

# The Cultural Context of Thailand's Fertility Decline\*

*The recent course of fertility  
decline in Thailand becomes far more  
comprehensible once the cultural setting  
is taken into account*

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Thailand is among a growing number of developing countries that are experiencing a sustained decline in fertility from former high and relatively stable levels. In the case of Thailand, the reduction in birth rates has been both rapid and pervasive. During the last two decades, the total fertility rate (TFR) fell from a level of between 6 and 7 births per woman to a level of close to 3 per woman. According to a recent United Nations assessment, Thailand's fertility decline during the last two decades ranks as the third largest, behind only China and the Republic of Korea, among the 15 most populous developing countries of the world (United Nations, 1985).

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This decline in fertility is primarily attributable to reduced reproductive rates among married couples, with a rising age at marriage contributing only modestly to the change. The decline in fertility was accompanied by a massive increase in the practice of modern methods of birth control. In 1984, the contraceptive prevalence rate among married women in the reproductive ages 15 to 44 was 65 per cent, a level not far below the levels prevailing in economically developed countries.

Thailand's fertility decline is especially notable because it has been occurring while the country is still predominantly rural and agricultural. Particularly striking is the pervasive nature of the recent reproductive change. A preference for small size families, increased contraceptive prevalence and declining fertility currently characterize almost all major segments of Thai society. Today, recently married couples - whether they be rural or urban, lesser or better educated - overwhelmingly express a desire for only modest sized families as illustrated clearly in **table 1**. Nationally, well over half of recently married women have indicated two children as their preferred number and only one in ten women expressed a wish for more than three children (Kamnuansilpa and Chamrathirong, 1985). Given that deliberate birth control is now widely practised, such recently married couples will be in a position to keep their actual childbearing in accord with their expressed wishes.

**Table 1: Preferred number of children among women married fewer than 5 years, by residence and education, 1984**

<b>Years of education</b>	<b>National</b>	<b>Rural</b>	<b>Urban</b>
Fewer than 4	2.5	2.5	2.4
4	2.4	2.5	2.3
5 or more	2.3	2.4	2.3
<b>Total</b>	<b>2.4</b>	<b>2.4</b>	<b>2.3</b>

Source: The 1984 Contraceptive Prevalence Survey

The one readily identifiable group that has lagged behind in terms of the changing reproductive patterns is the small Muslim minority, many of whom live in southern Thailand where, to a lesser extent, fertility decline has also lagged among Buddhists. However, since Muslims constitute only a very small

proportion of the total population, their impact on national trends has been minimal.<sup>1/</sup>

An adequate explanation of the timing, pace and extent of Thailand's fertility decline involves a number of major components. These include the rapid and fundamental social changes that have been taking place which have caused couples increasingly to view large numbers of children as an economic burden, as well as the organized efforts to provide modern contraceptive methods, especially through the Government's family planning programme. In Thailand, as in other societies, the impact of social and economic change and government programmes on actual behaviour is mediated through the cultural setting. While the features which make up that setting are not static and are themselves affected by social and economic change, cultural dimensions are likely to show considerable continuity and persistence even when social and economic change is rapid, as it is in Thailand. Thus it is possible to discuss various aspects of Thai culture in terms of the extent to which they predispose or inhibit reproductive change, at least over shorter spans of time.

The goal of the following analysis is to explore several important dimensions of Thai culture that seem particularly relevant to understanding the rapid change in reproductive behaviour that has been taking place. We draw on both quantitative and qualitative data sources, including ethnographic studies, sample surveys and a series of directed "focus group discussions" conducted primarily among the rural population. We occasionally draw quotations from these group discussions to illustrate our argument.<sup>2/</sup> The analysis is not intended to be a comprehensive explanation of Thailand's fertility decline, but rather to illustrate how incomplete such an explanation would be if the cultural setting were ignored. The major thesis is that the ready limitation of family size and the adoption of birth control by Thai couples as ways to adjust to changing socio-economic circumstances have been facilitated by several important features of Thai culture. These include the notable absence of several pro-natalist cultural props to high fertility and barriers to fertility decline characteristic of many third world societies. The analysis starts with a consideration of parent repayment expectations, a cultural dimension often thought to prevent family size reduction. Three other crucial cultural features, i.e. the locus of reproductive decision making, the extent of female autonomy and the influence of Theravada Buddhism, are then discussed. As evi-

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<sup>1/</sup> There is some evidence indicating that the fertility of several other groups, also of minor demographic importance such as the populations living in the most remote areas of the north-eastern region and hill-tribes in the north-west, was falling more slowly than the rest of the population (ESCAP, 1985).

<sup>2/</sup> For a description of these focus group discussions and their results, see Knodel et al, 1984.

dence of the importance of cultural influences on fertility decline in Thailand, attention is drawn to the contrasting reproductive attitudes and behaviour of Buddhists and Muslims.

### **Persistence of parent repayment**

The expectation that children, when they become economically active adults, will provide comfort and support for their parents, particularly when the parents are too old to work or care for themselves, is shared by all segments of Thai society. Indeed, it is a common expectation in virtually all third world countries and often cited as a major incentive for high fertility. The general lack of effective government and private pension systems providing more than very limited coverage in Thailand and most of the developing world ensures that the majority of couples will look to family members, and particularly their children, for support in their later years.

In Thailand, this support takes both economic and social forms and is viewed as repayment to parents for having borne, cared for and raised the child (Rabibhadana, 1984; Phillips, 1965: 158-9). It is a tradition deeply rooted in the secular and religious culture and firmly linked to the broad normative structure. Temporary service in the Buddhist monkhood by sons, a common occurrence in Thai society, is seen as part of this repayment since it confers merit on the parents as well as the son.<sup>3/</sup> As part of a traditional rite frequently performed prior to ordination, explicit reference is made to the obligation that a son has to repay his parents, thus ordination is seen as part of this process. In elementary school, a commonly read excerpt from a classical text deals with the strong obligation a child has to repay his parents for their care.<sup>4/</sup> Moreover, helping to 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 (Podhisita, 1985:38-39).

Parent repayment in Thailand is a process that begins when children are old enough to be useful and continues through the child's adult years as long as the parents live. Indeed, even after parents die, children are expected to pay respects to the deceased parents. It encompasses the help young children

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3/ "Merit" (*boon*) refers to the Thai belief derived from the Hindu-Buddhist doctrine of *karma* that all one's good conduct earns spiritual credit (merit) and brings positive rewards; one's evil conduct results in spiritual demerit and yields negative rewards both in the present life and in subsequent incarnations (Pfanner and Ingersoll, 1962:352-353; Suebsonthi, 1980:159). Throughout their lives, individuals maintain a relative store of merit which represents the accumulated balance between merit and demerit (Kirsch, 1977: 246).

4/ We are grateful to Fern and Jasper Ingersoll for calling our attention to these points.

provide parents but it is the later stage of the process, when parents are no longer able to work or care for their own needs, that is seen as the essence of parent repayment. The discussion of repayment to parents, therefore, focuses on contributions made during the children's adult years.

Focus group discussion participants of both the older and younger generations agreed that parents expect and are entitled to support from their adult children as repayment for, or as an obligation created by, the care parents provided children during infancy and childhood. The discussions made clear that repayment encompassed both economic and non-economic dimensions. Contributions of money, material goods and labour assistance to the parents' economic activities were cited as well as social and moral support.

The most frequently mentioned expectation was assistance during illness, primarily in the form of physical care and psychological comfort, but also financial help in purchasing medicine and paying for medical services. Children are also expected to be responsible for arranging and paying for funeral ceremonies, often a significant expense in Thailand, and for "making religious merit" on behalf of deceased parents. Other common examples included the provision of food and clothes, donations of money on a regular or irregular basis, social visits, help around the house and help with cooking. The form of repayment is seen as varying with the stage in the parents', as well as in the adult children's, life cycles, balancing need and ability. Parents anticipate a reduction in monetary and material contributions once adult children start 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.

*"If my children don't come [to look after me] when I am old, I don't know why I had children." (Younger woman, North-east)*

*"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, North-east)*

*"When we are sick, when we are old, we expect our children to cook and get food for us, to get 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, we will depend on them. " (Older woman, central region)*

Although there seemed to be nearly universal agreement that it is important for children to help to support and comfort parents in old age, there

was some recognition that it does not always work out that way. Several participants stressed the need for at least several children in case some turn out not to be dependable. While expectation of old-age support from children clearly persists, it is difficult to assess whether the extent of support has changed, in part because the form of support appears to be shifting. Many focus group participants observed that monetary remittances from wage labour or non-agricultural jobs outside the village are replacing help in activities requiring labour. Thus parent repayment is becoming monetized along with other aspects of villagers' lives. Both older and younger generations appear to be aware of this change. While some see it as an improvement and even as an increase in the extent of support provided to parents by adult children, this viewpoint is not universal.

The monetization of support is tied in with many changes that are occurring in Thai society. The increasing scarcity of farm land and the greater rewards of wage earning jobs mean more children seek their livelihood away from home. It is often difficult to leave a job elsewhere to return to the home village when labour is needed, such as during planting or harvesting time, although this still occurs with some frequency. Older parents are faced with the same monetization of daily life as everyone else but may have greater difficulty earning cash incomes of their own. Hence the shift from labour assistance to cash remittances may be convenient for parents and children. Moreover, many elderly parents probably have access to both forms of support, since often some children remain home or near the village while their siblings have non-agricultural jobs elsewhere.

*“Back then [children] helped with labour. 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 Muslim woman, South)

*“Those who stay at home help us to 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 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, North-east)

Survey data on expectations and hopes for help from children during the parents' older years are available from several sources. A substantial amount of information was collected in a 1975 survey based on interviews with married men. In response to openended questions on the advantages of a large family and disadvantages of small families, Thai husbands showed considerable interest in the help that children provide when the parents are old or when the parents become ill. This was true for both rural and urban men (Arnold and Pejaranonda, 1977). Husbands were also asked what means of support they expected in old age and to what extent they expected to rely on their children. Three-fourths of all husbands spontaneously mentioned children as a means of old age support. This was a far larger percentage than for any of the other possible means. For example, only 39 per cent spontaneously mentioned savings, the second most commonly mentioned means (Arnold and Pejaranonda, 1977).

When asked specific questions about help expected from children (as shown in **table 2**), 88 per cent thought that during their older years they would depend at least in part for economic assistance from children. By contrast, only 28 per cent expected a great deal of financial support. Rural men are somewhat more likely to indicate reliance on children for such support than their urban counterparts. The substantial degree of economic and emotional reliance on children in the later years is evident from the finding that 85 per cent of rural husbands and 77 per cent of urban husbands said that they expected to live with their children during old age.

As indicated above, expectations of repayment to parents generally extend over most of the productive life of children. Adult children with a job are often expected to contribute income to the family, especially if those children are unmarried. This is evident from the survey responses of married men to questions about their expectation of receiving income from unmarried and married adult children. The questions asked referred to adult children in general and not to the respondent's own children. The results indicate that most husbands, both in rural and urban areas, expect parents to receive income from adult children, but primarily from unmarried children. Rural husbands especially appear to feel that once their children are married, the burden of caring for their own families will prevent them from sending income to their parents. Among the subset of husbands who had children who actually earned money, the large majority (77 per cent) of unmarried children contributed income at least occasionally compared with slightly less than one third of married children (Arnold and Pejaranonda, 1977). Thus expectations appear to conform well to the actual pattern.

Data from a 1979 survey also confirm high levels of expectation of support from children when parents are old. Respondents with children were

**Table 2: Attitudes towards assistance from children during old age, by residence and age cohort.**

	All ages		Age cohort (rural and urban combined)				
	Total	Rural	Urban	Under 30	30-39	40-49	50+b
Per cent of married men in 1975 who expect :							
To rely on any financial support from children when old	88	89	78	89	89	87	87
To rely on a great deal of financial support from children when old	28	29	19	27	27	28	34
To live with children when old	85	86	75	85	86	84	81
Unmarried children to give part of income	63	64	56	61	62	64	70
Married children to give part of income	18	17	27	15	16	20	24
Per cent distribution of responses to question "Can you rely on your children to take care of you in your old age?" (1979)							
Household heads							
Yes	80	81	68	76	78	78	83
No	7	5	16	5	7	7	6
Uncertain	14	14	16	19	15	14	11
Total <sup>a</sup>	100	100	100	100	100	100	100
Ever married women							
Yes	74	75	67	72	71	74	81
No	4	4	4	3	3	5	6
Uncertain	22	21	29	25	21	22	13
Total <sup>a</sup>	100	100	100	100	100	100	100

Notes: **a)** Sum of categories may differ slightly from 100 owing to rounding.

**b)** 1979 results include a small number who did not know their age.

Source: The 1975 data are from the Survey of Fertility in Thailand; the 1979 data are from the National Survey of Family Planning Practices, Fertility and Mortality.



asked if they thought they could rely on their children for support in old age. The wording of the question referred to support of any kind, not necessarily financial support. Results are also shown in **table 2** and indicate that the large majority of rural household heads, most of whom were male, and rural ever married women thought that they could rely on their children for support in old age. Most of the rest said that they were not sure and only a modest proportion of either group indicated that they believed they could not rely on their children for support. Although expectations of support were lower for urban respondents, still about two thirds of urban household heads and urban ever married women thought that they could rely on their children in old age. Again, most of the remainder were uncertain.

While the focus group discussion results indicate that expectations of parent repayment are widespread among both older and younger generation participants, they cannot serve as the basis for judging in any precise manner either the extent to which such expectations have been changing over time or if generational differences exist. The quantitative data from surveys also make clear that expectations of support of parents by adult children are very prevalent. Unfortunately, however, there is a lack of series of comparable data from different surveys to permit a direct assessment of trends. Although not directly a measure of change, age group comparisons of attitudes towards support in old age from a single survey can at least indicate if there are cohort differences at a given time. For this reason, the findings in **table 2** are also shown according to the age group of the respondent.

Results from both surveys indicate modest age cohort differences in some attitudes towards assistance from children during old age and almost no difference in others. To the extent that differences are evident, they generally indicate that expectations were more prevalent among the older cohorts. For example, according to the results from the 1975 survey, there is almost no difference in the percentage of married men under 30 and those over 50 who expect to rely on at least some financial support from children during old age. For all age groups, such expectations are very prevalent. Expectations to live with children during old age are also very prevalent among younger men. However, a higher percentage of the older men expect a great deal of support compared with the younger men. There was also a somewhat higher proportion of older than younger men who expect unmarried and married children to give part of their income to parents. Since the questions about giving part of the income to parents did not refer specifically to old age support, the fact that there were greater cohort differences in the responses to these questions than to those which referred to old age may reflect that the latter are more resistant to change, possibly because they represent the essence of parent repayment.

Responses based on the 1979 survey about reliance on children for assistance in old age indicate a slight increase in the proportion in successive age cohorts who think they can rely on children. This is entirely a result of a decrease in the proportion of the older cohorts who are uncertain about assistance, however, rather than a decrease in those who say that they do not think they can rely on their children. Possibly the age cohort differences in the percentage who are uncertain about assistance reflects the fact that the older respondents are already at an age when they would be receiving such assistance. Thus there is little uncertainty in their situation. In contrast, for the younger respondents, such assistance is still a considerable distance into the future.

In brief, cultural expectations of parent repayment have remained strong during a period when rapid reproductive change has taken place. This suggests the ability of deeply entrenched cultural features to persist in the face of rapid social and economic change supporting the view expressed by Freedman (1979) that abandonment of traditional familial values is not necessarily a prior condition for large-scale adoption of contraception and a substantial reduction of fertility.

Given the persistence of the parent repayment norm 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 focus group discussion participants reconciled this with the younger generation's desire for a smaller number of children. Old and young participants alike were evenly divided as to whether or not having few children threatened security in old age.

The most common view was that a trade-off is 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. Parents today opt for small families because they judge that the additional benefits to be gained later in life from many children are not worth the hardships that raising a large family would involve. Some simply feel there is in fact no choice to be made, since under current social and economic circumstances they could not possibly afford raising many children.

***"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 Muslim woman, South)

***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)

***“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, North-east)

Nevertheless, a number of focus group participants believed that the only persons whom one can truly depend upon are one's own children and that a couple with few children runs the risk that there might not be anyone around to help later in life. There were also a number of participants who expressed uncertainty about whether children can truly be depended upon in old age. Dawson (1979:111) noted a similar uncertainty among the central Thai villagers he studied. This uncertainty may mitigate to some extent the sense of conflict felt between reduced family size and a need for many children later in life.

One view among participants who did not feel that having few children jeopardized old-age support was that support in later years does not depend on the number of children but rather on their upbringing. A small number, if properly raised, would still be sufficient to provide parents with security. Given the norm that only one child, typically the youngest daughter, will reside permanently with the parents and hence carry the bulk of the burden of responsibility for parental care, a single child should be sufficient to be reasonably assured of support in old age (Lauro, 1977).

There were also participants who believed that the relationship between the number of children and economic support later in life has changed and that a simple association between more children and greater economic security in old age no longer holds in today's changing social and economic environment. They felt that fewer but better educated children would be more favourably situated to obtain desirable non-agricultural jobs and thus would be better able to provide economic support to their parents, especially in terms of cash remittances. Since the cost of providing an adequate education for many children would be prohibitive, the economic prospects of children and parents are improved by limiting family size to a few children.

***“[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 Muslim man, South)

***“[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 greater but the children will receive more care. Two children with education can repay parents better than 10 [without]. ”*

(Older man, North-east)

*‘[Children should study a lot.] That's good.They'll be able to find jobs. We'll be able to rely on them.There will 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. ’*

(Younger man, central region)

In brief, both the focus group discussions and survey data clearly indicate that younger couples still have strong expectations that their children will support them during their later adult years despite the fact that they wish to have only a few children. While many see having few children as conflicting with maximizing support in old age, other considerations favouring small families override these concerns. Others see no conflict since they believe that few children are sufficient for support. Some even argue that couples with small families will be better off since they will be better able to educate their children and, given the societal changes underway, more highly educated children will be in a more advantageous economic situation to provide the parent repayment expected.

### **Locus of reproductive decision making**

Discussions of high fertility in some third world societies have recently emphasized the importance of the influence of kin, particularly the couple's parents, on reproductive decisions of the couple. Such influence is typically pro-natal, in accordance with the kin group's own interest and serves as an important prop supporting high fertility (e.g., Caldwell, 1982: 117-118). In Thailand, however, this is clearly not the case. Decisions with respect to the establishment of a conjugal unit, and hence the initiation of reproduction, as well as decisions concerning the number of children to have are generally defined as being primarily the responsibility of the couple themselves.

In Thailand, both the choice of spouse and timing of marriage are largely decisions for the individual couple themselves. Participants in the focus group discussions emphasized maturity and responsibility as important prerequisites for marriage. At the same time, however, they also indicated that ultimately the timing of marriage depends on the individuals themselves.

***“They can get married at whatever age they want to.”***

(Younger woman, North)

***“Some say it’s good but some say it’s bad to marry when you are young. It really depends on the individual.”*** (Younger man, North-east)

***“At 20 years (it is good to get mam’ed). At that age they can take good responsibility for a family. But then, it depends on the individual.”***  
(Older Buddhist man, South)

Questions about who makes decisions concerning mate selection were not discussed in the focus group sessions. But there is a considerable body of sociological and anthropological literature indicating that for some time the norm has been that individuals have freedom to select their own mate. Arranged marriages, among the Buddhist majority at least, are relatively rare, although they may have been more common in the past. Parents or other kin play mainly an advisory role (Limanonda, 1983; Henderson, 1971:69). As Lauro (1979:270-2) points out, despite the formal structure of some marriage arrangements involving negotiations over bride price and ceremonial visits between respective households, in actual practice the decision to marry is a prior one made almost completely by the marriage partners themselves. While bride payment is common, it does not signify corporate family involvement in the marriage contract and the payment is not returned in the case of divorce as is common in societies emphasizing an extended family structure. In addition, there is little family involvement in cases where couples decide to divorce. Essentially marriage and divorce are matters for the couple itself to decide. Other family members have minimal influence.

Survey data on attitudes towards mate selection, presented in **table 3**, are available from rural samples covering the decade 1969 to 1979. These data confirm the predominant view that sons and daughters should exercise considerable freedom in their choice of a spouse. Consultation between parents and children is expected, but only a small proportion of respondents felt that the parents should select a child’s spouse. No significant shift in attitudes towards this aspect of family life among rural Thai women is evident during a decade when substantial social change, including a major transformation of reproductive behaviour, was taking place. This probably reflects the fact that the pre-existing pattern already favoured the mode of mate selection towards which social and economic development are usually assumed to lead. It is interesting that at the time of the 1969 survey there was little difference in attitudes between rural and urban women concerning mate selection.

Childbearing decisions in Thailand are also generally defined as being primarily the responsibility of the couple themselves. Focus group discussion

**Table 3: Attitudes towards mate selection, among ever married women, 1969-1979**

	For son			For daughter		
	Rural		Urban	Rural		Urban
	1969	1979	1970	1969	1979	1970
<b>Who chooses mate</b>						
Parents must choose	13.7	13.0	10.6	13.5	13.7	11.9
Child chooses on own	68.3	71.0	68.6	68.2	69.1	64.5
Child chooses with parental approval	9.8	10.3	14.4	10.0	10.7	16.6
Parents choose with child's approval	7.7	5.6	5.0	7.6	5.9	5.5
Other	0.5	0.1	1.4	0.7	0.5	1.5
Total per cent	100.0	100.0	100.0	100.0	100.0	100.0
Total number	1,434	2,104	2,128	1,436	2,140	2,130

Source: The 1969 and 1970 results are from the Longitudinal Study of Social, Economic and Demographic Change; the 1979 results are from the National Survey of Family Planning Practices, Fertility and Mortality.

participants of both older and younger generations were largely in agreement on this matter. When asked whether they sought advice from anyone about how many children to have, younger participants rarely mentioned parents. They either stressed that the marriage partners themselves decide or they mentioned the advice of friends and siblings. Moreover, when they discussed such matters with others, they were simply seeking informal advice and were not being given imperatives from persons with deeply felt vested interests. The older generation also rarely mentioned discussing reproductive matters with their own parents. When asked whether they had advised their children on such matters, many older respondents indicated they had not.

The advice that was given typically encouraged the practice of contraception and advocated few children, primarily for the couple's own benefit. Occasionally older generation participants indicated small families for their children were also in their (the grandparents') interest since they themselves might have to help to ease the burden of raising many children. The two generations agreed that whatever advice is offered, ultimately it is for the couple itself to decide whether or not to follow it.

*"The husband and wife consult only each other. Nobody else should have an opinion. Other people don't help raise the children."*  
(Younger woman, North-east)

***“I never discussed [how many children to have] with my children. They never asked me for my advice. I never give advice. ”***

***“I told my children that to have two is enough. ”***

(Two older women, Bangkok construction site)

***“It’s not related to anyone else. The husband and wife decide together.”***

(Older man, North-east)

***“We don’t talk with anyone else. . . . We wouldn’t listen to what other people advise. We listen to ourselves. ”***

(Younger woman, North)

***“[I advised them] not to have many children because not only they but we will also be in difficulty. ”***

(Older man, North-east)

The focus group results in this respect are quite consistent with findings reported from a nationwide rural survey conducted in 1975. The vast majority interviewed (91 per cent of husbands and 79 per cent of wives) 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 third of the men and almost half of the women said they did not follow it (Deemar, 1975).

The relative independence of couples in decisions about marriage and subsequent childbearing is consistent with a general and pervading theme in the Thai value system (discussed below in connection with the influence of religion), stressing individual responsibility for one’s own actions and destiny. Thus, even though many couples spend an initial period of married life co-resident with the parents of one of the marriage partners, the parents would still be likely to define their appropriate influence on such decisions as minimal. Moreover, independent decision-making for the younger couple fits in with the prevailing expectation that each conjugal unit will be largely responsible for the support of its own children. Even during the co-residential initial period following marriage, the younger couple may contribute more to the upkeep of the household than does the older couple (Yoddumnem, 1983). This is in considerable contrast with the situation thought to typify many developing countries whereby shared resources associated with co-residence in a joint household free the younger couple from the direct economic responsibility of rearing children and permit an earlier start to childbearing than would be the case if they had to depend primarily on their own resources alone (Davis, 1955).

The absence of strong parental and kin pressure to have large families means that a prop considered important for the continuance of high fertility in many other societies is absent in Thailand. Moreover, the relative economic independence from an extended family grouping makes Thai couples parti-

cularly sensitive to socio-economic changes that lead to increased costs of raising a family. Since reproductive decisions are considered to be almost entirely the responsibility of couples themselves, they are free to adjust their fertility to fit their own perceived interests, thus facilitating rapid reproductive change.

### **Female autonomy**

Another important feature of the Thai cultural setting that facilitates rapid fertility decline is the relatively favourable status of Thai women. They compare well with women in many parts of the third world in several important respects affecting female status. For example, literacy among women currently in the reproductive ages is close to universal and labour force participation rates are high (Curtin, 1982; Meesook, 1980; Debavalya, 1983). Relations between husband and wife are also relatively egalitarian (Hanks and Hanks, 1963; Henderson, 1971:69).

Several features of Thai culture and social structure support, reflect and enhance the position of women in Thailand. There is not a strong gender preference for sons as there is in many other societies. Families in rural areas are traditionally centred around female members. Even though authority rests with the senior male, it is usually passed through the female line, especially in the North and North-east. Ideally, property is shared equally among sons and daughters, but the family home is typically allotted to the one who takes care of the parents in old age, customarily the youngest daughter. The post-nuptial residence pattern emphasizing co-residence with the bride's parents means that at marriage the man joins the ritual, economic and social group of his wife. Men and women are expected to contribute to the household's productive activities without a sharp dividing line between the tasks that men and women carry out. Within the family, the wife has considerable power and typically controls family finances (Phongpaichit, 1982; Mougne, 1984; Bunnag, 1971:7; Henderson, 1971:72-73; Muecke, 1984). According to Lauro (1979:273), while major family economic decisions were likely to involve consultation between husband and wife in the village he studied, often the wife had the greater say. The importance of women in trading is a related feature of women's economic roles (Mougne, 1984).

It is often pointed out that Theravada Buddhism in theory ascribes an inferior status to women (Thitsa, 1980; Aneckvanich, 1979). Ordination into the monkhood is reserved for men; moreover, monks are forbidden any physical contact with women. However, this prohibition is not necessarily a sign of female inferiority, but rather a reflection of a fear that female sexuality may distract monks from their spiritual path. It is by no means clear that Buddhist culture in practice relegates women to a religiously inferior status



relative to men (Keyes, 1984). Women are more frequent contributors of food and other items of daily charity to monks than are men and hence their moral prestige is high (Henderson, 1971:70).

Of particular relevance for reproductive behaviour is the high degree of female autonomy, i.e. the ability to manipulate one's personal environment, that characterizes Thai culture, extending into the area of decisions regarding reproductive behaviour.<sup>5/</sup> There is considerable agreement that Thai women act more independently in many spheres than women in most other third world societies.

The focus group discussions make clear that Thai women nowadays believe that 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. The most common opinion expressed was that reproductive decisions were the joint responsibility of husband and wife.

***“You must discuss [the number of children] between husband and wife.”***  
(Younger Muslim man, South)

***“We have to decide [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 in order to see how willing she is.”***  
(Younger man, central region)

***“Both sides should be satisfied, the husband and the wife. . . [the number of children] can usually be agreed upon.”***  
(Younger man, North-east)

When participants did not stress the joint nature of reproductive decisions, they often indicated that they themselves had the dominant influence or ultimate say. Men usually held that the husband, as head of the household and the primary provider for the family, should be the one who ultimately determines such matters. In contrast, women stressed that wives had more at stake, in as much as they experience the pain of giving birth and most of the burden of child-rearing.

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<sup>5/</sup> When discussing influences on reproductive behaviour, it is useful to distinguish to 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 female autonomy is of more direct relevance (Dyson and Moore, 1983).

*“The man [should be the one to decide on birth control] because the man is the one who supports the family and everything depends on him.”*  
(Younger man, North-east)

*“[The wife decides on the number of children because] after we give birth, we are responsible for housework, raising children. The men . . . are always away from the house. . . . We are at home with all this work and difficulty. We have to raise the children and the buffaloes as well.”*  
(Younger woman, North-east)

*“We decide [on family planning] ourselves. Our husbands don’t know anything about it. We don’t ask them. . . . We are women. We have to protect ourselves first. . . . If we want two, we’ll have two. I cannot have three as my husband wishes. He does not carry the child. He does not give birth with us.”*

*“I consulted with my husband by telling him two are enough. (He said) nothing. If I want two, he gets two.”*  
(Two younger women, North)

*“Usually the husband doesn’t say [how many children to have] but the wife will think about it for herself She will buy the pill.”*  
(Older woman, Bangkok construction site)

Clearly, Thai women commonly take an active part in deciding on reproductive goals and in implementing them through their decision to practise birth control.

Perhaps most significantly, the vast majority of Thai couples currently practising contraception rely on female methods and thus in a very real sense contraception is under the woman’s direct control.

A number of surveys in Thailand have included questions about family decision making (e.g. National Council of Women, 1977; Siripiom, 1982). In general, they yield results consistent with the impressions provided by the anthropological literature: many decisions tend to be made jointly.

With respect specifically to reproductive decisions, survey results are largely consistent with the findings based on the focus group discussions. The most common opinion, among male and female respondents, is that both spouses should decide on such matters together. Among those who do not indicate that reproductive decisions should be jointly made, men are more likely to emphasize the husband’s role and women the wife’s role. In a large scale survey of the rural population in 1975, respondents were asked whose responsibility it was to plan the number of children and to practise birth control.

Of those with an opinion, the majority of both sexes (56 per cent of men and 58 per cent of women) felt it was the responsibility of both husband and wife. Most of the rest felt that it was the responsibility of the spouse of their own sex (Deemar, 1975). In contrast, the majority of men and women with an opinion (57 and 79 per cent respectively) agreed that contraception was the women's responsibility.

The relative autonomy of Thai women not only means that women have an important say in matters related to childbearing but also that women as well as men are exposed to the societal forces that encourage smaller family sizes. Women currently receive almost the same amount of education as men and are likely to participate in the labour force, including jobs outside the home in the case of urban women. Perhaps of particular importance is the relatively free access of women to rapidly expanding communications and transportation networks. As documented by several surveys, there are only modest differences between rural men and women in the frequency with which they visit towns and are exposed to the mass media.

### **Religion and related cultural values**

Much of the dominant Thai value system and its associated behavioural patterns derive from Theravada Buddhism, the religion of the vast majority of Thais. The teachings of this school of Buddhism are absorbed from early childhood and major precepts are recited in primary school. Many Thai males, especially those from rural areas, spend a short period (typically three months) serving as Buddhist monks during early adulthood, thus reinforcing the concepts and behaviour patterns associated with Buddhism (Mole, 1973). The only other religion in Thailand with any substantial number of followers is Islam. Muslims represent only 4 per cent of the Thai population (compared with 95 per cent who are Buddhists) and thus do not have a large national demographic influence. Nevertheless, because of the considerable differences between the two religious groups in reproductive attitudes and behaviour (Kamnuansilpa and Chamrathirong, 1985) a comparison of the extent and nature of influence that religion has on such matters is instructive and helps to underscore the importance of Buddhism and associated cultural values in facilitating Thailand's fertility decline.

In some societies, implicit or explicit pro-natalism or proscriptions on birth control are part of the predominant religious ideology or associated folk beliefs and can serve as a powerful cultural barrier to reducing fertility. This by and large is not the case in Thailand.

Thai Buddhism not only poses no major barriers to the use of contraception or to reduced family size but in some respects facilitates them. There

are no scriptural prohibitions against contraception nor is Buddhist doctrine particularly pro-natalist. Only abortion is opposed on religious grounds based on the Buddhist proscription against taking life (Ling, 1969; Fagley, 1967: 79). Unlike Buddhism, Islam tends to exert pro-natalist pressures on couples and discourages the use of specific methods of birth control. Although scholars of Islam hold differing views about whether Islam explicitly encourages people to have large families, many observers agree that institutional pressures related to Islam, such as the Islamic conception of women's roles and its implication for the status of women, exert pro-natalist influences. Moreover, religious authorities strongly oppose abortion and sterilization, although temporary methods of contraception, particularly withdrawal, are not generally opposed (Nagi, 1983; Fagley, 1967:81).

Buddhism holds that religious matters and worldly matters should be separated. Birth control is clearly considered a worldly matter (Suebsonthi, 1980). In sharp contrast, the religion of Islam is an all-pervasive system making little distinction between the sacred and the secular (Sadik, 1985).

One of the major topics for investigation in a recent survey was religious attitudes towards marital fertility control and contraceptive methods. The results, summarized in **table 4**, indicate pronounced differences in the attitudes of the two religious groups. Because most Muslims live either in the South or in Bangkok and the surrounding central region, separate results are shown for each.

Among women who reported never using contraception, two thirds of the Muslims mentioned religious objections as a reason for non-use compared with only 13 per cent of the Buddhists. This difference is all the more impressive given that almost half of the Muslim women had never used a contraceptive method compared with only one in eight Buddhist women. Opposition to spacing and limiting births among married women in general is quite low for Buddhists. Although more Muslims than Buddhists oppose birth spacing, Muslims show far more tolerance of spacing children than they do of limiting family size. Only about a third of the Muslims indicated that they thought spacing was contrary to Islam while four fifths thought limiting family size was contrary. Attitudes towards specific contraceptive methods are consistent with this general view of spacing and limiting. Again, only a small minority of Buddhist women expressed religious opposition to the methods shown in the table. Muslims were more likely to object to all three of the methods, but opposition was far less to withdrawal and the pill (both temporary methods that could be used for spacing) than to female sterilization (a permanent method).

A full analysis of the difference in Buddhist and Muslim reproductive

**Table 4: Religious attitudes regarding fertility control, by religion, among currently married women aged 15-49**

	Buddhists			Muslims		
	Whole country	South Only	Central region and Bangkok	Whole country	South only	Central region and Bangkok
Per cent citing religious reasons for non-use of contraceptives among those who never used	13	12	9	67	67	67
Per cent believing the following is against their religion :						
Deliberate spacing	11	7	12	36	35	41
Limiting family size	15	11	13	79	80	69
Per cent who believe specific method is against their religion <sup>a</sup>						
Withdrawal	8	4	6	38	41	23
Pill	12	7	12	40	39	44
Ligation	14	10	12	83	85	73

Note: <sup>a</sup> Limited to women who said they were familiar with the specific method.

Source: 1984 Contraceptive Prevalence Survey.

attitudes and behaviour in Thailand would need to involve consideration of a variety of issues beyond the scope of the present discussion. Of particular concern would be the extent to which the minority status of Thai Muslims affects reproductive patterns independently of or in interaction with religion. Moreover, the position of Thai Muslim women, and probably South-east Asian Muslim women generally, is considerably more favourable than women in most other Muslim societies. For example, Thai Muslim women play a significant and probably dominant role in the household economy, managing family finances in much the same way as Thai Buddhist women (Prachuabmoh, 1985). In addition, married Muslim women, although not single women, are quite active in trading and thus appear frequently in public markets. This is quite contrary to the practice of secluding women, common in South Asian and Middle Eastern Muslim societies. Nevertheless, Thai Muslims and Thai Buddhists maintain fundamentally distinctive cultural identities stemming from their different religions and reinforced by their different historical heritage, different clothing and, in much of the South, by different languages (Erachuabmoh, 1983; Suthasasana, 1985). Although some of the differences in reproductive attitudes and behaviour may be attributable to differing socio-economic circumstances, the conclusion that much of the contrast is due to cultural differences associated with religion seems inescapable. In particular, Thai Buddhism is considerably more conducive than Thai Islam to the practice of contraception and the limitation of family size as a way to adjust to the pressures created by the on-going process of socio-economic change currently taking place in Thailand.

In several indirect but important ways, Buddhism as practiced in Thailand may facilitate rapid reproductive change as a response to a changing socio-economic environment. Values and behaviour reflecting individualism and freedom of action are common in Thai culture and can be traced to Buddhism which stresses the role of the individual in seeking spiritual liberation and generally emphasizes the primacy of individual action and responsibility (Lauro, 1979; Mole, 1973: 65-68; Phillips, 1967:363-364). A variety of Buddhist teachings point to the need of individual effort to achieve desired goals.

The attainment of *nirvana* (freedom from the suffering incurred in the recurrent cycle of birth, death and rebirth), the ultimate goal of Buddhism, is to be brought about through each person's individual efforts. Moreover, the amount of effort required differs for each individual according to the balance of merit and demerit accumulated during the present and past lives. In addition, the precepts offered to help an individual along the way to *nirvana* are viewed as guidelines to be followed according to the individual's wishes rather than as rigid rules (Mole, 1973 :34).

A frequently repeated secular saying, although not a derivative from Buddhism but consistent with the emphasis on individualism, is that "to do

as one pleases, is to be genuinely Thai” (Podhisita, 1985:82-3). This sense that Individuals are largely responsible for their own fate and that they should follow their own wishes is quite consistent with the concept that couples should limit their family size in their own interest. Combined with the lack of proscriptions on contraceptive practices in Buddhism, this emphasis on individualism provides a normative context permissive of rapid reproductive change. The Buddhist emphasis on individual responsibility is in sharp contrast with the emphasis in Islam on the importance of God’s will in determining an individual’s fate.

Buddhist ideology, as popularly perceived, may also be seen as contributing to the general flexibility and tolerance often associated with Thai culture. Interference with the affairs of others in most circumstances is thought inappropriate (Mizuno, 1978; Mole, 1973: 66-67; Lauro, 1979). Remaining calm (“cool-hearted”) and indifferent in situations which might provoke social condemnation or intervention elsewhere is a prevalent value (Podhisita, 1985). In this respect, Buddhist culture contributes to the relative ease with which modern tastes, attitudes and behaviour, including changing reproductive patterns, can be adopted with minimal social pressures surfacing against these changes.

Other aspects of the Thai cultural setting which may have facilitated the decline in fertility are more difficult to specify. The fact that pragmatism and expediency are prized values within Thai culture is no doubt relevant and fits the general view of Thais showing considerable flexibility in their behaviour (Wijeyewardene, G. 1967:83; Mole, 1973: 83-84; Rosenfield et al, 1982). One anthropologist has noted that Thais have an unusual ability to imitate and thus to adapt themselves readily to alien cultural influences from the West or Japan (Bunnag, 1971:20). In a study of the maintenance of ethnic boundaries focusing on Thai Muslims, another anthropologist contrasts Islam and Buddhism as practised in Thailand. She points out that unlike Islam, Buddhism does not provide the sources of ethnic identity nor the mechanisms for maintaining sharp ethnic boundaries to any substantial extent. Thus Buddhism has little influence on regulating interaction with outsiders (Prachuabmoh, 1980:267). This is not to deny that Thais have a strong sense of ethnic identity and clear views as to what constitutes being a Thai. Still, the net result appears to be a relative openness on the part of Thais to the diffusion of ideas and practices initially exogenous to Thai culture, provided they are seen as meeting an individual’s perceived needs. 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 also helps to explain the speed at which the small family norm has taken hold.

The preceding analysis has focused on the ways in which Thai culture

has influenced reproductive behaviour and attitudes. The recent course of fertility decline in Thailand becomes far more comprehensible once the cultural setting in which it has occurred is taken into account. All too often, analyses of fertility change concentrate primarily on the dynamic influences of social and economic change or organized interventions to spread fertility control in the search for explanation. Typically, only lip service is paid to the particular mixture of cultural features that in important ways can serve to facilitate or inhibit their impact. We hope that this analysis has helped to redress the balance and that the role of cultural influences on reproduction will continue to gain the attention it deserves.

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