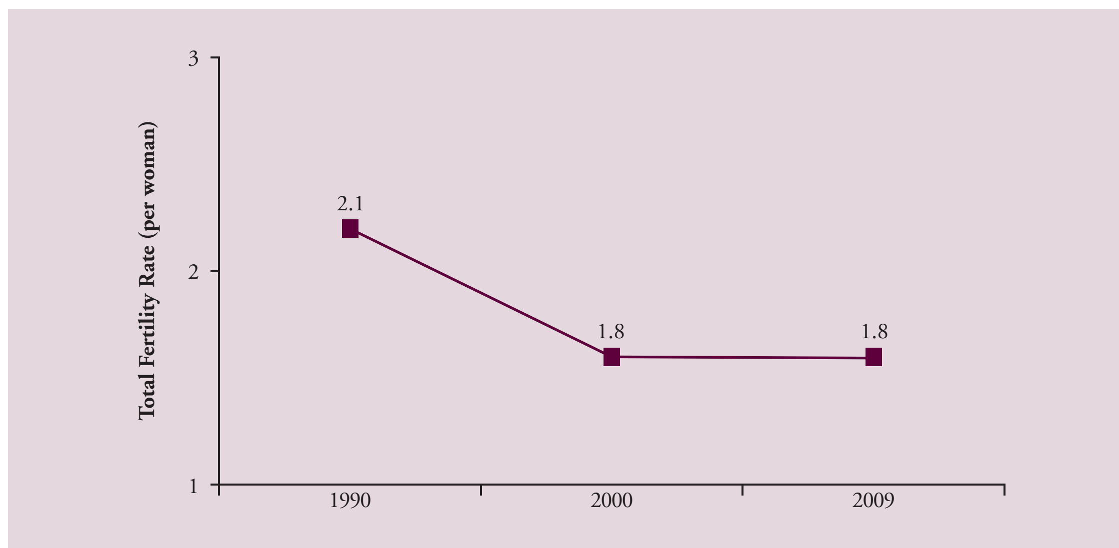
Source UN/IGME, Levels & trends in child mortality Report 2013, http://www.childinfo.org/files/Child_Mortality_Report_2013.pdf; Trends of maternal mortality 1990–2010 World Health Organization

Total fertility rate (TFR)

The Reproductive Health Survey (RHS) 2009 revealed that the average number of children ever born for women aged 15–49 years was 1.30 per women, which was slightly higher than the 1.23 found in the 2006 survey. There was a slight difference between municipal and non-municipal areas, with the former showing lower fertility rates of 1.11 compared to 1.40 in non-municipal areas. Thailand is amongst the countries that largely maintained TFR (Figure 2) though non-significant slight variations were noted between results of 2006 and 2009 survey.

Thailand is also one of few countries in the South-East Asia Region where the actual fertility is lower than the wanted fertility. In RHS 2009, ever-married women aged 15–49 years wanted 1.93 children, but actually had 1.67 children on average. There was an interregional difference in these levels, with women in the Southern region wanting the highest number of children (2.33) and Bangkok the lowest (1.69). Similarly, older women had slightly higher wanted fertility than younger women, suggesting declining fertility norms.

Figure 2: Trends in TFR, 1990–2009

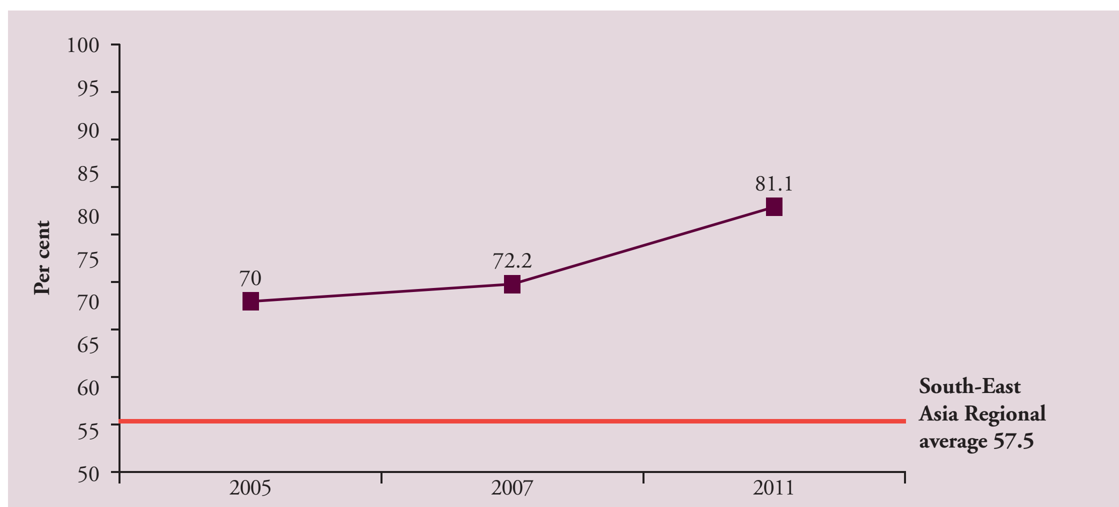


Source: World Health Statistics 2011.

Contraceptive prevalence rate (CPR)

The low fertility rates in Thailand can be directly attributed to the high rates of contraceptive usage by women in the reproductive age group. According to RHS 2009, 79.6% of married women aged 15–49 years were using some method of contraception. This represented a slight decline from the 81.1% found in the 2006 survey. However, as seen in Figure 3, the World Health Statistics 2011 report that CPR is back to over 81%.

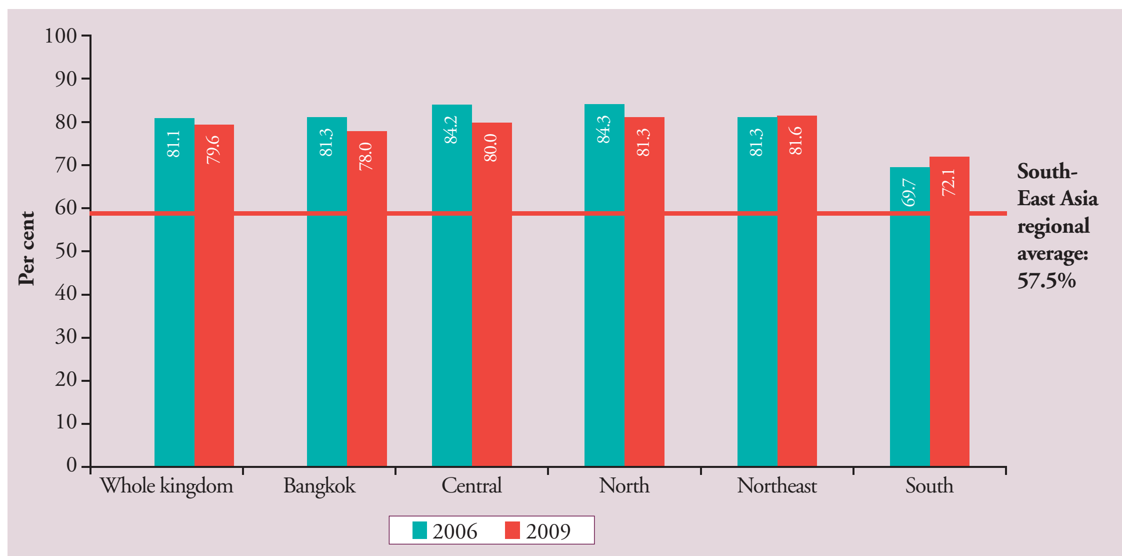
Figure 3: Trends in CPR, 2005–2011



Source: World Health Statistic 2005, 2007 and 2011.

Figure 4 shows that contraceptive usage rates by married women are close to 80% in almost all regions of Thailand; the Southern region is an exception, with a CPR of only 72%. Nonetheless, it is encouraging to note that while national figures and those for all the regions show declining rates from 2006 to 2009, the Southern region is the only one to show an increase in CPR during this timeframe.

Figure 4: Regional differences in CPR for women aged 15–49 years, 2006 and 2009



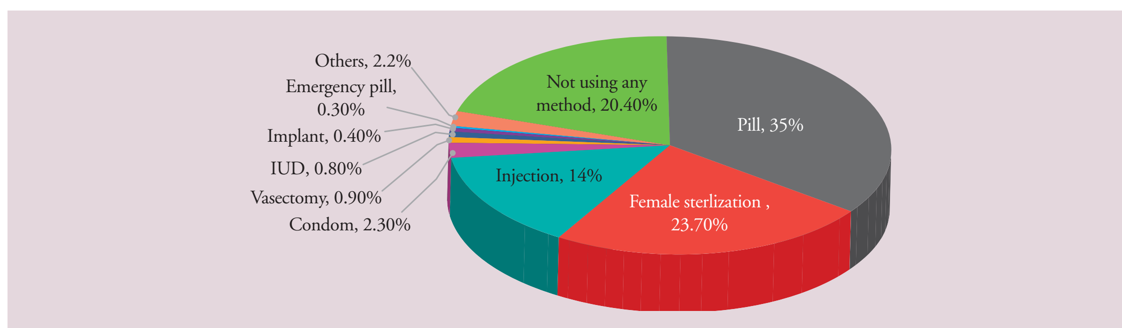
Source: National Statistical Office, Thailand. Key Findings: Reproductive Health Survey. Department of Health, Ministry of Public Health, Government of Thailand. Bangkok: s.n., 2009

Contraceptive method mix

Almost all women in Thailand that use contraception are relying on a modern method. The proportion of women using a traditional method of contraception has hovered around 2% for the past 25 years or so. In 2009, among the 2.2% of women using traditional methods, 1.7% relied on periodic abstinence and 0.5% used other traditional methods.

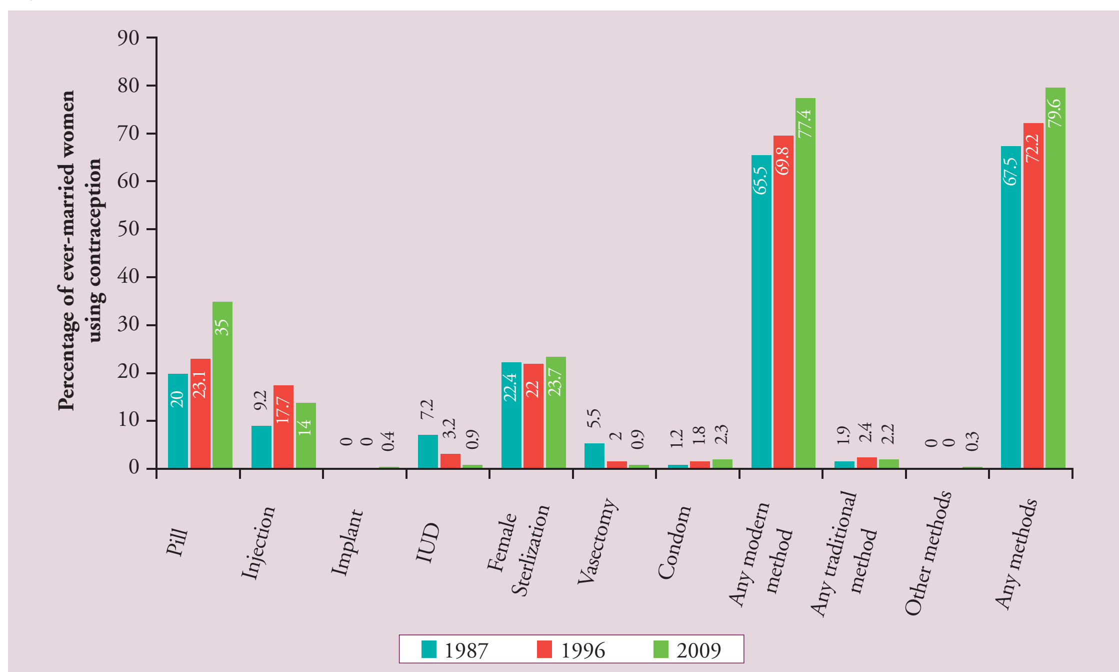
The pill continues to be the most preferred contraceptive method, with more than one third (35%) of women relying on the same (Figure 5). About 24% of women used female sterilization as their contraceptive method of choice. Despite a thriving commercial sex market in Thailand, condom usage was relatively poor at only 2.3%. As shown in Figure 6, the increase in the use of the pill over the years has resulted in a proportionate decline in the usage of IUDs and male vasectomy as contraceptive methods.

Figure 5: Contraceptive method mix, 2009



Source: National Statistical Office, Thailand. Key Findings: Reproductive Health Survey. Department of Health, Ministry of Public Health, Government of Thailand. Bangkok: s.n., 2009

Figure 6: Trends in contraceptive method mix



Source: Fertility surveys 1985, 1996, RHS 2009

Unmet need for family planning

According to RHS 2009, 16.2% of ever-married women aged 15–49 years with an infant reported that their last pregnancy was unintended. Of these, 5.5% had wanted to delay the last pregnancy and 10.7% wanted to limit their family size. On disaggregating the data by age, the rate of such unintended pregnancies was nearly twice this level in girls aged 15–19 years.

However, in the Thai context, where the access to contraceptive services is almost universal, rates of unintended pregnancies cannot be directly extrapolated as unmet need. On the contrary, this survey clearly showed that most of these pregnancies were due to contraceptive failure (such as due to women forgetting to take the pill or missing an appointment for contraceptive injection). Even in the adolescent age group, only 25.6% stated that the unwanted pregnancy resulted because they had planned on having sex, thus reflecting some degree of "unmet need" for this age group.

Adolescent fertility

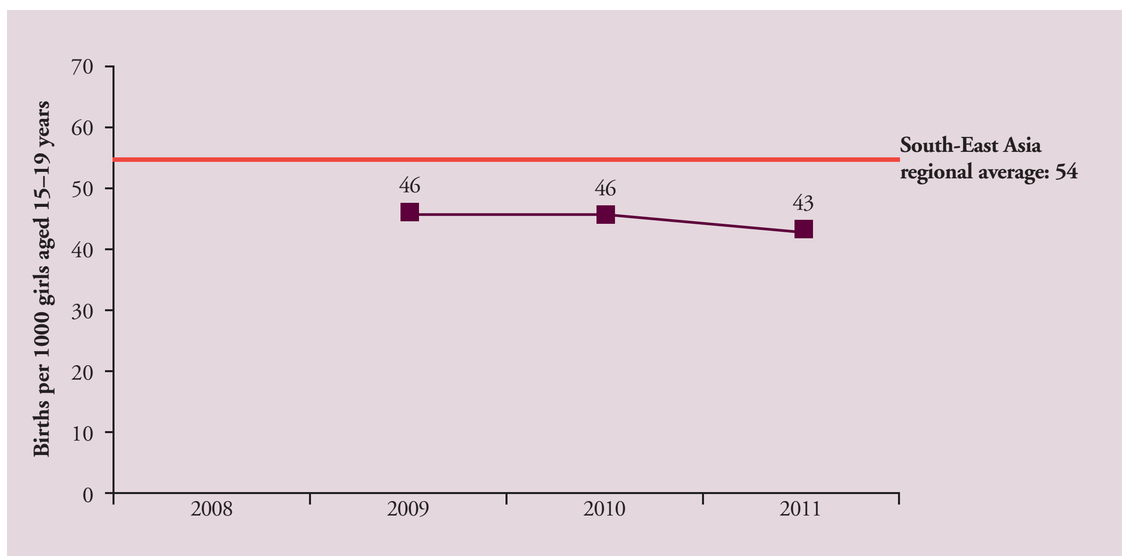
The adolescent fertility rate in Thailand is much lower than the regional average, and is declining further (Figure 7). The mean age at first birth is 23.3 years. Only 16% of all births in Thailand are to mothers aged less than 20 years (Figure 8). There are many reasons for this, some of which are listed below.

- Delayed marriage: According to RHS 2009, the mean age at first marriage was 22.2 years. Even though this represents a slight decrease over the 2006 results, it is much higher than in other countries of the Region (Figure 9).
- High use of contraceptives among youth (aged 15–24 years): About 83.5% and 70.3% of currently married and ever-married youth, respectively, have used contraceptives. Even 16.2% of never-married adolescents acknowledge having used a contraceptive. Of the young people

who use contraceptives, 91.9% used them during their last sexual intercourse reflecting that contraceptive use is a "regular" practice for them when indulging in sex. This figure is even higher (98.8%) among "single" adolescents.

- Reproductive health education: The 2009 survey revealed that 85.2% of youth aged 15–24 years had received some formal instruction in sex education, family planning and reproductive tract infections. Most of them had received this information while at school.

Figure 7: Trends in adolescent fertility rate, 2008–2011

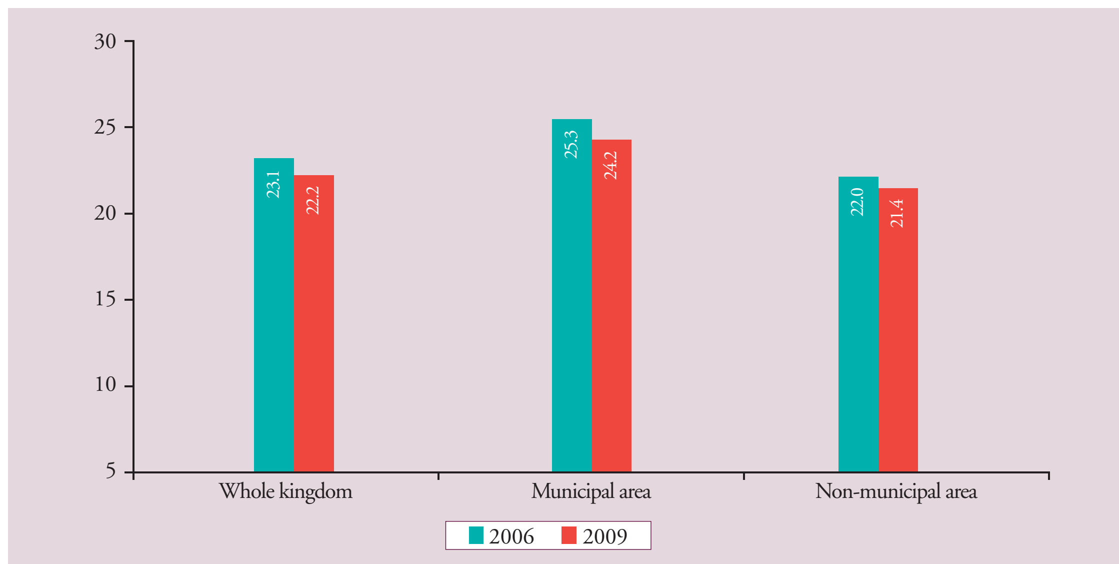


Sources: World Health Statistics 2008, 2009, 2010, 2011.

Figure 8: Percentage of women aged 15–49 years, by age group at first birth

Source: National Statistical Office, Thailand. Key Findings: Reproductive Health Survey. Department of Health, Ministry of Public Health, Government of Thailand. Bangkok: s.n., 2009

Figure 9: Mean age of women at first marriage, 2006 and 2009



Source: National Statistical Office, Thailand. Key Findings: Reproductive Health Survey. Department of Health, Ministry of Public Health, Government of Thailand. Bangkok: s.n., 2009

Current Family Planning Efforts

Thailand officially launched its family planning programme in 1971, with the release of the national Population Policy. The next 15 years saw an impressive halving of the growth rate from 3.2% to 1.6%. The success and sustainability of the programme can be attributed to factors and initiatives, as follows.

- **Innovative family planning campaigns:** Tying up with the Population and Community Development Association, a large non-governmental organization, the Department of Health launched one of the acclaimed marketing and distribution campaigns for contraceptives.
- **Increasing the basket of choice:** Thailand was the one of the first few countries globally to introduce the use of injectable contraceptives on a large scale. It also conducted revolutionary research into simpler and quicker methods for female sterilization, such as minilap, and was a pioneer in no-scalpel vasectomy.
- **Inclusion of the private sector:** Upon payment of a small fee, the distribution network of the private sector was tapped into to ensure access to contraceptives even in far-flung areas. Other innovative and commercially viable ventures were also introduced.
- **The social fabric of Thailand:** A more egalitarian and equitable social structure where women are respected, and where the dominant religion (Buddhism) emphasizes personal responsibility for behaviour, individual autonomy and decision-making (International Family Planning Perspectives)

Currently, family planning is one of many reproductive health efforts, which include relatively newer initiatives such as screening for breast and cervical cancer and pre-marital counselling, including voluntary counselling and testing of the couple for their HIV status and other genetic disorders especially thalassaemia.

Challenges and Opportunities

1. **Increasing the scope of reproductive health services:** Thailand has achieved worldwide recognition for running a successful and sustainable family planning programme. Even though the process has begun, Thailand needs to build on this success to ensure that access to other reproductive health initiatives such as emergency obstetric care, diagnosis and management of reproductive tract infections, screening for cervical cancer, etc. are made as accessible as contraceptives. The challenge here is twofold: first, is the relative shortage of health personnel in the Thai health system; and, second is educating communities on the importance of these services.

2. **Improving services in the Southern region:** For most health services, including access to contraception, the Southern region lags behind the rest of the country and therefore needs special attention from policy-makers and programme implementers.

3. **Ensuring male participation:** The use of male-dependent family planning methods, such as condoms and vasectomies, has been reducing over the years and the burden of family planning is being shifted solely to women. Male involvement in other reproductive health interventions, such as accessing antenatal care services, is also less than ideal. Health programmes should take advantage of the general social and religious fabric of the country, which encourages equality of the sexes, to increase male participation in decision-making and taking on greater responsibility for the reproductive health of the couple.

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