Case Study

What two decades of a model 'family planning' program did to Thailand

by Tieng Pardphaisong

Tieng Pardphaisong is a lecturer at the Department of Community Medicine at the Svandock Hospital's Faculty of Medicine in Thailand. His story is particularly shocking, because for 20 years he was a vigorous proponent of the social benefits of so-called family planning in Thailand. He accepted the malthusian argument that population reduction was a necessary first step to economic development. Only in the last few years has he come to reconsider this idea, as village after village in the northern part of Thailand threatens to become depopulated. He now fears that waves of refugees from Burma (Myanmar) and Bangladesh will come into the Thai countryside in such numbers that it will be impossible to assimilate them, and that Thai culture itself will be destroyed. Here is his story.

I am a demographer by profession, and I began my career in 1969. In the past, I supported the family planning program strongly, because I found that it was to improve the way of life of the people. I have examined the impact of this program for Thailand and Chiang Mai for almost 20 years. Even before the start of the program, from 1954 to 1958, fertility began to decline in Chiang Mai Province. This was correlated to a sharp decline in the infant mortality rate following the end of the Second World War. The decline was sharpest in the rural areas, because a pattern of later marriage was already established among urban women. Generally, older women in urban areas were more likely to use contraceptives than those in rural areas, but among the younger age groups there was much less difference between rural and urban women, in that both sought to avail themselves of family planning. There was no evidence of an increased divorce rate during the period of this study.

We had many children in villages after the introduction of the technology of malaria control. DDT allowed us to eradicate malaria. The spread of DDT to all of the rural areas led to the decline of infant mortality from over 200 per 1,000 down to 60 per 1,000 in five years. It started after the Second World War. This meant that the growth rate of the population increased very quickly.

In 1958 the World Bank Economic Commission alerted the Thai government to what they conceived as a problem; however, not until 1970 did the Thai cabinet declare a national population policy supporting reduction in the population. The goal was set to reduce the Thai population from a growth rate of 3% per annum to a rate of 2.5% within six years. Family planning programs were available in Chiang Mai from 1963, when one was started in the McCormick Hospital. Then, in 1967, an independent clinic was opened in Chiang Mai City, and since 1969, this has been expanded to include mobile outreach units.

Many people had become concerned about the "population problem." One fear was that we would not have enough rice, not only for export but even to feed the growing Thai population. It was this which I believe really guided Dr. Edward B. McDaniel to open the clinic. McDaniel is a gynecologist/obstetrician, and the son of missionaries. His father came to the southern part of Thailand to set up the first leprosy hospital in the southern province of Thailand, when Dr. McDaniel was only two years old.

Women used as guinea pigs for contraceptives

In 1963, Edward McDaniel went to Michigan to study population programs there, and, on his return to Thailand, he immediately started a family planning program. To begin with, he mainly used the intrauterine contraceptive device (IUD). This was the first modern contraceptive method to be used on a wide scale in the area. In the very first year, 3,000 women began using the IUD—it was that popular.

Two years later, Dr. McDaniels began to dispense the injectable contraceptive Depo Provera. The injection would last for either three or six months, depending on the strength of the dose. The choice of which time span was made by the women. This became probably the largest injectable contraceptive program in the world, and unknown to most of us who were involved, it was actually a test program for the drug. While population reduction was favored as a policy throughout Thailand, and contraception was available, nowhere else in the country was there a program of this scope.

In 1965, some 5,000 women began using Depo Provera. He even had to turn away new patients, because he ran out of the drug to give them.

Despite the success of the program, McDaniel realized that there were many women in rural areas who could not avail themselves of it. In 1967 he found that, while half of the patients in his clinics lived in the rural areas, this was disproportionate, since actually 85% of the population lived in rural areas. For these people, travel to a city is difficult, because they generally poor, and it is hard for them to pay for transportation, as well as to spend a whole day simply for the family planning program. Therefore he decided that it was necessary for the program to go to the people. His first step in this direction was to open another clinic in a small village, 55 kilometers north of Chiang Mai City, in the district of Medam; then he organized mobile family planning units. So he chose a small village in the district of Medam, 55 kilometers north of Chiang Mai City to start a program.

McDaniel took three months in the new area surveying the attitudes of the women. He found that young women had many healthy children, but they had very poor housing. He took a survey of the contraceptive practices they were using, and their attitudes and expectations; then, after a three-month period, he showed a movie pointing out the advantages of family planning. After that he opened up a clinic which functioned once a month. Women flocked to this village clinic, where they needed only to spend 15 or 20 minutes, and then they could continue with their work.

It was in 1967 that I myself began to study the program with McDaniel. I wished to see how the pattern of increased contraceptive use, which had gone from 5% to 35% between 1965-67, affected village life. It was clear that the crude birth rate was declining as women travelled from as far as 70 or even 120 kilometers away, to get service. Our study of the success of the village clinic convinced McDaniel to expand the availability of family planning by creating mobile teams. Ultimately there were 40 units which serviced the villages around Chiang Mai.

This contraceptive program was so popular, that on one day in December 1974, there were 1,700 women getting service. Of these, 300 asked for pills; the rest got the injectable contraceptive Depo Provera.

In 1973 and 1974, I went to London for further study in demography. There, I had long discussions about the effectiveness of the family planning program, because it did not seem to be working in India, where they started the program in 1953: After 20 years the birthrate had only declined by 5%. If this was to be the case in Thailand, then it would be clear that family planning was not sufficient to stop the increase in population. However, I believed that our program in Thailand was working out differently, because more women wanted to use it, and also because these women were using contraceptives at a younger age, before they had had many children. Indian patients tended to be at least 35 years old. When I returned to Thailand, I was able to prove that our program was effective. This was important because otherwise the program, which depended upon foreign funding, might have been shut down. As it turned out, the total fertility rate in all of Thailand only fell by 4%, but the rate in Chiang Mai Province during the 10-year period from 1960 to 1970 decreased by 40%.

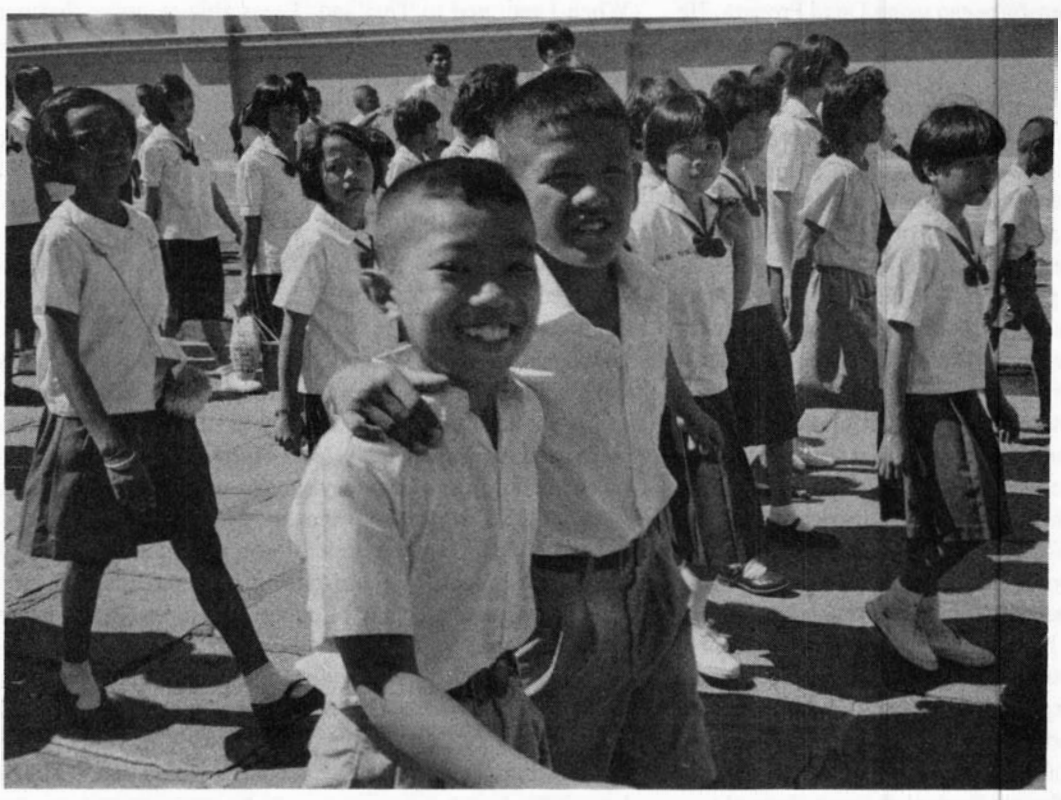
Although I believed in the program, while I was in London, I was troubled to learn that there might be problems involved with the drug Depo Provera. In fact, I found out that the drug was not approved in Europe or America. Some people criticized McDaniel for using the Thai women as guinea pigs. Dr. McDaniel kept very careful records on all of his patients, even from as early as 1965, and these data were used to evaluate the effects of the drug on women and on any children to whom they subsequently gave birth. Even in early 1980, after his retirement, McDaniel could find financial support from America in order to microfilm all of the patients' records—more than 120,000 records. This was used to establish a data base on the injectable contraceptive Depo Provera.

Some women taking the drug complained about bleeding problems. There were three other safety issues being debated about the use of Depo Provera. One percent of women conceived while they were taking the drug: Would their children have birth defects? Would women be made infertile by the drug? Lastly there was concern about possible pathological effects—cervical, uterine, breast, or liver cancer. Up to 1991, I studied these issues with McDaniels and other doctors, with support from the World Health Organization, among others. Fortunately we could not find any evidence of any bad effects. Our later studies were published in medical journals. Early this year, the drug was accepted in America, probably in large part because of our work.

Fertility rate plummets

At the same time that we were checking these possible medical effects, I also conducted studies on the impact of the program on the society as a whole—on social and economic conditions. The first thing we looked at was the decline of the birthrate in Chiang Mai Province. After 1964-65 the birthrate declined from over 40 per 1,000 to less than 20 per 1,000 by 1970, which was only seven years after the beginning of the family planning program. I thought that this showed our success; crude birthrate is not a good indicator. It does not give enough information. This is a global rate. In 1980, for example, our birthrate was similar to America's or Europe's in 1960. We have another fertility measure called the total fertility rate. It is very simple and very nice. It measures how many children the women would have when they reach age 50.

Using this measure, we determined that, before the family planning program, in Chiang Mai, the total fertility of a married woman would be on average 5.2 children. This



Thai schoolchildren in Bangkok, Thailand in 1985. After 20 years of "family planning," many villages, especially in the north of Thailand, could count the number of children on one hand.

changed to 3.5 in 1979, only 10 years after the program began, and reached 2.3 by 1980. This corresponded to a change in attitude among women. In 1967 and 1969, surveys were taken in the area, which indicated that women believed a family of three children was ideal; by the beginning of 1980, surveys indicated that the ideal size had decreased to 2.7%, and that younger women (aged 15-24) hoped for a family of no more than 2.1 children. This corresponded with a reality in which respondents who were 50 years or older had an average family size of five children, while those under 25 planned to complete their families with slightly less than two children. Replacement level for the population as a whole minimally requires that there be 2.3 children per family.

The fall in total fertility in Chiang Mai Province between 1960 and 1975 was 50%. The precipitous rate of population decline in the 20-year period up to 1980 can be compared with a similar change in the population structure of the United States, only here the time lapse was six times as great, or 120 years. This allowed for changes in the socio-economic structure to occur which were compensatory. For example, in Chiang Mai City the proportion of elderly persons has increased from around 6.0% to 9.0% for women. Thai society depends upon families providing care for the elderly. If this present trend continues, the burden of caring for the elderly will become problematic. Despite wide differences among people living in the region, which has to do with income level, schooling, and so forth, surveys have shown that the decline in fertility occurred in all sectors without regard to these factors.

That these changes had occurred in a 20-year period seemed to me to be a fantastic accomplishment for our program. Even as late as 1986, I thought that this would lead to development for Thai people. I also checked this in each of the 19 districts in the region. In the urban areas, I found the fertility level was actually below replacement. But every district had a very, very fast decline. I also looked at Thailand as a whole. After the mid-1970s there was also a rapid decline throughout the northern provinces and elsewhere since 1975. At that time, it was my hope that the same pattern would prevail throughout Thailand. But there were worrying signs, even then. One metric of the destabilizing effect of this change is the reversal from overcrowding in the village schools to having insufficient numbers of children even to justify keeping some of them open.

By 1993 things had in fact got to the point that the rest of the country had overtaken the northern region. In Bankgok, the fertility rate was well below replacement at 1.65; in the Central Plains, it was only 1.88. In the north, it was also low, at 2.17, but in Chiang Mai, it had already gone down to 1.45 in 1990. This has made me realize the error we had made in encouraging family planning to such an extent that we are in danger of depopulating our country.

It is my present belief that the drop in fertility rate threat-

ens the Thai race. We must expect major labor shortages in the future. Already many jobs are going unfilled. In the rural regions, this is partly due to migration to Bangkok, but it is also the case that there are simply fewer children being born. Some villages have only three children, yet the Thai government has failed to understand the economic destabilization which the country is facing because of this radical decrease in population. Instead, parents are commended for patriotism if they limit themselves to only one child. At this rate we can expect that, by the year 2115, the elderly will make up over one-quarter of the population, or 26.2%.

Bleak future

Between 1985 and 1986, in 25 villages in the region there were no births at all. In over 50% of the 1,320 villages in the region, there were fewer than 9 births in that same year. In 132 villages, the population growth rate was already negative. One hundred and four villages had zero population growth; 61% showed an increase of 1.4%; and the remaining 261 villages had a rate of growth of only 1.5%.

This same phenomenon is also reflected in the primary school registration rate for first grade, which has decreased from around 40,000 in the first half of the 1970s to half that in 1986. Thus where in 1967, classroom size for first grade, in a sample of 342 primary schools, varied between 30 and 59 students, by 1989, there were 33 schools that had been closed down due to lack of pupils, and 54 schools had fewer than 10 pupils in all of the grades together. Only two of the schools sampled had more than 60 pupils. Another metric is the decline of children between the ages of zero to four as a proportion of the population: In 1960, the proportion was 16%; by 2010, we can expect that it will be no more than 7%.

If we project this trend line 100 years into the future, the entire village population of Thailand will be wiped out. Presently there is an apparent increase in prosperity—per capita family income is higher—even in the poorer village homes, because with only one child in a family and more than one generation of adults, in which both men and women are now free to work, everyone brings in some money. Serious problems will arise, however, as this population ages, and the burden for caring for the elderly falls on the shoulders of the present generation of children.

A labor shortage will also develop, making the cost of labor artificially high. This trend is exacerbated by the failure to use technology to increase the productivity of the agricultural work force.

These are the problems which I have only now begun to understand. I have tried to warn people of this in Thailand, and also to discuss this with demographers and others involved with family planning internationally, but so far I have had little success. In fact my funding has dried up. I am continuing my research on this, but this past year I have had to use my own funds, and these are limited.

International Reactions

Opposition grows to Cairo conference

The following is a selection of recent statements in opposition to the Cairo conference's malthusian agenda. A statement by the African Academy of Sciences was published in EIR, *Jan. 28, 1994, p. 8, and excerpts from Pope John Paul II's remarks to conference secretary general Dr. Nafis Sadik were in our issue of April 8, p. 18.*

Pope John Paul II, letter to President Clinton, released on April 4 by the U.S. Embassy to the Vatican, according to this report from the April 7 issue of the *Arlington Catholic Herald:*

The pope called the draft document "a disturbing surprise" and asked Clinton to "reflect deeply and in conscience" on the Cairo documents attitudes toward sexuality, marriage and abortion.

The agenda of the Cairo meeting, he said, will touch on issues important for the future of humanity, "including the well-being and development of peoples, the growth of world population, the rise of the median age in some industrialized countries, the fight against disease and forced displacement of whole peoples."

The pope continued, "Civil authorities have a duty, in effect, to strive to promote the harmonious growth of the family, not only from the point of view of its social vitality, but also from that of its moral and spiritual health."

U.S. Catholic Bishops Committee on Pro-Life Activities, statement released on April 4 in Washington, D.C., according to the April 7 *Arlington Catholic Herald:*

The committee said that the draft document's "good points" about dignity, rights, and obligations of men and women are "undermined—indeed, negated—by a disturbing ideology of 'reproductive rights' and lifestyle 'choice' that permeates the entire document." The statement was directed at the April 4-22 U.N. meeting which is preparing the draft document.

The bishops' statement says that the draft program of action ignores basic principles of Catholic thinking on