



The State of Thailand's Population 2015

Features of Thai Families in the Era of Low Fertility and Longevity





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This report was produced by the United Nations Population Fund Thailand Country Office and the Office of the National Economic and Social Development Board of Thailand. The team for the production of this report includes:

Authors

Caspar Peek, Wassana Im-em, Rattanaorn Tangthanaseth

Statistics and data analysis

Institute of Population and Social Research, Mahidol University; the National Economic and Social Development Board

Interviews

Thai Publica

Proofreading and editing (English version)

Sarah Lauren Harris

Layout and design

Thai Publica, Kullwadee Sumalnop

Acknowledgements

NESDB and UNFPA would like to express gratitude and appreciation to colleagues and partners who provided inputs and contributed to the development of this report. Special thanks go to Director Assoc. Prof. Sureeporn Punpuing and her team at the Institute of Population and Social Research, Mahidol University, who analysed data and statistics and produced several maps for the report. Most particularly, we would like to express gratitude to the National Statistical Office, Ministry of Interior, Ministry of Labour, Ministry of Public Health, Ministry of Social Development and Human Security, and the Bangkok Metropolitan Administration who kindly provided inputs and viewpoints. We would also like to thank Ms Boonlarp Poo-suwan and her team at Thai Publica, who conducted interviews for stories to be inserted in the report, prepared the layout and design of infographics, and proofread the Thai version. Also, special thanks go to Ms. Sarah Lauren Harris for her editing work and proofreading of the English version.

Foreword from National Economic and Social Development Board



A handwritten signature in black ink, appearing to read 'Porametee Vimolsiri'.

Porametee Vimolsiri
Secretary General of the
National Economic and
Social Development Board

In the absence of any actions or measures to cope with challenges that may arise, the demographic shift of Thailand's population structure, a transition into an ageing society, with a steady decline in the number of children and the working-age population, and an increase in the number of aging and elderly, will contribute to a decrease in the national growth potential. However, the aged society can also provide a prime opportunity for Thailand to generate revenue through the development of innovation and industry associated with the elderly. This shift towards an aging population is, therefore, the significant development concern and the next phase for Thailand as a nation.

The challenges of our aging society have determined the direction of national development to focus on maximizing human capital development, enhancing the potential of people throughout their lives, from the point of conception and throughout the lifespan, to support the growth of the country. Families, of course, are the most important institution where a person's primary development occurs. Nevertheless, the emergence of more diverse family types, with individual and unique characteristics, has resulted in different problems and specific needs, especially for one-person households, skip-generation families, single-parent families, adolescent-parent families, and elderly-only households. New policy must, therefore, take into account these different contexts and the diversity of these challenges.

The National Economic and Social Development Board very much hopes that this report, which details the factors affecting Thai family dynamics, the family types of the present and the future using both provincial and national data, family policies and their implementation in Thailand, as well as showcasing international best practices, will provide helpful guidelines in support of the systematic development of policy and strategy involved in family development for both authorities and parties working with and for families to achieve practical results in the future.

Foreword from United Nations Population Fund



Caspar Peek
Representative for Thailand

Why this report?

The country of Thailand is in a state of flux – economically, as it seeks to transition from middle-income to high-income; politically, as it seeks to find its way towards a democratic society based on equality and participation; socially, as it seeks to adapt to the influx of millions of migrants, continued rural-to-urban exodus, and a rapidly connected population; and demographically, as it completes the transition from high fertility and short life expectancy to an ageing population with a low birth rate. All these transitions are interconnected, as are the tensions they generate, and at the centre of many of these tensions lies the family.

At its core, the family is a social unit, but to a large extent it is also an economic unit. And to complicate matters, decisions behind the economics that do or do not allow a family to operate as a social unit, such as fiscal, labour and credit policies, are often of a political nature. The demographic change from high birth/short lifespan in the 1970s to the low birth rate/ageing population today drives the economic, political and social transitions and vice versa. Family formation, in other words, and the changing forms of family that Thailand is currently witnessing, are based on individual decisions that are the result of economic, political and social drivers. Averting the negative consequences related to these changes, therefore, depends on these three types of decisions as manifested through policies, laws, budgets and mindsets.

Nowadays, there is no longer any “typical” Thai family. Years ago the “typical” family structure would include two parents, one or two grandparents, and two or three children. Today we are seeing a large variety of families, and the trend is towards more variety, not less: nuclear families of two parents and one or, less frequently, two children; couples – including same-sex couples, without children; single persons, both young and old; skipped-generation families with one or two grandparents and grandchildren. It is important to accept that this diversity is likely here to stay and indeed increase, the reasoning for which will be explained throughout this report. It is not realistic to assume that Thailand will return to having a majority of nuclear families, and much less to having such families with two or more children.

There has been much debate about the threat of low fertility, and the blame has often been put on women accused of not having (enough) children. Increasingly the varied

family structures are used as indication of a “refusal to procreate”. This report seeks to demonstrate that it is not women’s refusal or disinterest in childbearing that is leading to the variety of family formation, but rather the lack of incentives and policies that would allow women to reconcile their productive and reproductive lives. This report also makes the point that, ultimately, what determines whether a country becomes rich, democratic or socially cohesive is not its fertility rate, but the quality of support provided to children and their caretakers as they grow to become empowered members of society, equipped with the knowledge and skills to fully exercise their rights and contribute to the further development of the nation. In order to reach this point each child needs the best possible environment, which naturally includes the family.

With fewer numbers of children being born – an already irrefutable fact – Thailand cannot afford to lose the potential of a single one, be them rich, poor, urban, or rural. Each child, each young person must receive the best possible investments to ensure that he or she becomes an adult who will contribute his or her maximum potential to society. This would bring about lasting prosperity for Thailand as its population ages and the dependency ratio increases; it would bring political stability, as Thailand moves from middle-income to middle- class – a distinction often overlooked; it would help spread economic gains and create purchasing power; and it would help slow down the erosion of intergenerational solidarity that typically accompanies economic growth and smaller family size.

The next 20 years will be crucial to define and give shape to the aspirations of all people in Thailand, and the investments made in families are a crucial component of this. If families have the means to do so, all children – including orphaned and abandoned children, those left in the care of relatives, and even children born to migrant parents – will have access to good nutrition, schooling, health, protection, and a gender-neutral upbringing. If parents have the financial and logistical means to have careers AND have children, and if women are guaranteed that childbearing and childrearing does not mean the end of a career, fertility rates may not decline further. If incentives exist for boys to stay in school, and if programmes exist to dissolve gender biases built into social norms and practices of raising boys and girls, which often fuel gender-based violence, marriage rates might go up and divorce rates might go down.

The success of Thailand’s family planning campaigns 40 years ago was based on the idea that it was about planning your life, not just your family. Today we have come full circle: it is about planning your family, not just your life. In the end, it is individuals and their decisions about their productive and reproductive lives that shape families – whether to get married, whether to stay married, whether to have children and how many. It is the responsibility of all of society – government, politicians, employers, the media, community leaders and the guardians of social norms – to empower individuals to make these decisions fully exercising their human rights.

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List of Acronyms

BMA	Bangkok Metropolitan Administration
ILO	International Labour Office
IPSR	Institute of Population and Social Research
MoI	Ministry of Interior
MoL	Ministry of Labour
MoPH	Ministry of Public Health
MoSDHS	Ministry of Social Development and Human Security
NESDB	Office of the National Economic and Social Development Board
NSO	National Statistical Office
OECD	Organisation for Economic Co-operation and Development
SSS	Social Security Scheme
THPF	Thai Health Promotion Foundation
TFR	Total Fertility Rate
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund



Photo Credit: Saowalak Saksit Thaipublica.org



Changing Population Dynamics Impact Family Structure

“The family offers an efficient institution for producing, consuming, and redistributing resources among family members and across generations.” (Mason and Lee, 2004)

Families have constituted the fundamental corner stone of society the world over for as long as can be remembered. Tribes, extended families, nuclear families – they have always existed to satisfy people’s needs for material goods, social protection and solidarity, reproduction, emotional wellbeing and happiness. However, as societies and populations change, so do families. Thailand now finds itself in transition from a predominantly young population to becoming an ageing population, from large to small families, and even “sub-nuclear” family structures, such as single- parent, one-person, skipped-generation, and DINK (double-income, no kids) families are being observed. Their numbers are increasing as a result of changing lifestyle choices and societal pressures, and the increasingly unattractive opportunity costs inherent in the long-term commitment of raising children.

Questions about the current situation of Thai households and the degree and nature of the contentment of Thai families are difficult to answer. Continued study and understanding of the situation of Thai households is essential and data must be used to inform population policies and strategies. Changes in the Thai population structure over the past 50

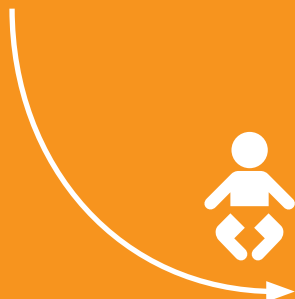
7

factors leading to changes in Thai family structures

1

Low fertility: Thai people have fewer children

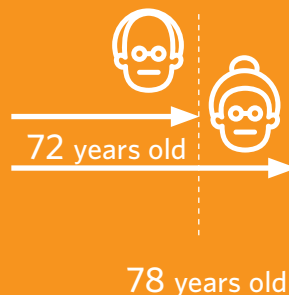
In 1964, women of reproductive age (15-49 years) had an average of 6 children. The current average number of births per woman has dropped to less than 2. The trend is projected to continue. (See figure 1.1)



2

Longevity: Thai people, especially women, live longer

- Female: In 1964, life expectancy at birth had an average age at 62, is presently at 78 and is expected to reach 82 in 2040.
- Male: In 1964, life expectancy at birth had an average age at 56, it is presently at 72 and is expected to reach 75 in 2040. (See figure 1.3)



3

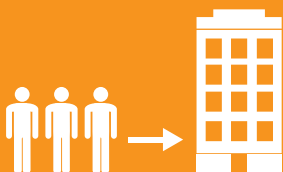
Changing Composition of the Thai Population: fewer children, more elderly, shrinking working age

- Fewer children: In 1980 = 38.3%; in 2010 = 19.2%; in 2040 = estimated at 16%
- More elderly: In 1980 = 5.5%; in 2010 = 12.9%; in 2040 = estimated at 32.1%
- Shrinking working age: In 1980 = 56.2%; in 2010 = 67.9%; in 2040 = estimated at 52% (See figure 1.4)

4

Migration: More people of working age migrate in urban areas

- The number of young people aged 15-24 employed in agriculture has dropped from 35.3% in 1987 to 12.1% in 2011. (See figure 1.7)
- Population in urban areas increased from 26.4% in 1980 to 44.2% in 2010.



5

Limited savings and social welfare

- Household debt as related to GDP has increased from 59.3% in 2010 to 80.6% in 2014.



6

More women having higher education and entering into the workforce

- Nowadays, about 53.5% of the female population have an undergraduate degree and 60% of them are in the workforce.



7

Changing lifestyles

- In the past, starting a family with children was the norm and tradition.
- Nowadays, starting a family and having a child is an individual choice with the consideration of economics, career, education and types of a couple life.

years are viewed by academics as stemming largely from three primary elements – low number of births, increasing migration, and greater longevity – the results of Thailand’s development policies for economic growth.

All changes in demographic and socio-economic dynamics have affected, and will continue to affect, the way Thai people form families. In the past, norms and traditions were often a crucial determinant in decisions related to family formation – not marrying was not an option, most married couples had children, and the elderly lived with their adult children. However, decisions regarding family formation have now become preeminently based upon individual choices surrounding desired lifestyles, economic opportunities, spatial limitations, educational levels and the vagaries of the modern “marriage market”. The State of Thailand’s Population Report 2015 examines the various existing forms of Thai families highlighting the reasons for their existence, their importance, and the complications and opportunities that arise from them. It seeks to map out the drivers for societal change and what they mean for the future of Thai families. It also sets out a number of recommendations to offset the negative impacts of certain family models and to facilitate and promote the positive impacts. These recommendations are intended for use by the country at all levels, central, regional, and provincial, but also by the private sector, as many measures to help strengthen families rest in the hands of people’s employers.

1.1 The Definitions of Family and Household

It is generally understood that the terms, “family” and “household”, have different meanings. The United National Statistical Office defines the concepts of household and family as follows (UN Statistics Division, 2015).

“Family” refers to a group of people who are related through blood, adoption or marriage – essentially spouses, offspring, parents and siblings.

“Household” refers to a unit of habitation consisting of a residence and the people cohabitating together, independent of consanguinity and marital bonds. Household is classified as either a one-person household or a multiple-person household.

According to these definitions, a household is limited to a single location, whereas a family may and often does extend to various locations, a household may consist of only one person but a family must contain at least two members, and the members of a multiple-person household need not be related to each other, while members of a family must be in some way related. The distinctions of these terms are often blurred, are largely confined to academic discussion, and remain difficult to separate in practice as there are numerous varieties of family and household structures – non-relatives may cohabit in a household, creating a social unit that resembles a family and some households may consist of many families living in one place.

There is inconsistency in how families and households are defined in Thailand. For instance, the Ministry of Social Development and Human Security divides types of families into three categories: a) 'nuclear family' comprised of one generation with a husband and a wife, and two generation family comprised of parents and children; b) 'extended family' or three-generation family comprised of parents, children and grandparents; and c) 'special needs families' including those with a specific composition or those with special needs, such as single-parent families with only a father or a mother and a child/children, or skipped-generation families with elderly people looking after children with no working-age adults (parents) among them. There are also households with only children or elderly people living together.

Conversely, the National Statistical Office describes four types of households: a) 'nuclear families' comprising of husband and wife or both parents and children, and single-parent families – a mother or father with a child/children; b) extended family; c) one-person household; and d) non-relationship households. Some documents classify different families by how many generations of people are living together in the same household; one-generation family refers to those with only husband and wife or one-person families, two-generation families are typically nuclear families with parents and children, or three-generation families with extended family members living together.

For the purpose of this report the terms households and families will be used interchangeably, focusing mostly on place of residence. Explanations will be given to differentiate between the two terms where necessary.

1.2 The Big Picture: The Changing Structure of Thailand's Population

A transition is being observed in modern societies from many children and few elderly to fewer children and many elderly. This transition changes the structure, dynamics and requirements of a population, and has consequences for the way societies organize themselves; less schools but more facilities for the elderly will be needed, more small-sized apartments in urban centres rather than larger houses in rural areas, fiscal regimes and subsidy schemes will need to adjust to a work force that will balloon and then taper off, and the country must prepare for the potential pressure that an elderly population may have on public finances.

At the centre of these changes is the family unit. It is within families that a sense of generational solidarity can be developed and maintained. But it is neither guaranteed now, nor can it be guaranteed in the future, that younger generations will be willing to shoulder the very high costs of caring for the elderly, who are now expected to live into their 80s and possibly even their 90s. Therefore, investing in families now is necessary and makes sense from multiple perspectives.

The following will detail the seven predominant influential factors that are changing families and population dynamics in Thailand. They include, (1) decreasing birth rate due to an increasing number of single people, a higher average age at first marriage and increased numbers of couples with fewer children or who do not want children; (2) increased longevity leading to a larger elderly population; (3) changing composition of the Thai population by age group and region; (4) large-scale, rural-to-urban, internal labour migration; (5) an evermore unpredictable economy and limited national and individual preparation with regard to financial savings and social welfare; (6) greater participation of women in the workforce and increasing demands for higher education; and (7) changing lifestyles and decision-making among younger generations.

1.2.1 Decreasing Birth Rate

As early as the 1960s, Thailand began an extensive national public campaign to promote family planning. This was innovative at the time and contrary to Thai traditional norms and values as family planning was considered private and not something to be discussed openly. Regardless, the campaign was successful and resulted in a very steep drop in the number of births.

In 1974, Thailand's population growth rate was 3.2 per cent with a total population of 41.5 million, the number of births was over one million per year, or an average of three births per minute during the period of 1963-1983 and gradually fell below one million births annually from 1984 onwards (UNFPA and NESDB, 2011). The promoted policy campaign slogan, "Many children leads to poverty", became a motto that is still commonly heard, although nowadays justifications for having fewer children are not exclusively economic. A wide range of other components are involved in this decision as will be discussed below. As a result of the aforementioned policy, most women in the second half of the last century had fewer children. In 1964, women of reproductive age (15-49 years) had an average of 6.3 children; the current average number of births per woman has dropped to 1.6 and is projected to continue to drop to 1.3 by 2040 if the current trend continues.

Overall, there is a decline in the rate of new births each year. Birth rates from 2002 to 2014 average nearly 800,000 per year and it is projected that this number will decline to below 500,000 over the next 25 years.

Figure 1.1: Average number of children per woman of reproductive age (15-49 years), 1964-2040

Source: IPSR, 2014; NESDB, 2013

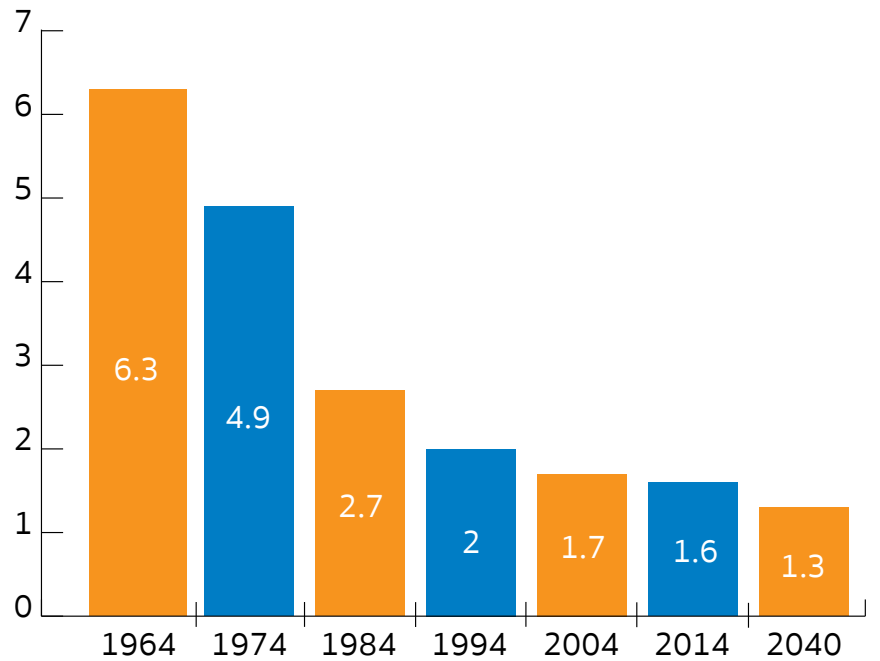
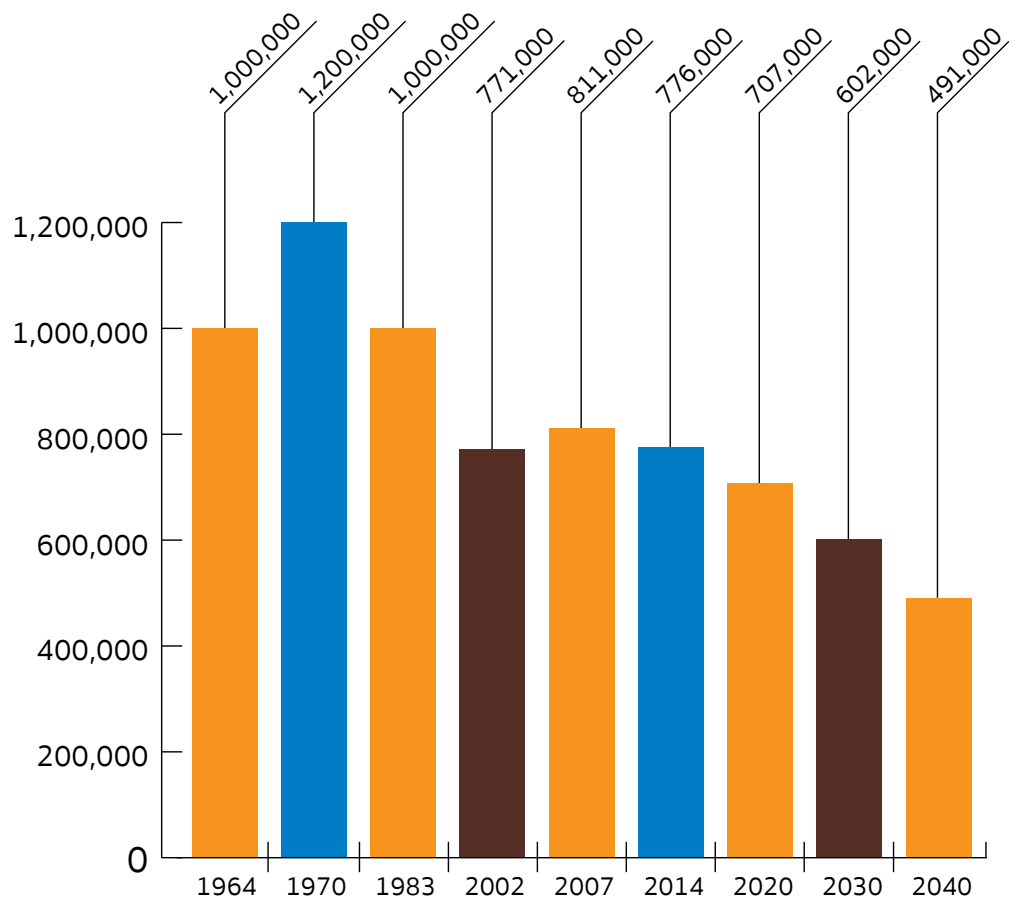


Figure 1.2: Number of annual births, 1964-2040

Source: Ministry of Interior (1964-2014), NESDB Population Projection, 2013



As a result of the low birth rate, the size of Thai families has reduced by nearly half. In 1980, the mean family size was 5.2 persons, this fell to 4.4 in 1990, to 3.1 in 2010, and was last recorded at 2.7 in 2014 (Population and Housing Census, 2010; Civil Registration Office, 2014). When compared to other developed countries in Asia, the average size of Thai families is below that of Singapore at 3.5 but above Japan at 2.71 and Korea at 2.97 (UN Population Division, 2012).

Factors influencing the low number of births stem partly from people’s desire for family planning to be conducive with their actual income. More people are choosing to remain single or delay marriage until they have reached a certain academic level or economic status. Many couples do not want children because they are often considered to be a great financial burden. There is also concern for the impact a child would have on career development, especially for women, or the pace and freedom of modern, urban lifestyles. (UNFPA and NESDB, 2011).

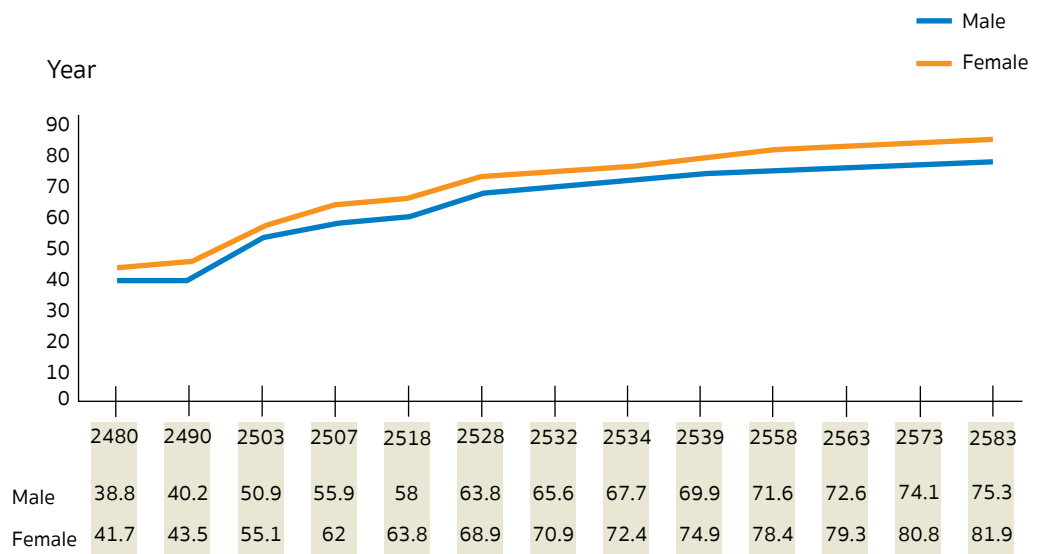
Of course there are also those who are infertile and unable to conceive children. Assisted reproductive technologies such as artificial insemination or other options like surrogacy are available in Thailand, however, only those with the required financial means are able to access them. Furthermore, there is an increasing trend for people to selectively become single parents. This refers to a minority, but the trend is clear.

1.2.2 Increasing Longevity

Overall, women tend to live longer than men, partly because men tend to have poorer health-seeking and greater risk-taking behaviors. According to projections, the life expectancy at birth of Thai people will continue to increase with a subsequently greater proportion of elderly women than elderly men.

Figure 1.3: Life expectancy at birth in Thailand, 1937-2040

Source: IPSR, 2015; NESDB, 2013.



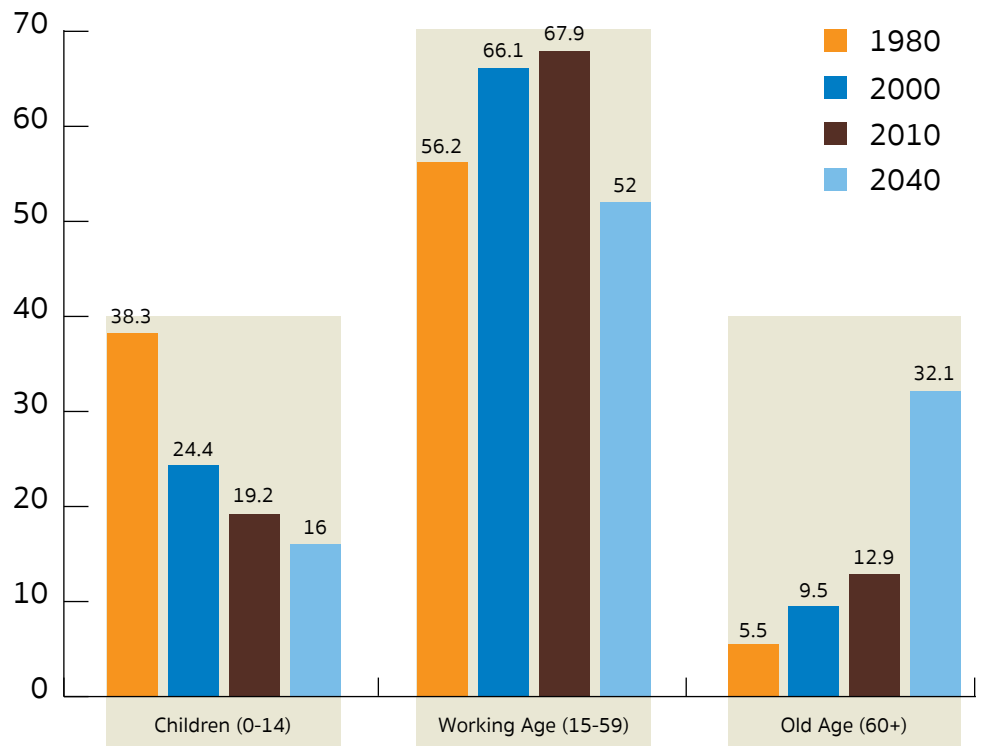
1.2.3 Changing Composition of the Thai Population

As the birth and death rates in Thailand have decreased, the proportion of the population over 60 years of age has increased and the proportion of young people aged 15 years or younger has dropped. In 1970, children and young people under 15 years constituted nearly half of the entire population, whereas elderly only five per cent. Over a period of 40 years, however, the population structure has dramatically changed. In 2010, the proportion of those under 15 dropped to 19.2 per cent, while the proportion of elderly increased to 12.0 per cent. It is predicted that by 2040, those under 15 years will represent only 15.9 per cent of the Thai population and the elderly population will rise to 32.1 per cent (NESDB, 2013).

The decline of the youth population in Thailand is steeper than the rise of the elderly population. In fact, the decline in the number of children in Thailand became evident shortly after the introduction of the National Family Planning Programme in 1973. Thailand had a child population of approximately 18 million in 1980 and it is expected to reduce to nine million by the year 2035. Currently, the working-age population has hit its peak at 50 million and is projected to gradually decline to 38 million over the next 30 years.

Figure 1.4: Population percentages by age group, 1980-2040

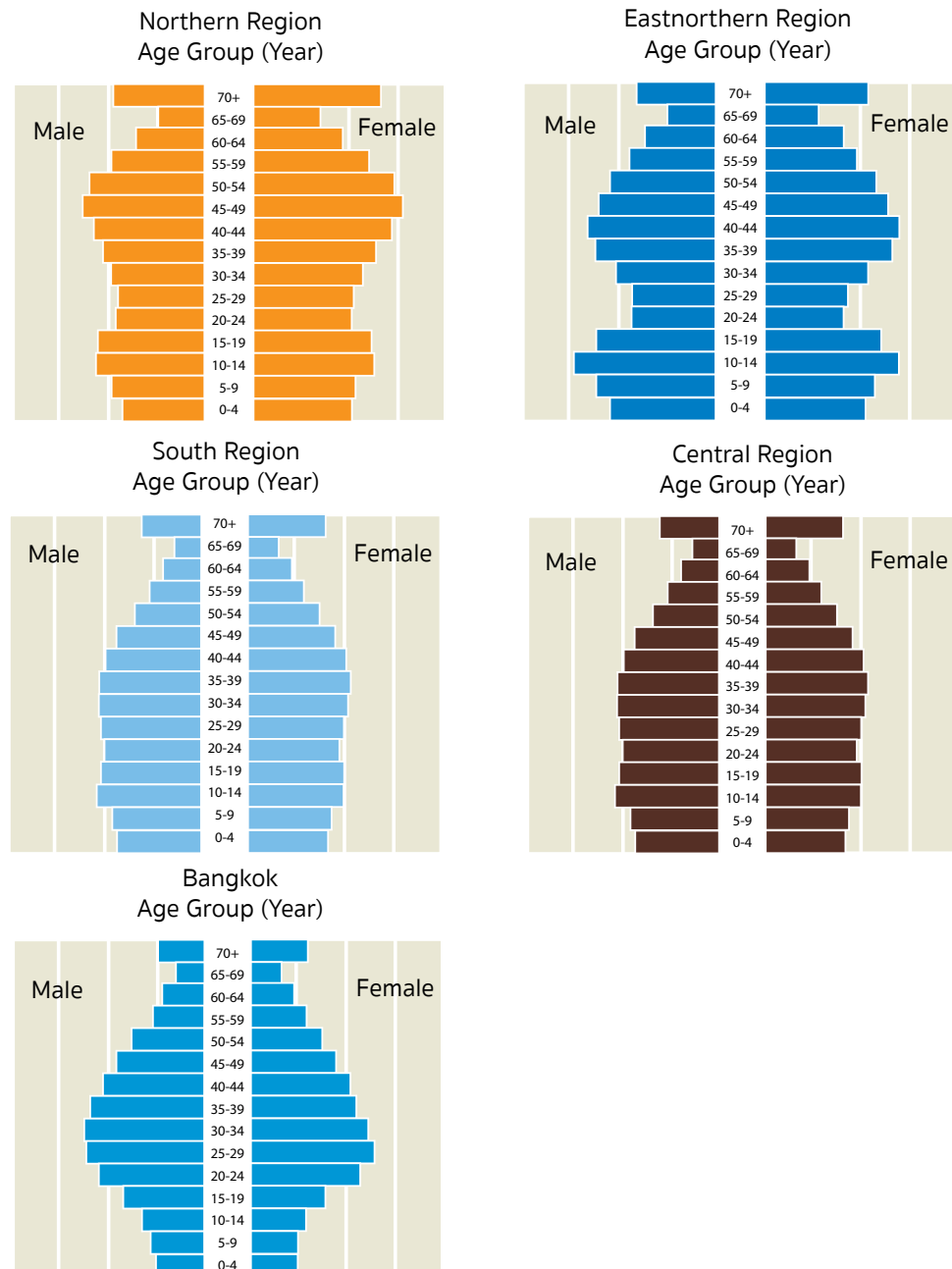
Source: NSO, *Population and Housing Census, 1980-2010*; NESDB, 2013



Although Thailand is ageing fast, there are regional differentials in the population structure, which influence variations in family composition at different levels. Bangkok clearly attracts working-age people from other regions with better education and employment opportunities. The Northeastern Region, with the largest population of 19 million people, and the Northern Region have lost a large proportion of their younger working-age men and women to other regions. The Central Region, the second largest region with 18 million people, has more young and early-age workers. The working population in the Southern Region is spread out evenly. All regions in Thailand have low birth rates and a large ageing population.

Figure 1.5: Population pyramids in Bangkok and other regions, 2010

Source: NSO, Population and Housing Census 2010.



1.2.4 Employment and Urbanisation

Urbanisation is now spreading into provinces and special economic zones other than Bangkok as a result of policies to promote economic and social initiatives and equalize economic opportunities and progress to other parts of the country. This has resulted in urban areas being established in nearly every region of Thailand and has become a driving force for people of working-age to migrate internally. Migration within Thailand has particularly gained momentum since the introduction of five-year national economic and social development plans that began in 1961 and have transformed Thailand's predominantly agrarian society into one of industry and services attracting workers from the agricultural sector in rural areas to urban centres with industrial or service developments. That being said, 41.1 per cent of the Thai workforce is still employed in agriculture in spite of its low labour productivity and value-added. The available workforce for agriculture is being lost mostly among younger generations. In less than 30 years, young people aged 15-24 years employed in agriculture declined from 35.3 to 12.2 per cent. Young people are more attracted to employment in the cities, especially young women who are often better educated than their male counterparts. Increased internal migration is another driver for the diversification of the family structure.

Figure 1.6: Percentage of employed population by sector, 1990-2011

Source: NSO, Labor Force Survey 1990-2011, Quarter 3.

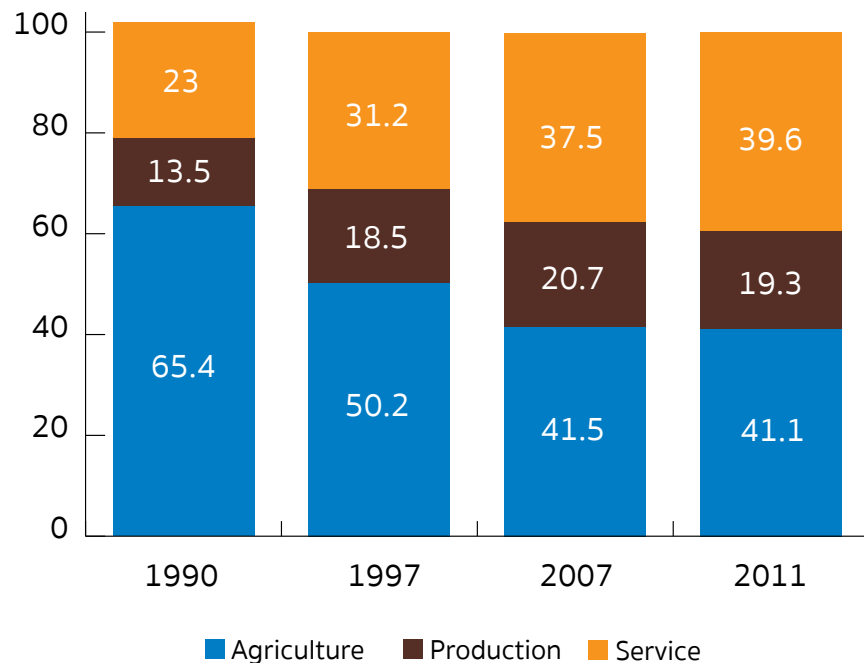
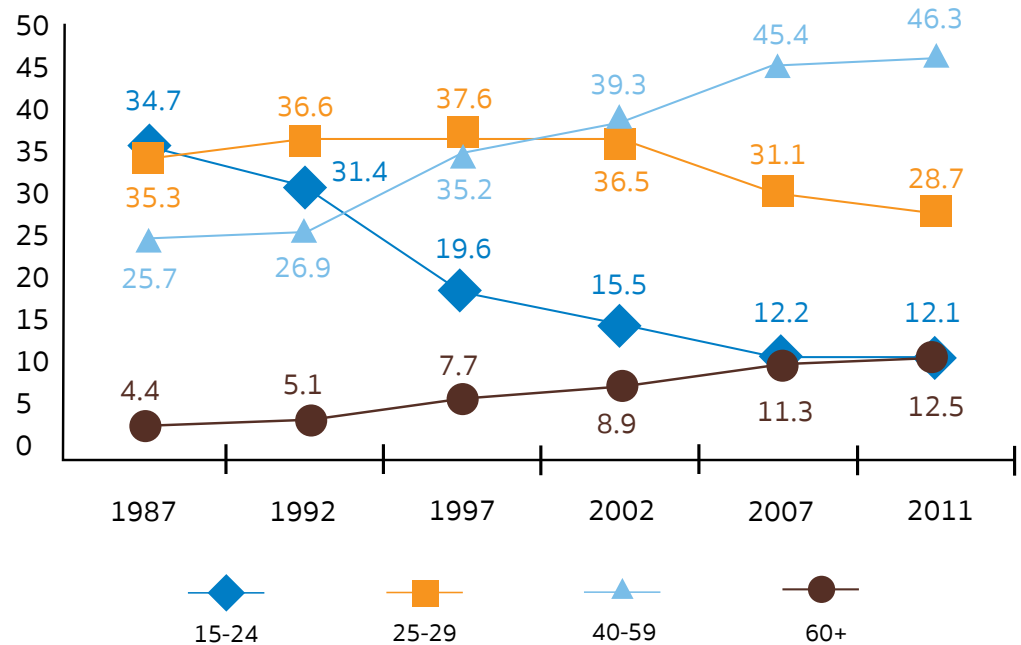


Figure 1.7: Percentage of population employed in agriculture by age group, 1987-2011

Source: NSO, Labor Force Survey 1987-2011, Quarter 3



According to the Population and Housing Census, the percentage of people not living in their province of birth increased from 14.4 per cent in 1970 to 19.4 per cent in 2000 and 21.8 per cent in 2010. The population living in urban areas increased from 26.4 to 44.2 per cent from 1980 to 2010.

This increase in urbanisation affects lifestyle choices and influences people’s decisions to start a family. Some who move to work and live in cities live alone or with a life partner or friend, while those with children may take them along or leave them in the care of their parents in rural areas. The proportion of those living in cities has increased from 25 to over 40 per cent within the 30-year period of 1980 to 2010.

1.2.5 Families and the Economy

In its essence, the family is an economic unit – wealth is generated and passed on from one generation to the next, whether through inheritance, marriage, or investments in education. The decisions to have children, how many and when are largely driven by economic considerations related to income, savings, and economic prospects, such as career opportunities and inheritance.

Families need income to sustain their way of living, but starting a family often does not involve advanced planning; this is especially true among adolescent parents, a group that may not be prepared for family life as their schooling is incomplete and opportunities for employment are few. This, of course, means reliance upon family members, such as parents, relatives, siblings, or other relations.

When examining the economic development of Thailand, the rate of economic growth hit its peak at an average of eight per cent per year from 1964 to 1996. It dropped to an average five per cent per year from 2000 to 2009 and further slowed to approximately three per cent per year from 2009 to 2014. The current economic state of Thailand is considered by economists to be the new norm for an aging economy. This is a major national concern being addressed in the 12th National Economic and Social Development Plan for 2016-2020.

Household debt in Thailand is presently growing at a faster rate than economic growth. Household debts per GDP have increased from 59.3 per cent in 2010 to 79.9 per cent (or 10.49 trillion THB) in 2014. Part of this trend is a result of easier access to loans caused by competition of financial institutions and economic stimulus policies. Consumption debts which do not lead to income earning have also increased from 56,583 million THB in 2012 to 95,082 million THB in 2015 (NESDB, 2015).

As a result, records of both savings and debts of Thai households indicate that they are poorly prepared in terms of economic strength and stability. Relieving this insecurity, especially during the present period of low economic growth, with many people under extreme economic pressure from their families, high levels of migration, and financial stress resulting from more recently introduced economic “necessities”, requires economic stimuli to promote and establish family confidence and stability.



Our Ageing Economy

Dr. Somprawin Manprasert, Deputy Dean of the Faculty of Economics at Chulalongkorn University, described the current Thai economic situation as “an ageing economy”. In other words, the economy has lost its vigor for long-term productivity. There are three underlying causes for this:

1. The saturation of production factors in the economy has produced no growth or less growth than before. This can be referred to as the retirement of the country’s production factors;
2. Thailand’s transformation to an ageing population, which lowers overall workforce productivity; and
3. Inability to utilise technology and innovation as driving forces behind the economy.

All three factors mentioned have caused Thailand’s economy to experience no growth; making the country comparable to an aged individual.

Our data show that Thailand’s economic growth has been declining over the past decades. Although an annual GDP growth of 5-6% used to be Thailand’s potential for economic growth, such a rate is extremely difficult to achieve again under the current circumstances.

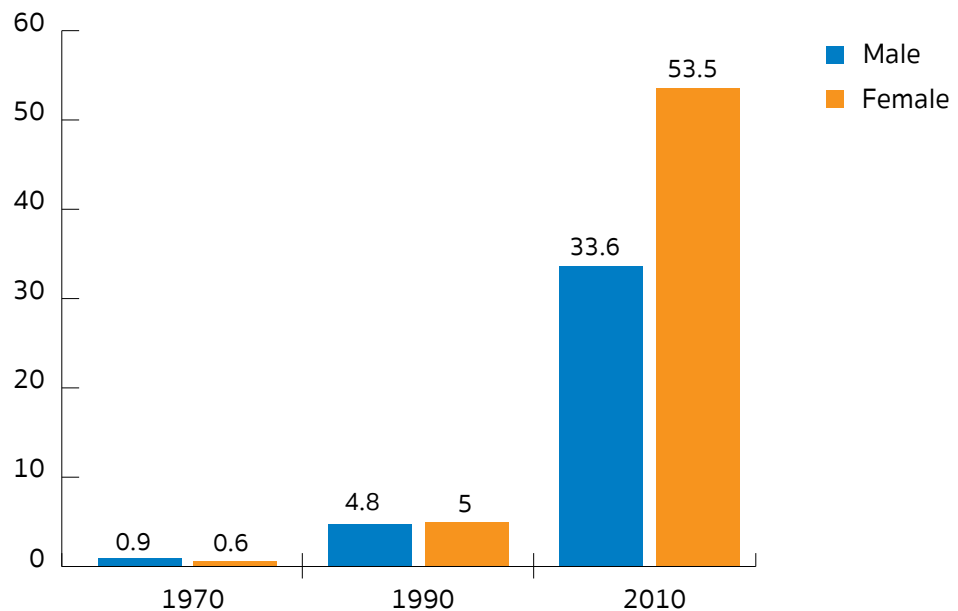
Source: Interview by Thai Publica, April, 2015.

1.2.6 Participation of Women in Education and the Workforce

Nowadays, Thai universities graduate almost two women for every man; 50 years ago this ratio was two to three (see Figure 1.8). Is this a cause for celebration or concern? Indeed, both. On the one hand it shows that barriers to girl's and women's education have completely disappeared, and girls are in fact outperforming boys in school from kindergarten to graduate school. But on the other hand, having one male university graduate for every two female graduates leads to a plethora of potential problems as well, particularly when it comes to family formation, as women are generally reluctant to marry men less educated than themselves.

Figure 1.8: Percentage of population aged 25-29 with an undergraduate degree, 1970-2010

Source: NSO, Population and Housing Census, 1970, 1990, 2010.



Because women have higher education they also have better work opportunities. They are not only augmenting family income, but as a result of their superior education, many are the primary providers. Since 2001, over 60 per cent of women aged over 15 years are in the workforce, although about one-third are unpaid family workers (NSO, 2001-2013). About 40 per cent of all men and women are employees of government, state enterprises, or in the private sector (NSO, 2010).

This is a fantastic gain for gender and wage equality, however, as mentioned above it is problematic for family formation. Traditional Thai society dictates that women are to care for their homes and families, including both children and ageing relatives. However, the changes in women's roles outside of the home have not translated into cultural adaptation with men adopting larger domestic responsibility and few families can afford to survive on a single income, especially in urban areas. This has consequences for decisions of family formation, as well as childcare quality.

Women's participation in the workforce cannot be expected to change. Without specific interventions by the state, the private sector, or both, the current trend towards no or few children is likely to continue, and may in fact become exacerbated as more women enter the higher levels in their careers. Unfortunately, women in Thailand, as in the rest of the world, are confronted by a very thick glass ceiling, and without specifically tailored measures to remove it, women, will have continue to face the dilemma of choosing between a career or a family.

1.2.7 Changing Thai Lifestyles

Thai people are marrying and starting families at increasingly later ages due to work commitments, social conditions, education, livelihoods and influential social trends.

In Thailand, most parents want their children to complete a university education because they believe a degree will secure well-paid, respectable employment. Having children may prevent people from participating in particular lines of work, or force them to choose between having children and pursuing their career. Currently, there are no options or alternatives.

Although not by as much as might be expected, national data show that the mean age at first marriage for both women and men has risen. In 1960, the mean age at first marriage of men was 25 years, this increased to 28.3 in 2010, during the same time period the mean age at first marriage of women increased from 22.1 to 23.7 years.

Even when married, some women do not have children. This may be due to infertility, couples selecting to not have children, or women delaying childbearing to prioritize their careers.

The consequences of the decisions to partner and have children go beyond reproductive and productive age. In fact, faced with the current situation in which the number of children per woman of reproductive age in Thailand is rapidly and continuously declining, the question of financial and psychosocial support systems for childless persons in old age, particularly women, will likely, and rapidly, become an area needing much attention.

Summary

In less than one generation, Thailand has experienced changes in population structure as a result of low birth rate, increased longevity, changing economy, increasing urbanisation and migration, higher education and employment, as well as the changing lifestyles of men and women.

All of these factors have affected, and will continue to affect, the way Thai people form families. Whereas in the past, norms and traditions were often a crucial determinant in

decisions related to family formation, these decisions have now become predominantly based upon individual preferences.

Trends currently observed in Thailand's population are expected to continue and the consequences will be unavoidable, this includes the impacts on Thai families. The big question is whether or not we should be worried about this development? In fact, the dependency ratio will be approximately the same in 2030 as it was in 1980 (close to 1:1) with the difference being that the dependent population will be predominantly elderly, whereas before they were mostly children. This will have consequences for the economy in terms of available workforce, and for investments needed in health and education. Most importantly, it will have implications for family formation, intergenerational solidarity and the social fabric of Thai society.



“Low births, greater longevity, and increased migration”

are the country's greatest challenges that require communication using a new set of information.

Dr. Kosit Panpiemras, Chairman of the Sub-committee for the Population Projections for Thailand 2010-2040, says now is the time to seriously discuss “low births, longevity, and migration”.

There are three levels of difficulties. First is at the national level concerning the country's ability to continued growth. Second is regarding financial stability at individual level. The last one is at the family level concerning the family's wellbeing.

“If families are not living well and contentedly but rather with growing anxiety, the country will not grow. Now the GDP growth is 1-2%, a figure that has been caused by population factors. People do not understand that low births, longevity, and migration are changing in Thailand. Thai people should not be complacent and act as if nothing has happened or maintain the false belief that families are still warm and communities are strong. On the contrary, the economy will have difficulty growing, and communities with only elderly people can hardly be strong. It will be difficult for people to have economic stability.”

Consideration must, therefore, be given to creating policies that accommodate the varied and changing family types and enable family formation for those who desire it.

Source: Interview by Thai Publica, April 2015.



Photo Credit: UNFPA Thailand



Photo Credit: Thosawat Niemviwat

2

Changing Thai Families

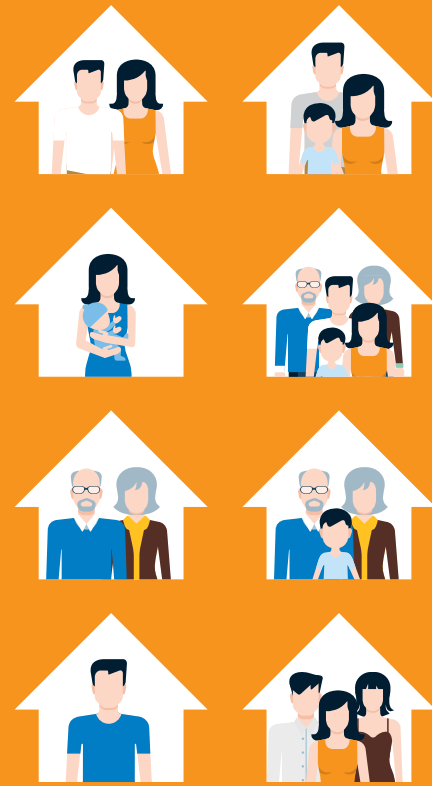
Introduction

Rapid change to the population as a result of low birth rates, longevity, high rural-to-urban migration, as well as changing lifestyles and socio-economic wellbeing of Thai people, are diversifying Thai families both in terms of composition and function. This chapter describes the different types of family and household characteristics, trends overtime, as well as other differentials of household composition to be explored in detail. The types of families included in this report follow the classification and calculations of Thailand's National Statistical Office. The numbers of population and households being used to calculate the types of families and households presented in this report are based upon the Labor Force Survey Quarter 3 from 1987 to 2013. It should be noted that the National Labor Force Survey does not include institutional households, such as those living in residences provided by foundations, temples, hospitals or military compounds. With this exclusion, some household types are missing from the Labour Force Survey data collection. For instance, the percentage of one-person households reported in the 2010 Population and Housing Census was 18.4 per cent, whereas it was 13.9 per cent in the 2013 Labor Force Survey. This difference results from the former including institutional group households, whereas the latter does not.



Increasing number of households yet shrinking household size

- Between 1990 and 2010, the total number of households increased by 65 per cent from 12.3 million to 20.3 million.
- The overall household size has dropped from 4.4 to 3.1 persons per household.



Emergence of more diverse family types

3 types of nuclear families

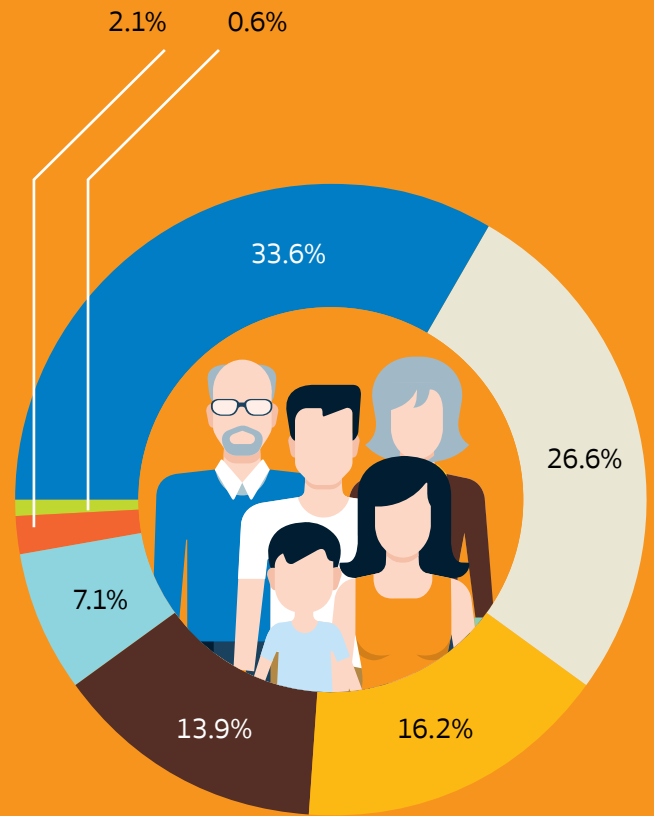
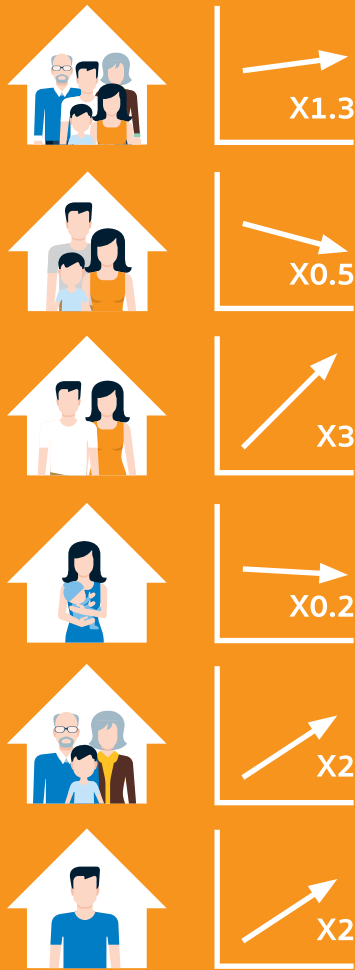
- Husband and wife without children
- Parents and child (children)
- Single parent family

2 types of extended families

- Three-generation family (grandparents + working age children + grandchildren)
- Skipped-generation family (grandparents and grandchildren)

One-person Households

Unrelated Households



Overview of Thai families for the past 25 years

- The proportion of extended families has increased and become a dominant family type in Thai society, especially in the rural areas.
- The classic nuclear family type with parents and children, a dominant family type in Thai society in the past, has declined by about half.
- Nuclear families consisting of a husband and wife without children has increased three-fold with a slightly greater number in rural areas compared to urban.
- Proportion of single-parent families has slightly declined but the total number has increased from 970,000 to 1.37 million households.
- Skipped-generation family has doubled in the past 25 years.
- One-person households have doubled in the past 25 years.

Proportion of types of Thai families (2013)

- Three-generation family (33.6%)
- Parents and child (26.6%)
- Husband and wife without children (16.2%)
- One-person household (13.9%)
- Single-parent family (7.1%)
- Skipped-generation family (2.1%)
- Unrelated household (0.6%)

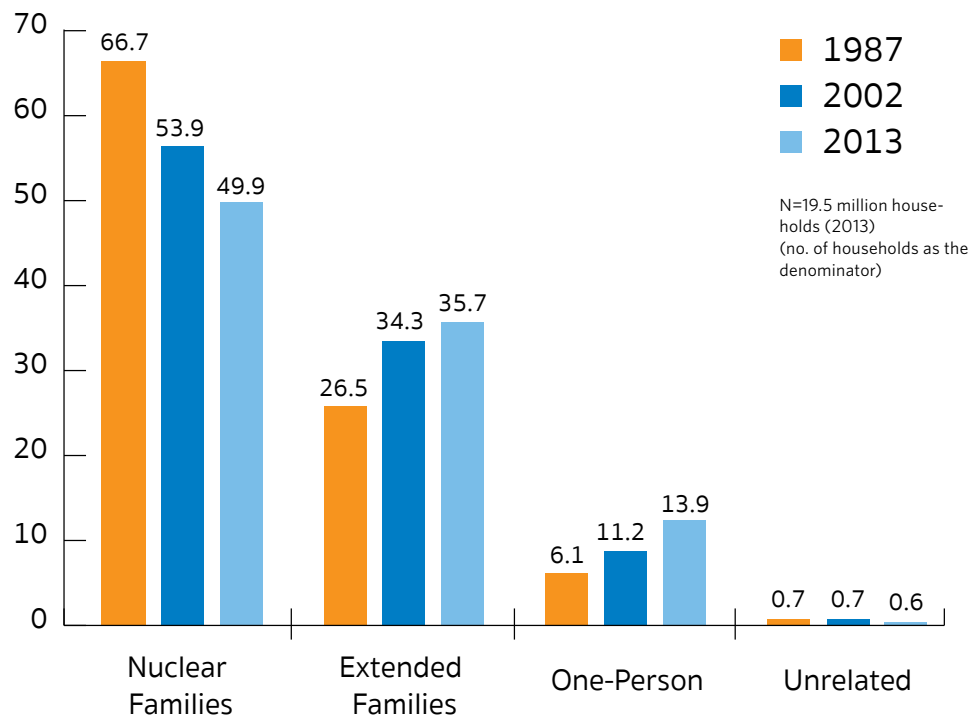
2.1 Types of Families and Households

Nuclear families are currently the most common family type in Thailand followed by extended families; the former is declining while the latter is rising with about half of the population living in extended families (see Figures 2.1 and 2.2).¹ One-person households have doubled in the past three decades (1987-2013), while households consisting of non-related members remain few with little change.

¹ Note that Figure 2.2 is the only figure showing the percentage of households using number of population as the denominator while the rest use number of households as the denominator.

Figure 2.1: Percentage of household types by number of households, 1987-2013

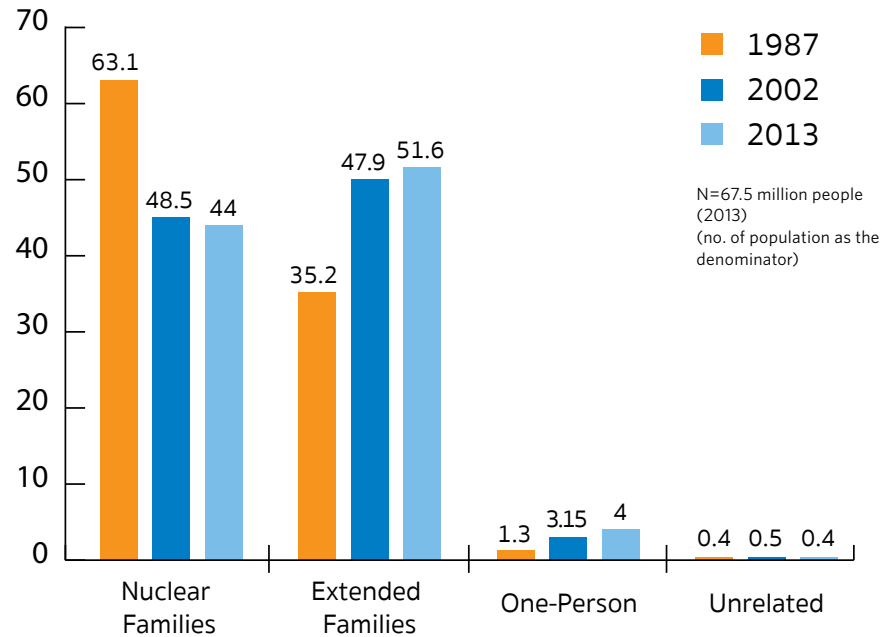
Source: NSO, Labour Force Survey 1987, 2002, 2013, Quarter 3.



The total number of households reported in the Labour Force Survey 2013, Quarter 3 is 19.5 million. This is less than the total number of households reported in the 2010 Population and Housing Census, which was 20.3 million (see Table 2.1).

Figure 2.2: Percentage of household types by number of population, 1987-2013

Source: NSO, Labour Force Survey 1987, 2002, 2013, Quarter 3.



Discrepancies in reporting household types

There are some discrepancies in reporting different types of households due to different data sources and definitions. As there is no standard measurement or agreement by authorities on how to define families and how to measure them, the magnitude and trends of family and household types in existing literature can vary. As a result, proper measurement and monitoring of the changes occurring to Thai families is challenging.

This report follows Thailand's National Statistical Office definition and calculations for family and household types using data obtained from the National Labor Force Survey (LFS) in which the data collection in Quarter 3 of each round of data collection was used due to the fact that seasonal migrants tend to return to their home provinces for agricultural activities during that time. It is important to note, however, that LFS excludes data collection from institutional households as mentioned earlier. While the Population and Housing Census is an ideal source of data to describe how families are changing, data collection occurs only every ten years and thus cannot capture the rapid population dynamic changes of recent years.



Nuclear Families

During the period of 1987 to 2013, the proportion of nuclear families consisting of a husband and wife without children increased three-fold with a slightly greater increase in rural areas compared to urban (Figures 2.3-2.5). This rise should be interpreted with caution as some families may be childless by choice, often referred to as DINK (double income, no kids) families, or they may be infertile couples, or working-age or elderly couples whose children have already left home.

The more classic nuclear family type with parents and children living together, a dominant family type in Thai society 25 years ago, has declined by about half with little difference between urban and rural areas. Chapter 3 will further explain characteristics of nuclear families with and without children.

Single-parent families are another type of nuclear family or household in which either a father or a mother lives with children. This type of family has remained relatively stable over time with only a slight decrease, particularly in rural areas. During the years 1987-2013, the overall number of households with single-parent families increased from 970,000 to 1.37 million households, while the number of persons living in single-parent households declined from 3.9 million to 3.8 million persons during the same period. In other words, the number of single-parent households has increased while the number of people living in the single-parent households has declined suggesting a trend towards smaller size of single-parent households over time. This stands in contrast to the general perception that this family type has significantly increased in past years. Chapter 4 will provide further details about single-parent families.

*Photo Credit
Saowalak Saksit
Thaipublica.org*





Extended Families

The proportion of extended families has increased over the past 25 years and has become a dominant family type in Thai society, especially in the rural areas. This type of family typically is divided into two categories: a) skipped-generation families with grandparents and grandchildren residing together without a working-age person in the household; and b) three-generation families or the typical extended family with grandparents living with their working-age children and their grandchildren. It should be noted that grandparents living in extended families are not necessarily elderly people over 60 years and three-generation families may include other relatives or non-family members in a household. Although the number of skipped-generation families remains minimal, the percentage has doubled in the past 25 years in both urban and rural areas. Chapter 5 will provide further detail about the drivers for and consequences of skipped-generation families.

The rising trend of extended families seems counterintuitive to the modernization of Thai society, however, the country is still in transition and is experiencing a period of mixed generations. A large number of elderly persons today are from a generation in which people had three to four children, while their children's generation has significantly fewer children, and their grandchildren's generation is likely to have even fewer. It is still common that elderly parents have at least one adult child living with or near to them while other children may live elsewhere. For other reasons, such as economic instability, or the need for childcare or parental support, some working-age people choose to have their elderly parents live with them (Podhisita, C, 2011). This has in turn contributed to an overall higher number of households but of smaller size.



One-person Households

The one-person household has doubled in the past 25 years in both rural and urban areas. This phenomenon can be contributed to increasing rural-to-urban migration for better education and employment opportunities, as well as changing lifestyles and the decision to remain single longer. However, this interpretation also requires caution, as one-person households can include elderly who live alone. Details about one-person households and their implications on Thai society will be considered in Chapter 6.



Unrelated Households

Finally, the households with no related members living together remain lower than one per cent with only a slightly higher level in urban areas. As a result of their scarcity and the general lack of data regarding such household constructs this report does not include this family type in the discussion.

Figure 2.3: Percentage of households types, 1987-2013

Source: NSO, Labour Force Survey 1987, 2002, 2013, Quarter 3.

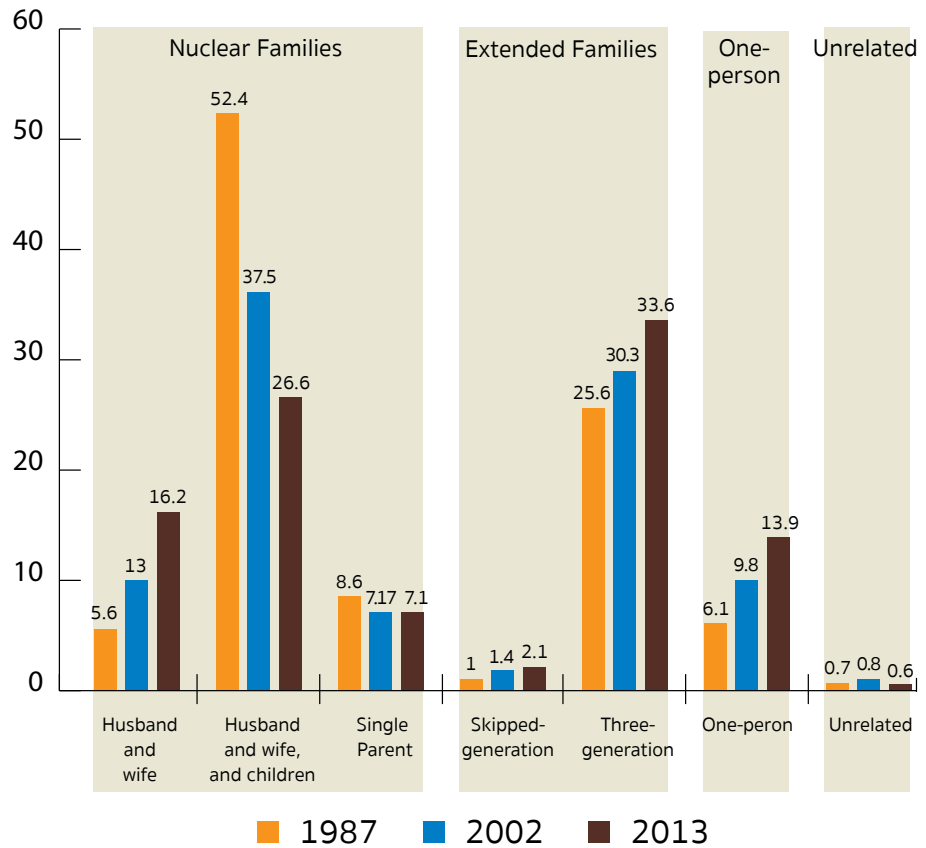


Figure 2.4: Percentage of households in municipal areas, 1987-2013

Source: NSO, Labour Force Survey 1987, 2002, 2013, Quarter 3.

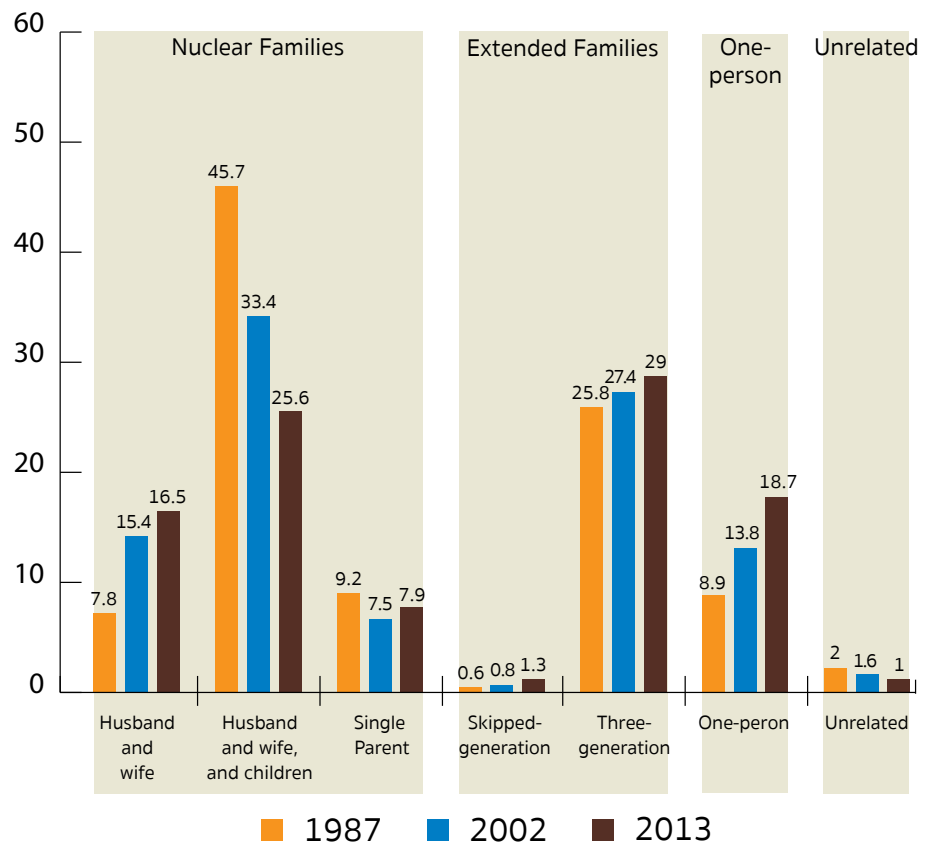
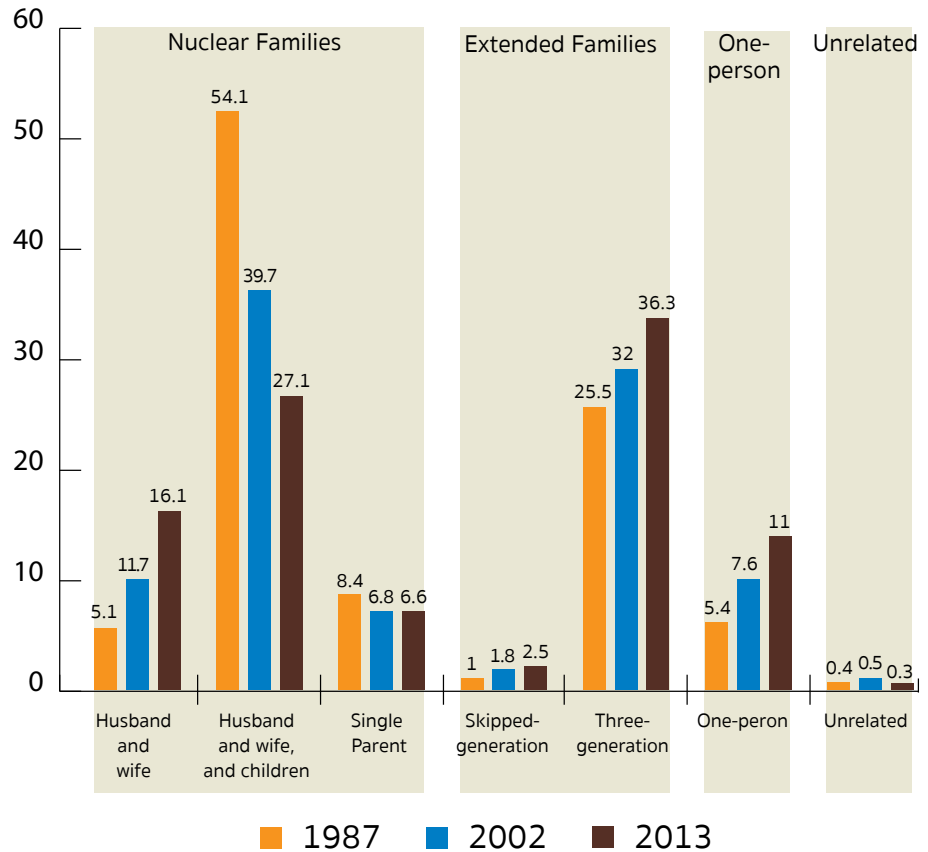


Figure 2.5: Percentage of households in non-municipal areas, 1987-2013

Source: NSO, Labour Force Survey 1987, 2002, 2013, Quarter 3.



2.2 The Future Development of Thai Families and Households

The diversity of family types in Thailand is increasing. Once a society of almost exclusively nuclear and extended families, we are now seeing new family types emerging as a result of modern lifestyles and urban living, and the extended family regaining popularity. This reflects a strong intergenerational support system within families. However, as younger generations live independently, delay marriage and have fewer children, the possibility to form extended families will decrease in the near future. It is, therefore, important to plan for the possibility that those newly introduced family types will grow in number, and that other living arrangements will emerge.



It's Time for Gen Y

Generation Y, or “Gen Y”, are those born between 1980 and 2003; they are the children of the “baby boomer” generation. Gen Y are the most well-informed, best educated and technologically competent generation. They have adopted an individualistic identity, express their own ideas with greater freedom, and challenge cultural expectations and their superiors.

Unlike previous generations, Gen Y often remain reliant on their parents for much longer, and parents invest a great deal in higher education and overall development. Prolonged education to the master and doctoral levels delays the onset of employment. When they do begin earning, Gen Y are more likely to job-hop to find a position that suits their lifestyles and offers an acceptable work-life balance.

In the past, education level and economic status, did not have as strong of an influence on decisions surrounding finding a partner and family formation. As can be observed through census records, baby boomers married earlier and had significantly more children than the current generation. Gen Y are less coerced by social expectation and instead make family-related decisions based on whether and how marriage or children will alter their current lifestyle. Gen Y and the generations that follow will be the future of families in Thailand. Rather than challenging inevitable change, Thailand has an opportunity to respond to the demands of these generations and find creative solutions that respect their needs but encourage family formation and sustainable national development.

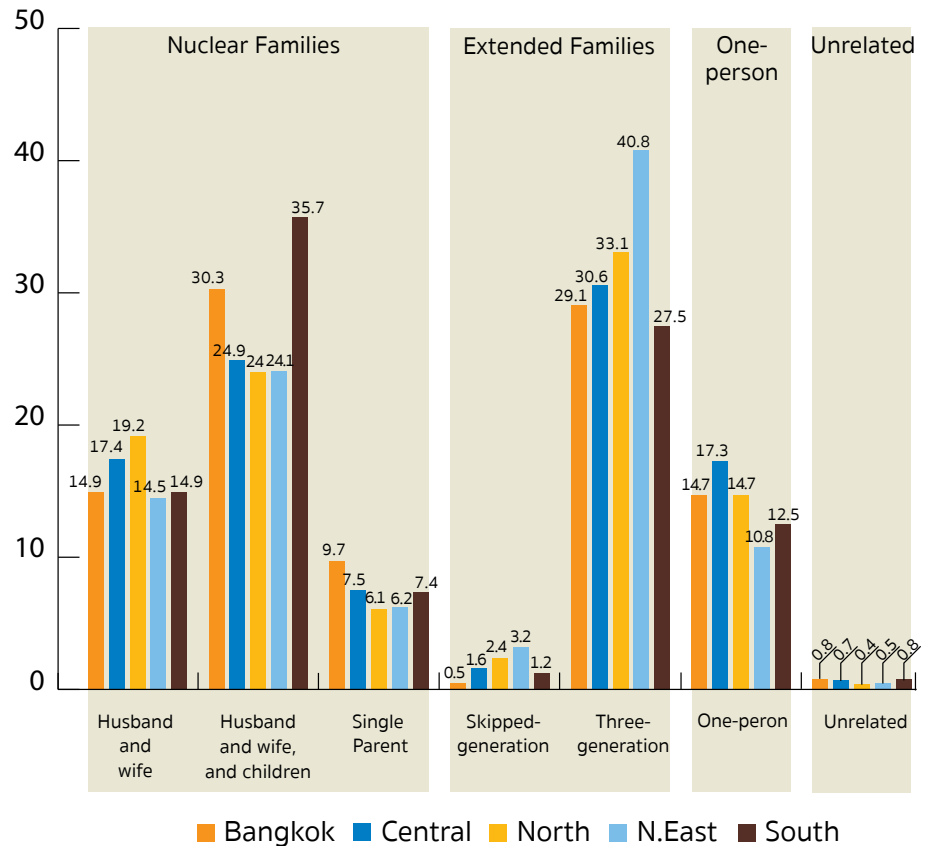
Source: Samutachak and Darawuttimaprakorn, 2014.

2.3 Regional Differentials

Although the metropolitan of Bangkok has many unique, influential socio-economic and lifestyle factors, which should lead to distinctive family types compared to other regions, the types of families and households of Bangkokians are not significantly distinctive from the other regions in Thailand as shown in Figure 2.6. The nuclear family, with parents and children living together, is the dominant type of household in most regions, including Bangkok. One-person households are highest in the Central region. Bangkok has the least skipped-generation households, while the Northeast has the highest. The Northeastern region has the highest number of three-generation and skipped-generation families. The South is the region with the least one-person households.

See the annexes for maps and percentages of household types by province.

Figure 2.6: Percentage of household types by region, 2013
 Source: NSO, Labour Force Survey 2013, Quarter 3.



2.4 Changing Household Characteristics

The characteristics of Thai households have changed as the number of middle class families has increased. Between 1990 and 2010, the total number of households increased by 65 per cent (from 12.3 million to 20.3 million), while the population increased by only 20 per cent. As a result, the overall household size has reduced from 4.4 to 3.1 persons per household. Home ownership has also declined from 87.4 to 78.9 per cent during the same time period, as living in rental units has become the new norm of urban living for smaller households.

Table 2.1: Household characteristics, 1980-2010

Source: NSO, Population and Housing Census 1990, 2000, 2010.

Characteristics	1980	1990	2010	% Difference (1980-2010)
No. of population (million)	54.5	60.9	65.9	121
No. of households (million)	12.3	15.9	20.3	167
Average household size	4.4	3.8	3.1	70
One-person households (%)	5.1	9.4	18.4	361
Household with female head of household (%)	19.4	26.2	34.7	179
Household has ownership over property (%)	87.4	82.4	78.9	90

Summary

Thailand's population is ageing and there will soon be more elderly than young people. This population change will inevitably impact family and household dynamics and it can already be seen in the emergence of more diverse family types, such as one-person households, and skipped-generation and single-parent families in addition to the more traditional nuclear and extended families. The changing role of women in Thai society as a result of increased education and gender equality has had an impact upon rates of marriage and divorce, as well as overall fertility. Regional and provincial differentials show some of the greatest changes occurring in urban and industrial areas. Individual characteristics of families are also changing as a result of better education and income distribution, especially among the middle-class.



3

Nuclear Families

In this chapter, the term “nuclear family” refers to a household consisting of,

- (i) Self-declared spouses with children regardless of marriage registration*
- (ii) Self-declared spouses without children regardless of marriage registration*

Single-parent families, another type of nuclear family, will be discussed separately in Chapter 4.

Introduction

As mentioned in Chapters 1 and 2, the proportion of nuclear households in Thailand is declining. In 1987, the percentage of households consisting of nuclear families was 66.7; today it stands at 49.9. This decline is observed in both rural and urban areas. This chapter examines the situation and discusses factors affecting two types of nuclear families – spouses living with children and spouses living without children.



Definition of Nuclear Families

Spouses with or without children, regardless of marriage registration, including same-sex couples.



Trend of Nuclear Families

Nuclear families without children have tripled from 5.6 percent to 16.2 per cent to all households during 1987-2013.



Features of Nuclear Family

More than half of all nuclear families have women as the heads of households, with 54.4% in 1987 and 51.9% in 2013.

Factors leading to not having a child

Voluntarily not having children

- Economic factor
 - High cost of childrearing
 - Cumulative cost of raising a child
- Attitude factor
 - Changing attitudes towards having children among the young generation. Many believe that having children interferes with the parent's freedom, forces parents to work harder, or prospective parents may be afraid that children will misbehave or face dangers in a society with many problems.
- Career factor
 - Women making an either-or decision between having a child or succeeding in their careers.
 - Lack of support from employers. Employers do not think that the balance between work and family is important.
- Childrearing factor
 - Lack of spousal support and unequal family roles. Women devote twice as much of their daily time than men to caring for family members and completing domestic tasks.
 - Limited childcare services with standardized quality in the country

Involuntarily without Children

- Health factor
 - Infertility: 15.4 % of women in the reproductive age are infertile.
-



Statistics show that 1 in 5 married women desire more children

Almost one-fifth of women of reproductive age desire more children, especially in the South and the Northeast of Thailand.

3.1 The Trend of Nuclear Families

The last three decades have seen a decline in the proportion of nuclear families. When considering this trend by nuclear family type, there has been a marked increase in nuclear families without children from 5.6 per cent to 16.2 per cent of all households during 1987-2013. However, interpretation of such data requires caution as cohabitating spouses without children, or DINK (double-income, no kids) families, does not necessarily mean that they do not have children. This type of nuclear family can include couples that may have grown children that have left their homes and live elsewhere. Therefore, the increase in couples living together without children is a combination of childless couples and couples whose children live elsewhere.

3.2 Nuclear Family Household Heads

According to the 2010 Population and Housing Census, 34.7 per cent of all households reported having a woman as the head of household. Data from the Labour Force Survey revealed an interesting fact, that a higher proportion of women than men in nuclear families (with or without children) are the household heads (54.4% in 1987 and 51.9% in 2013). Although this trend has seen little change during the past three decades, with only a slight increase in the percentage of male household heads, women still constitute the majority of nuclear family household heads.

3.3 Nuclear Families with Children

3.3.1 Fertility of Thai Women

The reproductive age of women is considered to be the age at which they are physically capable of bearing children, usually reported as 15 to 49 years of age. This, however, is not necessarily the safest or most ideal period for a woman to become pregnant and birth healthy children, as women at either end of the age spectrum are more likely to experience complications in pregnancy or deliver children with low birth weight or congenital disease.

Although there is no set rule as to when it is best to have a child, and the matter of whether and when to have a child is truly the reproductive choice of a couple, studies show that pregnancy below the age of 20 increases health risks for both mothers and children and fecundity usually starts to decline steeply for women after age 35.

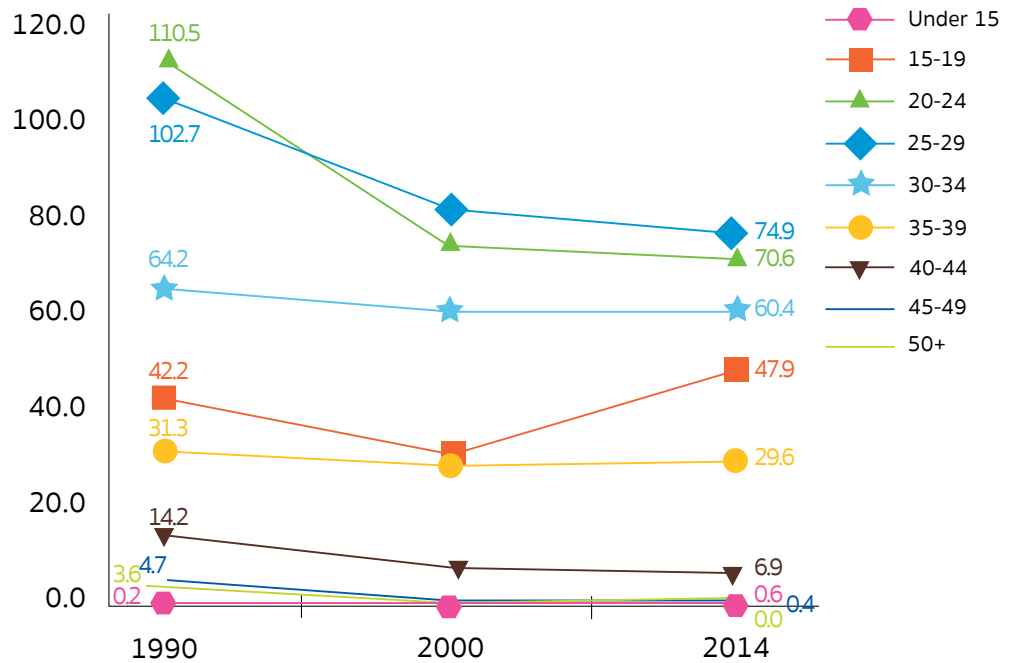
As for when Thai women do begin childbearing, the Reproductive Health Survey conducted by the National Statistical Office in 2009 revealed that Thai women who are married or living with a partner had their first child at an average age of 24.8 years. Women in the Northern region had their first child at the youngest age (24.1), while women in Bangkok

had their first child at the latest age (27.6).

Public Health Statistics show that birth rates for women aged 20-34 are still the highest among women across all age groups, however, over the past two decades there has been a decline of birth among this group and among older women, but a rise in the number of births among young women below 20 years.

Figure 3.1: Fertility rate (per 1,000 women) by age group, 1990-2014

Source: Public Health Statistics, 1990-2014.



Teen pregnancy has negative health, social, and economic consequences not only for teenage parents themselves, but also their children, their families, and society at large. Policies for families will therefore need to focus not only on family planning for couples and promoting healthy births among women aged 20-34, but also on reducing the rate of teen pregnancy.

3.3.2 Desired Family Size of Thai Women

The Reproductive Health Survey (2009) revealed that 20.8 per cent of married women aged 15-49 years desire more children. It was also reported that the desire for more children is inversely related to age; younger married women are more likely to want more children than older married women. Married women with no children or one child also desired more children than those with two or more children.

The same survey also showed that there is a discrepancy between desired number and actual number of children. While the average fertile woman in Thailand has a desired family size of 1.93 children, the average number of living children was only 1.67. Across

regions, married women in the Southern region significantly desire more children than others, and married women in Bangkok desire the least number of children. It is of note that married women in the Southern region have more living children (1.94) than other regions and more than the average desired number of children (1.93). Data also suggest that married women in the Southern and the Northeastern regions desire a number of children (2.33 and 2.08 children per woman, respectively) around the replacement level fertility (an average of 2.1 children per woman) and therefore have the biggest gap (0.39 and 0.30, respectively) in fulfilling their desire for more children compared to women in other regions.

Table 3.1: Average desired number of children, number of living children, and difference for ever-married women aged 15-49 years by area and region, 2009

Source: Adapted from the 2009 Reproductive Health Survey, National Statistical Office.

Area and region	Average desired number of children	Average number of living children	Difference of unmet fertility
Whole Kingdom	1.93	1.67	0.26
Area			
Municipal	1.76	1.54	0.22
Non-municipal	2.00	1.72	0.28
Region			
Bangkok	1.69	1.53	0.16
Central	1.72	1.52	0.20
North	1.75	1.53	0.22
Northeast	2.08	1.78	0.30
South	2.33	1.94	0.39

Across Thailand, about one in five married women desire to have more children. Younger married women, married women with no children or only one child are those who most often desire more children.

This leaves the important question – how and what additional supportive measures must Thailand provide in order to fulfill women’s and couple’s unmet fertility and prevent the TFR from continuing to decline?

3.3.3 Child Health and Child Development

Despite rapid economic growth over many decades that allowed Thailand to reach the status of upper-middle income country, the health and development of Thai children has lacked sufficient attention. About 16 per cent of children under five years suffer from stunting or are too short for their age, while almost one of ten (9%) is moderately underweight. About seven per cent of children are too thin for their height. Children

from the poorest households have higher rates of stunting and underweight than those from the richest households. Moreover, eight per cent of all children born have low birth weight (NSO, 2013).

Child cognitive and motor development also remain a challenge. According to the survey on early childhood development by the Department of Health during 1999- 2010, it was found that Thai children have continuous and significant poor language and motor development, both of which are associated with Intelligence Quotient (IQ). The survey in 2010 found that about 30 per cent of children aged 0-5 years have slow development. Additionally, a survey on IQ conducted in 2011 by the Department of Mental Health found that Thai students aged 6-15 have an average IQ score of 98.59, which is slightly lower than the global standard IQ score of 100. At the country level, about half (48.5%) of students included in the survey have an IQ score less than 100. The same survey also revealed that 6.5 per cent of students have intellectual disability (IQ score below 70), exceeding the acceptable international standard of two percent.

Meanwhile, the survey on Emotional Quotient (EQ) conducted in 2002 and 2007 found that children aged 3-5 have an EQ score at the normal level, however, scores have been declining over time; from 139-202 in 2002 to 125-198 in 2007. For children aged 6-11, it was found that scores measuring determination have been reducing from 148-225 in 2002 to 129-218 in 2007 (Department of Mental Health, 2014).

Some 93 per cent of children under five with an adult household member over 15 years engaged in activities that promote learning and school readiness. However, the father's involvement in such activities was very low. Children from the poorest households and mothers and fathers who are less educated are less likely to be involved in activities that promote children's learning (NSO, 2013).

3.3.4 Fertility Trends

It has been projected that the average number of children per woman or the total fertility rate (TFR) will drop from 1.62 to 1.3 children from 2010 to 2040 (NESDB, 2013). Without any supportive measures in place, it is likely that Thailand will continue to have fewer newborns, meaning that the number of nuclear families with children will continue to decline in the future.

When considering provincial differences, it is noted that women in six provinces have very low fertility, with TFR at 0.28 children in Samutsakorn and 0.89 in Bangkok, for example. In contrast, women in six provinces, all in the Northeast region, have more than two children on average. (See annexes for a map and percentages of TFR by province).

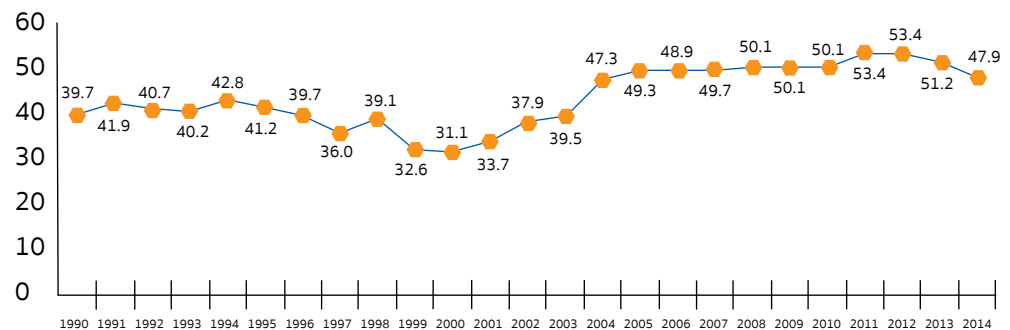
3.3.5 Early Marriage and Teen Mothers

1 Note that the Multiple Indicator Cluster Survey 2012 suggests a higher figure – 16.3% of women aged 15-19 years are currently married or in union.

According to the 2010 Population and Housing Census, about ten per cent of women¹ and five per cent of men aged 15-19 years live in a union, or about 55,000 women and 20,000 men in this age group. About three per cent of men and women in this age group have already divorced, widowed or separated from their spouse/partner. Certainly, early marriage of women and men in their teen years increases their likelihood of becoming single parents or remarrying. Although there have been no statistics collected to support this claim, it is likely that some women who gave birth in their teens leave a child under the care of their parents, an issue to be discussed in Chapter 5 on skipped-generation families. The trend of early marriage among women is on the rise. About 22 per cent of women aged 20-24 years reported to be married before the age of 18, while only about 12 to 14 per cent of women in older age groups did so. Women from the poorest quintile and the Northeastern region, or those living in rural areas are more likely to marry early (NSO, 2012). More than half of married teens are women who have only a primary education: one-fourth come from poor families (Table 3.2). This emerging trend is consistent with a rising rate of teen births, which increased by 40 per cent during 1990-2010 and has since leveled off in recent years. During 2011- 2012, a total of 128,000 adolescents gave birth per year, accounting for 16 per cent of all births (total number of births was 780,000 per year), the highest number of adolescent births on record in Thailand.

Figure 3.2: Birth rate for women 15-19 years (per 1,000 women), 1990-2014

Source: Public Health Statistics, 1990-2014.



Age differences among teenaged girls and their spouses could imply different types of partnership formation. About half of married teenaged girls are about the same age or no more than five years younger than their spouse/partner. About 13 per cent have a younger partner and another 11 per cent have a partner who is more than ten years older. In terms of their socio-economic status differentials, about one-fourth of married teenaged girls with a spouse/partner more than ten years older have only completed primary education.

Anecdotal evidence indicates that many teen mothers are likely to become single parents. What remains unknown is how many of them go on to raise their children alone, or continue their education or employment leaving their child under the care of grandparents.

Table 3.2: Women aged 15-19 married or living with a spouse or partner

Source: NSO, MICS 4, 2012.

Region	Percentage	Urban/Rural	Percentage
Bangkok	12.3	Urban	13.1
Central	16.4	Rural	18.7
North	15.1	Total	16.3
Northeast	18.4		
South	15.4		
Education level	ร้อยละ	Economic quintile	Percentage
No education	14.5	Poorest	23.1
Primary	58.7	Poor	17.9
Secondary	15.4	Middle	20.5
Higher education	2.2	Rich	16.5
		Richest	4.7

3.4 Nuclear Families without Children

As previously discussed, the percentage of nuclear households without children has risen to about three times the percentage recorded 30 years ago. Anecdotal evidence suggested that under the changing social and economic situation, couples tend to weigh the real cost of raising children, the opportunity cost of not being able to afford certain other novelties, as well as the disadvantage that childbearing and childrearing can have on women's career prospects.

Many couples face significant financial and social challenges to childrearing, and voluntarily choose not to have children even though they desire a child or more children. Other couples, especially young couples, may have made lifestyle choices based on preferences for the use of their free time and money, which may not place children as a priority. A survey found that during the reproductive age of 26 to 35, Generation Y in Thailand prioritize work and material achievement. This finding indicates a delay in having children and a reduction in the potential number of children from this generation (Samutachak and Darawuttimaprakorn, 2014). Meanwhile, some couples involuntarily have no children due to infertility or because of delayed marriage and fear the potential health risks to themselves and their children.

3.4.1 Voluntarily without Children

- **Changing attitudes towards having children**

Within Thai society, children have always been highly valued in families, and are especially of sentimental value for their parents. This remains true even among the young

generation. An online survey among young people aged 15-24 years (Isarabhakdi, 2014) found that most young respondents would like to have children and more than half reported wanting to have two children. However, about 14 per cent of young respondents reportedly do not want children, citing that having children interferes with the parent's freedoms. They cite having fears that children will misbehave or be in danger in a society ridden with many problems, they express concern of not being able to raise a child well, and that having children burdens parents to work harder.

Another study in 2014 among students aged 17-22 years (Samutachak and Darawutti-maprakorn, 2014) also reported that most young people (> 80%) reported wanting to have children and, on average, plan to have two children. However, their lifestyles influence the decision to have children. Most respondents placed higher education, work, and buying a car and a house as their highest priorities, while having children was among their lowest priorities. Such values and priorities may chip away at women's reproductive windows and financial resources available for raising a child.

Anecdotal evidence suggested that couples who decide not to have children, or who wait to have children until much later in life, do so because they believe that the conditions are not right. This alludes to a complex web of reasons and factors, including the heavy expenses inherent in raising a child, the desire to offer children the best possible comforts and educational opportunities, the need to find trustworthy people to care for children when both parents are employed outside the home, the dearth of standardized care facilities for small children, and so on. There is also a degree of anxiety about the current social and environmental state of the world, and the fear that children will have to struggle to survive.

• **Balancing the cost of having children**

The Thai Government has implemented certain supportive measures, such as maternity leave, child benefits, state-funded education, and so on, but it appears these gestures are not sufficient for the expenses parents bear, especially when considering the current economic situation in Thailand. Based on an analysis of the National Transfer Account (2011), the average total cost for parents to raise a child from birth to 20 years is about one million THB (about half of the figure reported in Table 3.3). This figure does not include the portion that the Government has subsidized or supported through other social protection measures, such as healthcare, education, and so on. This means that, on average, parents must invest at least 4,000 THB per month for each child until they reach 20 years of age. This amount is relatively high when considering that it is more than 15 per cent of the average income of a Thai household at 25,194 THB per month (NSO, 2013) and much more when parents seek private education or invest in their children in other ways, such as through extra-curricular activities. If a couple feels financially unprepared, then the decision to have children may be postponed or put aside all together.

Table 3.3 Cumulative cost of raising a child (in THB), 2011

Source: NESDB, analysis of the National Transfer Account 2011.

Baht	0-15 years	0-18 years	0-20 years
Paid by parents	666,806	876,872	1,034,233
Paid by government	666,933	808,070	889,173
Total	1,333,739	1,684,942	1,923,406

In Thailand, those who work in the formal sector and contribute to the Social Security Fund receive a child assistance of 400 THB per month per child aged 0-6 years for up to three children ; adopted children are not eligible for this benefit. Self-employed individuals and those who work in the informal sector and cannot identify an employer, such as domestic workers, can also receive this child assistance benefit if they voluntarily contribute on a monthly basis to the Social Security Fund.

Effective as of 1 October 2015, the Thai Government has launched a child benefit grant targeting families living in poverty (a household income less than 3,000 THB per person) by providing 400 THB per month per child. This amount will increase to 600 THB per month from 1 October 2016 onwards and will cover children aged 0-3 years.

• **Balancing children and other responsibilities and opportunities**

As previously discussed, a woman’s reproductive period is usually reported as 15 to 49 years of age, or a period of 34 years. Considering that on average a married woman has her first child at the age of 25 and the indicative healthy birth age is 20- 34 years, it implies that women’s actual healthy “reproductive window” is likely a brief 15 years. This window can also coincide with the time when working women are given greater job responsibilities or are climbing the career ladder: this corners them into making an either-or decision between having a child or succeeding in their careers. This unfair disadvantage is women’s alone to bear, as men need make no such choice. Furthermore, this “window” may also coincide with the time when couples, particularly women, assume responsibilities for retired or ailing parents.

A survey by the Ministry of Public Health (Department of Health, 2014) revealed that most patients who sought treatment due to complications after abortion reported seeking abortion because of social and economic reasons. About 40 per cent of those patients were women aged 25 years and above. About 75 per cent of patients in this age group reported not intending to have a child, and more than 64 per cent reported not using any type of contraception. Among those patients who used contraception, temporary methods especially contraceptive pills were most common. These data suggest that not only young women but also working-age women face unplanned pregnancy and measures to promote access to contraceptive information and services among this age group must not be neglected.

- **Lack of spousal support and unequal family roles**

Despite women’s advancement in education and a higher proportion of women acting as heads of household in nuclear families, they are still taking on the bulk of household management, such as cooking, cleaning, and child rearing. For instance, married women devote about twice as much of their time daily than married men to caring for family members and completing domestic tasks in spite of their equal employment contribution. In fact, married women spend more time on unpaid familial and domestic tasks than women in any other relationship category (single, separated, divorced, widowed) (NSO, 2009).

Table 3.4: Average time spent by men and women (15 years+) by main activity, marital status and sex (unit: hour per day), 2009

Source: NSO, Time Use Survey 2009.

Main activity	Single	Married	Separated	Divorced	Widowed
Household maintenance, management and shopping for own household					
Men	1.4	1.5	1.9	1.7	1.9
Women	2.0	3.0	2.5	2.6	2.7
Care for children, the sick, elderly and disabled for own household					
Men	1.4	1.5	1.4	1.6	2.3
Women	2.5	3.3	2.6	1.9	2.8

Furthermore, there has been little effort made to expand the role that men can play in child rearing and encourage more equal parenting roles. The Ministry of Public Health provided a service for husbands of pregnant women to receive advice and information from health personnel about good mother and child health practices. However, the 2009 Reproductive Health Survey found that only 34.1 per cent or around one-third of pregnant women’s husbands participated in such activities. Currently, fathers who work in the government sector are allowed 15 days of paid paternity leave. The policy was launched in 2012 and it is unclear whether or not this provision has been fully exercised. Fathers employed outside of the government sector still have no such option.

A study among those aged 17-22 years (Samutachak and Darawuttimaprakorn, 2014) reported that men want to have children at a younger age than women. On average, young men wanted to have children at the ages of 28-29, while young women wanted to have children around the age of 30-32. This may partly reflect women’s desires to enjoy freedom in life. The study also shows that young women significantly recognised the importance of domestic workload-sharing between men and women compared to young men. This reflects women’s feeling that the household obligations (including parenting responsibilities) still falls on their shoulders. Therefore, if the spouse can agree on the division of work, this can increase women’s incentive to have a baby.

While expectations of women’s household responsibilities remain high, decision-making

of family-related issues still rests predominantly with the husband. This includes decision surrounding reproduction. For example, it is still a common practice that a wife must obtain written consent from her husband before undergoing sterilization. This lack of support and unequal family roles make childrearing less attractive to women in particular, and this trend is not restricted to Thailand. In South Korea the birth rate has fallen faster than in any other developed country, more and more women are choosing to stay single and couples are typically having only one child. It is predicted that so long as women continue to be burdened by unequal familial and domestic responsibilities this trend will continue (The Economist, 2015).

- **Lack of support from employers and workplace discrimination**

Lack of employer support and discrimination in the workplace can discourage working women from forming families or lead to new mothers being unable to continue in the workforce. A study in 2006 showed that in Thailand work-family conflict is not considered to be a problem among employers and there is very little acceptance that providing family support will improve productivity (ILO, 2006). However, a study in Australia has found that increasing the number of women in the workforce by just six per cent could increase the national GDP by \$25 billion (Grattan Institute, 2012).

In Thailand, pregnant employees in the formal sector receive 90 days of paid maternity leave after which they must return to work. There may or may not be child care services available and workplaces are reluctant to acknowledge the double burden mothers face. This is highlighted by the fact that across the country there were only 61 childcare centres in the workplace recorded by Ministry of Labour in 2012 (see Table 3.5).

Thailand's Labour Protection Act (1998), Article 43 stipulates that "an employer is prohibited from terminating a female employer because of her pregnancy", however, a study in 2012 revealed some cases where women were fired due to pregnancy or did not receive proper care from employers during pregnancy (Women's Health Advocacy Foundation, 2012). In Australia, it was reported that almost 50 per cent of pregnant women and working mothers have experienced discrimination in the workplace at some point during pregnancy, parental leave, or when they returned to work. A person was more likely to experience discrimination in a large business than a small business, and in male dominated workplaces (The Australian Human Rights Commission, 2014).



Japan to tackle maternity harassment, day care to slow population decline

Japan has set its sights on stopping maternity harassment, increasing daycare centres and allowing more workers to take time off after childbirth in a bid to slow its declining population and shore up the economy.

Tackling Japan's rapidly ageing and declining population has become an urgent task because labour shortages and a shrinking domestic market are increasingly becoming an obstacle to higher economic growth and private sector investment.

"The second stage of Abenomics is about strengthening the foundations of childcare and welfare to improve the economy," said Abe after a meeting with cabinet ministers. Abenomics boosted asset prices and corporate earnings when Abe took office almost three years ago, but many households felt left out.

Abe said on Thursday the government would focus more on childcare, welfare and the re-distribution of wealth, which could blunt criticism that his policies are not trickling down.

The government will submit more than ten bills to the regular session of parliament next year in an attempt to raise the birth rate to 1.8 per woman from 1.42 currently and make it easier to care for the elderly, Cabinet Office officials said on Thursday. The legislation will tackle maternity harassment that captured the public's attention last year when the Supreme Court handed a partial victory to a woman who sued her former employer for being demoted during pregnancy.

Since then, more pregnant women and young mothers have come forward with stories of being harassed at work, discouraged from taking legally guaranteed maternity leave or simply being pressured to quit.

The bills will also make it easier for non-regular workers to take time off during pregnancy, expand subsidies for infertility treatment and increase capacity at retirement homes.

The government is on course to decide the amount of new spending on these steps next month when it is likely to compile an extra budget. The ruling coalition's control of parliament means the bills face no serious obstacles to becoming law.

Abe's aim is to prevent the population from falling below 100 million from around 127 million currently.

Some economists say Abe's plans are not enough because an advanced economy usually requires a birth rate of 2.1 simply to keep its population steady.

Source: Reuters online, 2015.

• Standardized quality of childcare services

In Thailand, there are several types of childcare facilities managed by different state organizations. Based on data from relevant ministries, there are less than 22,000 public childcare facilities nationwide, the majority of which are early childhood development centres at the local level for children ages 2-5 managed by the Ministry of Interior, and significantly less numbers of privately-run nurseries and childcare facilities for children of employees in a formal sector. Considering that Thailand has about 700,000-800,000 newborns each year, it appears that at the country level the availability of public childcare facilities is sufficient. However, it may be worth further exploring the area distribution of these facilities.

Costs for public childcare services are mostly subsidized by the government; however, the quality of services can differ as each state organization has established its own standards of childcare. As a result, some couples are reluctant to send their children to childcare centres. Unlike couples in an extended family who may be able to rely on their elderly parent/parents to help take care of their pre-school children, working couples in a nuclear family have limited options. Only those who can afford may choose to send their children to a privately-run nursery or hire a caretaker. Moreover, until children reach a suitable age to be admitted to a public childcare facility (2 years), parents are responsible for arranging childcare. This is particularly critical for mothers wishing to return to work, or for couples who rely on a double income; if suitable care cannot be arranged it may be a deterrent for couples to have children.

Table 3.5: Number of childcare facilities nationwide by type and responsible state organization

Source: Unpublished data by Mol, MoSDHS, MoL, BMA.

Responsible state organization	Type of childcare facility	No. of childcare facilities	No. of teachers/caretakers	No. of children	Data as of
Ministry of Interior (Mol)	Early childhood development centre (2-5 years old)	19,658	52,362	933,356	October 2015
Ministry of Social Development and Human Security (MoSDHS)	Privately-run nursery (0-5 years old)	1,727	7,241	82,895	สิงหาคม 2558
Ministry of Labour (MoL)	Day care centre for employees in the workplace and community (no minimum age limit)	61	190	1,521	กันยายน 2558
Bangkok Metropolitan Administration (BMA)	Pre-school childcare centre (2-5 years old)	312	2,089	25,993	กันยายน 2558
Total		21,758	61,882	1,043,765	

In 2013 Thailand established a collaborative initiative among three key ministries - Ministry of Interior, Ministry of Education, and Ministry of Public Health to take actions

to ensure that early childhood development centres and kindergartens meet quality standards and become disease-free by 2020. Under this initiative, among other assigned responsibilities, the Ministry of Interior will develop standards for quality of education for early childhood development centres and support the establishment of additional early childhood development centres to increase coverage of services throughout the country (MoI, 2014).

Furthermore, in 2014 Thai Health Promotion Foundation (THPF) has established a project “Early Childhood Development based on the Framework of Development of Thai Children (0-5 years) for the Future“. Under this project, THPF works with the Ministry of Public Health, Department of Local Administration, and academic institutions to address the gaps in the public health and education systems and mechanisms for early childhood development in 23 select provinces (Department of Mental Health, 2014).



Voice of An Expectant Father

“My baby is due next month so I must look for a nanny. I checked the cost with an agency and was told the rate for a Thai nanny is between 17,000-18,000 THB per month depending on experience, and does not include per diem for her food and overtime for her work on Sundays. If I want to save costs, I can hire a migrant nanny and that would cost 10,000 THB per month. They may be inexperienced and have to live in, which can be risky.”

Source: Pantip online chat room, 2013.

3.4.2 Involuntarily without Children

While many couples may voluntarily choose not to have children for reasons such as those previously discussed, others may have little or no choice due to infertility or late marriage and consideration of the risks inherent of late pregnancy towards the end of a woman’s reproductive age. It may also be due to the lack of access to adoption as in the case of same-sex couples, or a result of living arrangements that make having children difficult or impossible.

- **Infertility**

The World Health Organisation definition of infertility refers to a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. Although infertility is an individual’s health problem, it can become a family problem when couples desire a child. In fact, the inability to have children affects couples worldwide and causes emotional and psycho-

logical distress in both men and women, as well as social discrimination and ostracism (Mascarenhas MN et al, 2012).

Several studies and surveys in Thailand revealed an increasing trend of infertility, with 15.4 per cent of women aged 15-49 years old reported as being affected in 2006 (Siangdung and Soonthorndhada, 2008). Although nowadays Assisted Reproductive Technologies (ART) for infertility have advanced and can offer several choices, the costs, ranging from 6,000 to 400,000 THB, is too often unaffordable for most couples (Siangdung and Soonthorndhada, 2008) and the success rate is uncertain. Thailand also does not recognize infertility as a disease or illness; hence treatment is not covered under any existing public health scheme. For such reasons, ART has not widely been practiced in Thailand thus far. An analysis from the Reproductive Health Survey 2006 also showed that only 29.1 per cent of reproductive-age women facing infertility sought treatment information and services.

Table 3.6: Percentage of women (aged 15-49) by infertility status and region, 2006

Source: Adapted from Siangdung and Soonthorndhada, 2008.

Area and region	Infertile	Fertile
Whole kingdom	15.4	84.6
Area		
Municipal	16.1	83.9
Non-municipal	15.2	85.8
ภาค		
Bangkok	17	83
Central	13.7	86.3
North	12.8	87.2
Northeast	14.1	85.9
South	24.7	75.3

A further option for infertile couples is surrogacy, which is used when a woman is physically unable to carry a pregnancy to term. Before April 2015, surrogacy was neither legal nor illegal since there was no law surrounding this issue. Little is known about the number of Thai couples who sought surrogacy services, but anecdotal evidence suggested that many foreigners have come to Thailand to seek surrogacy services from Thai surrogate mothers.

Adoption is another solution for couples experiencing infertility. In Thailand, the Child Adoption Act was established in 1979. However, the whole process of adoption can be very lengthy requiring a thorough screening of qualifications of adopting parents (including mental health, social and economic capacity, criminal record, and so on), obtaining formal relinquishment from children's parents, approval from relevant authorities and

the child adoption committee, and a six month probation period of living with adopting parents in cases where children are adopted from an orphanage. Interestingly, many children in Thai orphanages still have one or two living parents who may be unable to care for them due to poverty, imprisonment, or other reasons, such as teen pregnancy, and they may never have signed relinquishment papers.

Although adoption may be widely acceptable solution for infertile couples or same-sex couples in other countries, it does not appear to be a suitable option for childless couples in Thailand. This could be partly due to the strong value of biological relationship between parents and children and partly due to the detailed and lengthy adopting procedure. Adoption is also not allowed for same-sex couples in Thailand as this type of union has not been legally recognized. Based on 2011-2013 statistics from the Department of Social Development and Welfare, the annual number of adoptions by Thai families is between 2,300-3,000 cases, which is considerably low. The majority of adopted children have one or two living parents and have been adopted by relatives, while only 2-3 per cent are those who have lost both parents but were not in orphanages (children under judicial order), and only about 1 per cent are children from orphanages.



Voice of A Childless Woman

34 years old, a married woman without children in Bangkok

“I got married quite late in life. It was two years ago. I planned to have two children but turned out to have infertility problems. I went to see a doctor and took hormonal injections but it still did not work. I stopped medication and now choose to do physical exercise. If it still does not work in the next couple of months, I will consult a doctor again. I want to continue to try to have a child until I reach 40 years old in a natural way. I have read about GIFT but am not sure about it because the cost is high and the process could take time, as long as a year, until successful. I do not want to adopt a child because I prefer to deliver a child of my own. At the end, if I can't have a baby, I think it is ok. My family and my husband's family do not pressure us to have children”

Source: An interview by Thai Publica, 2015.

• **Delayed marriage and fear of health risks**

Conceiving a child can become a challenge for women who enter into marriage later in their lives as women's reproductive potential generally decreases with age, and fertility can be expected to end five to ten years before menopause (The American Society for Reproductive Medicine, 2012).

The proportion of single women has sharply increased across all age groups in the last four decades and women's average age of first marriage has been consistently increasing. When women remain single longer and marry at a later age, this can affect their family planning due to fears of pregnancy-related risk.

An analysis of the Population and Housing Census revealed that the ratio of married or ever-married women who have no children has steadily increased from 1.8 per cent in 1970 to 8.8 per cent in 2010; a nearly five-fold increase. It is unclear whether this trend reflects women's voluntary or involuntary decisions and whether or not it is due to personal choice, delay in marriage or a result of infertility.

3.5 Same-Sex Families

Another type of family that is emerging in Thailand and requires further study is same-sex families. Due to certain limitations of analysis of data obtained from the National Labour Force Survey, the proportion of same-sex families has not been analysed for further discussion in this report. It is, however, possible that a portion of recorded nuclear families without children could be same-sex couples that live together in a household. Therefore, further data analysis is essential to explain this.

Overall, it is found that empirical data on the state of Thailand's same-sex families are scarce and official statistics have never been collected. As such, the actual number of this type of family is yet unknown. Nevertheless, anecdotal evidence, such as news about weddings of same-sex couples and the efforts being made by the government and civil society sectors advocating for the legalization of same-sex marriage registration, suggest that there are quite a number of same-sex couples living in union.

*Photo Credit
Chanwut Jiempluxpaisal*



Currently, same-sex union is not recognized under Thai law. The Civil and Commercial Code stipulates that the act of marriage shall be performed between a man and a woman only and the marriage can be legal only upon marriage registration. Therefore, same-sex families cannot access and enjoy the services, benefits, and other welfare that the government has made available for married couples and their children, such as personal income tax deductions, healthcare benefits, adoption services, inheritance rights, and so on.

During the past three to four years, Thailand has made efforts to advocate for the legal recognition of same-sex marriage registration through the development of the “Civil Partnership Registration Bill” initiated by the Rights and Liberties Protection Department, Ministry of Justice, and the “Civil Partnership Bill” initiated by the civil society sector. Both versions advocate for same-sex partnerships to have the same rights and responsibilities as opposite-sex couples. However, until now these bills have not been considered in the legislation process.

There are about 20 countries that have legalized same-sex marriage, the majority of which are countries in Europe. As of this report, there is no country in Asia that has passed a same-sex marriage law. However, some advancement can be observed in Taiwan and Japan where a same-sex couple registration is allowed in certain territories. Some companies in Japan have also made progress by establishing a corporate policy that recognizes same-sex partnerships and provides benefits and welfare for same-sex couples similar to married, heterosexual couples.



Countries that have legalized same-sex marriage by year of implementation

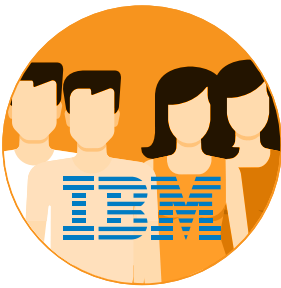
The Netherlands (2000), Belgium (2003), Canada (2005), Spain (2005), South Africa (2006), Norway (2009), Sweden (2009), Argentina (2010), Iceland (2010), Portugal (2010), Denmark (2012), Brazil (2013), England and Wales (2013), France (2013), New Zealand (2013), Uruguay (2013), Luxembourg (2014), Scotland (2014), Finland (2015), Ireland (2015), Greenland (2015), USA (2015)

Source: <http://www.pewforum.org/2015/06/26/gay-marriage-around-the-world-2013/>

The 2008 Survey on Status of Society, Culture and Mental Health and the 2011 Survey on Status of Society and Culture revealed that social attitudes in Thailand towards lesbian, gay, bisexual, and transgender (LGBT) persons have been positively changing and acceptance of LGBT has been increasing over time. Generation Y has been found to exhibit greater acceptance of same-sex relationships than older generations (Isarabhakdi, 2015). Moreover, the 2013 Public Opinion Survey (NIDA Poll, 2013) shows that 88 per cent of respondents reported that they accept LGBT friends and colleagues while 78 per cent

accept LGBT family members and 53 per cent agreed with the legislation to allow legal registration of same-sex civil unions.

Such open and accepting societal attitudes toward diverse sexual orientations and same-sex relationships may provide opportunity for people to reveal their sexual orientation earlier in their life, better establish themselves in society, and have greater opportunity for family formation. Policy makers should, therefore, pay greater attention and conduct further study to better understand the state of same-sex families in Thailand so that appropriate policies and services can be further developed.



IBM Japan, Ltd to recognize same-sex couples

On 30 November 2015, IBM Japan, Ltd created a new system – the “IBM Partner Registration System”, which recognizes employees’ partners as equivalent to legally married spouses as one of their policies to create a work environment where all employees including those who identify as LGBT can live out their true identities.. This system will go into effect starting January 2016.

Diversity of race, culture, thought, and gender is IBM’s source of innovation and one of the most fundamental parts of their corporate strategy. IBM has taken the initiative using LGBT-friendly measures among domestic companies for years. IBM has long provided their employees with training and has held events to promote acceptance and understanding LGBT identities. Since 2012, they have given their employees money gifts for their weddings. IBM has cooperated with international non-governmental organizations and held a discussion forum of LGBT-related diversity management, called “work with Pride” to promote LGBT-friendly corporate policies in other companies.

The “IBM Partner Registration System” requires both partners to be adults with no legal spouses and their partners must not be their relatives. This new system will enable them to have special paid leave and congratulatory and condolence leave. IBM Japan, Ltd will also extend their benefit packages for their employees’ partners to receive allowance to join their partners if they are relocated. IBM Japan, Ltd announced that they will keep reflecting the opinions from the parties involved on their policies.

Source: <http://out-japan.com/2016/03/04/%EF%BF%BCibm-japan-ltd-to-recognize-same-sex-couples/>

Summary

The nuclear family remains the most common living arrangement in Thailand. It is important to note, however, that so many nuclear families are childless, for both voluntary

and involuntary reasons. As the participation of women in the workforce increases and becomes more critical to the country's prosperity, more women are choosing to, or may be obligated to, delay marriage and childbearing, thus reducing their reproductive window. Among those who are in a union, almost one-fifth of women of reproductive age desire more children. While the average fertile woman in Thailand has a desired fertility of 1.93 children, the average number of living children is only 1.67, reflecting an unmet need. Only married women in the Southern and the Northeastern regions desire a number of children almost at the replacement level fertility (2.33 and 2.08 children per woman, respectively). The important question is, how and what additional supportive measures should Thailand implement to fulfill women's and couple's unmet fertility?

Socially women, particularly mothers, have the odds stacked against them. In addition to having gainful employment and climbing the career ladder, the majority of domestic responsibilities and caregiving for children and elderly parents falls on women's shoulders. Increase in male spouse's support in the home has not kept speed with the changing roles of women and mothers. This can significantly deter women from wanting to have children.

Thailand has made policy efforts to encourage family formation, however, there is still much work to be done, especially with regard to promoting equal parenting roles between men and women, supporting family-friendly policies in the workplace, subsidizing infertility treatments, and reviewing adoption processes to better facilitate the needs of childless couples.



4

Single-parent Families

The term single-parent family refers to a household consisting of a father or mother and a child or children, whereby the father or mother lives as an independent caregiver and does not cohabit with a partner or spouse.

Intact families in which one parent is absent due to work or study resulting in separate living arrangements are also considered single-parent families.

Introduction

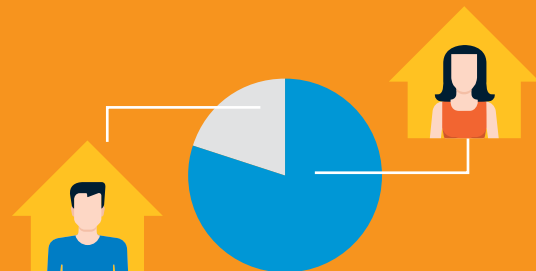
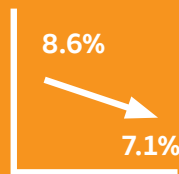
There has been a global increase in the number of single-parent families and Thailand is no exception to this. Acceptance of single-parent families has been hard won and while attitudes are changing, there remains much stigma associated with divorce or separation. Widowhood carries with it particular expected behaviors and social attitudes, which appear to be heavily biased towards women.

Institutional obstacles for divorced women to fully exercise their parental rights exist.



Definition of single-parent families

Families in which only a father or a mother lives with one or more children



Trend of single-parent families

- Increasing in number but the family size is smaller. Majority are single-mother families
- Increasing from 970,000 households in 1987 to 4 million households in 2013 but proportion to the total households had decreased from 8.6% to 7.1%
- Members of single-parent families have declined from 4.03 persons per family in 1987 to 2.76 persons in 2013.

Features of single-parent families

The majority of single-parent families are with single-mothers (80%)

Factors leading to single-parent families

- End of union – divorced, separated or widowed.

- Divorce statistics of Thai people has continuously increased from 77,735 pairs in 2002 to 101,031 pairs in 2013 (see Figure 4.2)

- Spousal death – widowed

Challenges facing by single-parent families, especially single-mothers

- Poverty

- Inadequate income, especially among single mothers whose husbands were the main earners

- Employment problems – some single mothers who still need to look after their young children cannot get formal employment

- Need a new place to live or affordable housing

- Some need to move back to live with parents or relatives

- Some need to send their children to be under care of grandparents

- Depression

- A lack of adequate support mechanisms such as proper childcare, proper employment for single mothers or a lack of emotional support and counselling

For example, there is a requirement that a father's housing registration be produced to matriculate a child in school, even if the marriage has been dissolved and the mother has been awarded full custody of the child. Of course, there are examples of successful single parents who have overcome adversities and live contented lives, but raising children as a single parent is rife with challenges from financial, social, and emotional perspectives. The aim of this chapter is to highlight these trends and the magnitude of this phenomenon, and identify some of the challenges families face with the intention to strengthen policies and systems that support single-parent families.

4.1 The Trend of Single Parenthood

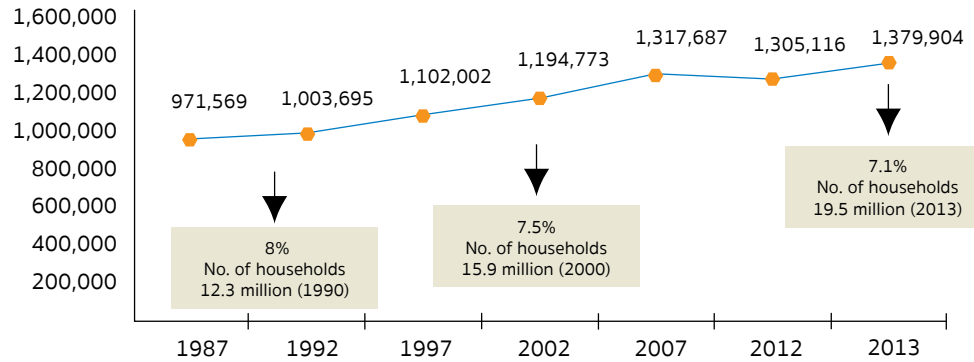
The term child in the context of a single-parent household refers to a person not exceeding 18 years of age that is economically dependent on his or her parent(s), or a person no more than 25 years old if they are still in tertiary education. Children who, due to some mental or physical condition, are expected to permanently remain living with their parent(s) are included in this definition. The status of a single-parent family may change when children exceed the age of 18 or if either the father or mother remarries. The number of single-parent families is on the rise in many countries across the world. In 2011, countries belonging to the Organization for Economic Co-operation and Development (OECD) with the highest percentage of single-parent households were New Zealand (11.2%), Latvia (11.5%), Australia (10.4%), Canada (10.3%), Mexico (9.9%), United States (9.5%), and Republic of Korea (9.2%) (OECD, 2015). In most countries, the percentage of single-parent families headed by a woman is higher than families headed by a man. It is projected that Japan, the United Kingdom, France, Australia, Norway and New Zealand will see an increase of single parents up to 22 to 29 per cent between the early/mid 2000s to 2025-30 (OECD, 2011).

In Thailand, statistics from 1987-2013 show that while the percentage of single-parent families has slightly decreased, the absolute number had increased from approximately 970,000 families in 1987 to 1.4 million in 2013, or about 7.1 per cent of all households (Figure 4.1). Reports from OECD countries show that the size of single-parent families determines additional costs, caring responsibilities and entitlement to benefits. On average, single-parent households are smaller than nuclear families, the size of which in Thailand have steadily decreased, from 4.03 persons in 1987 to 2.76 persons per household in 2013. This is likely due to the overall reduced number of births, as well as increasing rates of divorce and separation.

While the number of single-parent families are rising in OECD countries, Germany stands out as an exception with a projected 16 per cent decrease in the number of single parents by 2025 predominantly due to declining numbers of children occurring in concert with rising numbers of divorce and separation (OECD, 2011). The same explanation may apply to Thailand's decline of single-parent families as divorce and separation are also on the rise together with the declining birth rate and a larger number of total households.

Figure 4.1: Number and percentage of single-parent families with a child < 18 years, 1987-2013

Source: NSO, Labor Force Survey 1987-2013, Quarter 3.



The living arrangements of children under 18 years suggest some characteristics of the circumstances of single-parent families, including those single-parent families in which one parent is absent for work or other purposes. As shown in Table 1.1, while 15 per cent of children live with mothers and three per cent live with fathers, about 57 per cent live with both parents and about 22 per cent live with neither parent. Children in rural areas more often do not live with both parents compared to those in urban areas. Children in the Northeastern region are most likely to live with neither parent. Whether a child lives with their father or mother is slightly different for girls and boys; children in single-parent families are more likely to live with the mother during their younger years. In terms of economic status, it is evident that children from the poorest families are least likely to live with both parents, the opposite of which is observed among the richest families.

4.2 Single Mothers versus Single Fathers

In Thailand, when divorce or separation occurs, the mother becomes the primary caregiver for the child(ren) in approximately 80 per cent of all cases¹. The percentage of single-mother families has decreased slightly from 83 per cent in 1987 to 81 per cent in 2013, but has otherwise remained unchanged for the past 20 years (Labor Force Survey, 1987 and 2013). Records from 1990 onward found the percentage of single-parent families to be higher in rural areas than urban areas (58.4% and 41.6%, respectively) (Labor Force Survey, 2013).

The Ministry of Social Development and Human Security (2015) reported that about 63 per cent of single-parent families have only one child and another 30 per cent have two children. This is concerning as single-parents often face greater financial difficulties; about half have greater expenditures than actual income and 40 per cent do not have any savings. Sixty per cent of single-parent families are employed; 25 per cent work in agriculture.

¹ Note that figures reported in Section 4.2 use all single-parent households as denominator while those reported in Table 4.1 use children <18 years as denominators.

4.3 Drivers of Single Parenthood

Divorce and separation together with spousal death contribute to increases in the overall number of single-parent families. Data from 2015 indicated that spousal death accounted for 28 per cent of single-parent families, followed by divorce (18%), separation (41%), and abandonment or disappearance (13%) (Department of Women's Affairs and Family Development, 2015). Male spousal death is most common in the Northern region, likely to due to the AIDS epidemic, and in the Southern region, likely a result of the ongoing conflict (see Table 4.1).

Table 4.1: Percentage of children (<18 years) and their living arrangements

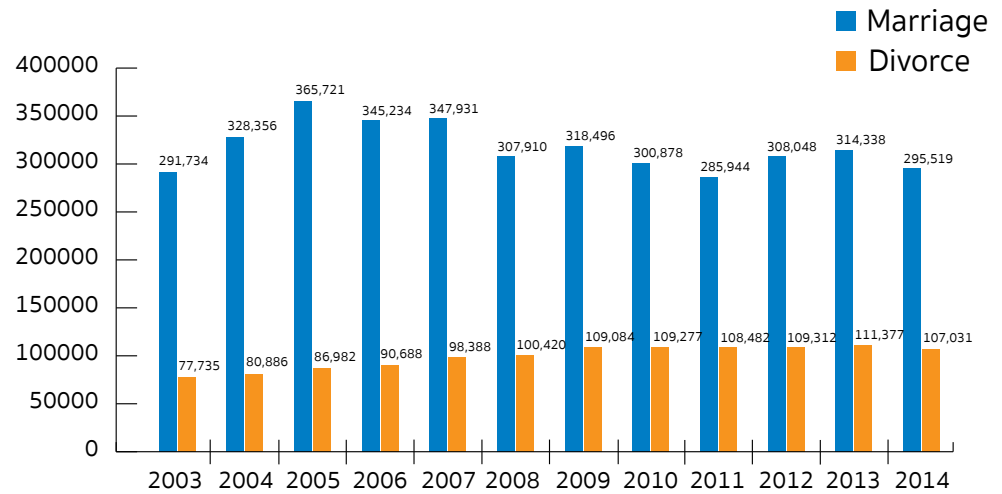
Source: NSO, Multiple Indicator Cluster Survey 2012.
Including: * 0.3% both parents are dead; ** 1.9 % father is dead; *** 0.3% mother is dead.

	Live with both parents	Live with neither parent*	Live with mother only**	Live with father only***	Unknown	Total	One or both parents deceased
Total	57.6	22.8	15.4	3.4	0.8	100	4.1
Sex							
Male	58.3	22.0	15.2	3.7	0.9	100	4.0
Female	56.8	23.6	15.6	3.3	0.7	100	4.2
Area							
Municipal	60.9	18.3	15.8	4.3	0.8	100	4.1
Non-municipal	55.5	25.6	15.1	3.0	0.8	100	4.1
Region							
Bangkok	69.5	13.0	12.3	4.6	0.5	100	2.8
Central	60.0	18.5	16.0	4.7	0.9	100	4.4
North	56.6	22.3	15.7	4.0	1.2	100	5.2
Northeast	49.7	31.2	16.0	2.2	0.9	100	3.6
South	60.7	12.5	14.0	3.6	0.2	100	4.4
Age group							
0-4	60.0	21.3	16.1	2.2	0.4	100	0.9
5-9	56.0	25.4	14.4	3.7	0.6	100	2.6
10-14	56.3	22.9	15.5	4.3	1.1	100	6.1
15-17	58.7	20.4	15.8	3.7	1.4	100	7.7
Household Economic Status							
Poorest	48.7	33.7	14.3	2.4	0.9	100	5.1
Second	49.3	30.4	15.7	3.3	1.3	100	4.2
Middle	57.4	21.7	15.4	4.8	0.8	100	4.1
Fourth	63.3	16.0	16.6	3.5	0.6	100	3.7
Richest	72.4	9.2	14.8	3.2	0.3	100	3.1

The divorce rate among Thais is rising and the marriage rate is declining as suggested in Figure 4.2. It is important to note that rates of marriage and divorce are underreported in Thailand as many couples do not legalize their union.

Figure 4.2: Numbers of marriage and divorce, 2002-2013

Source: Department of Local Administration, Ministry of Interior, 2002-2013.



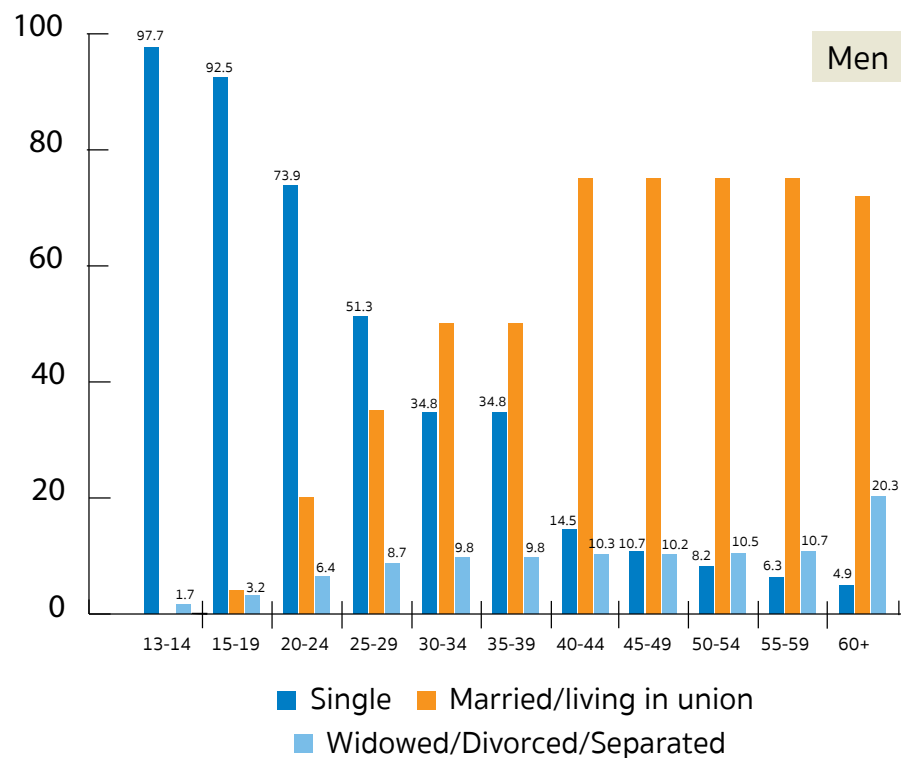
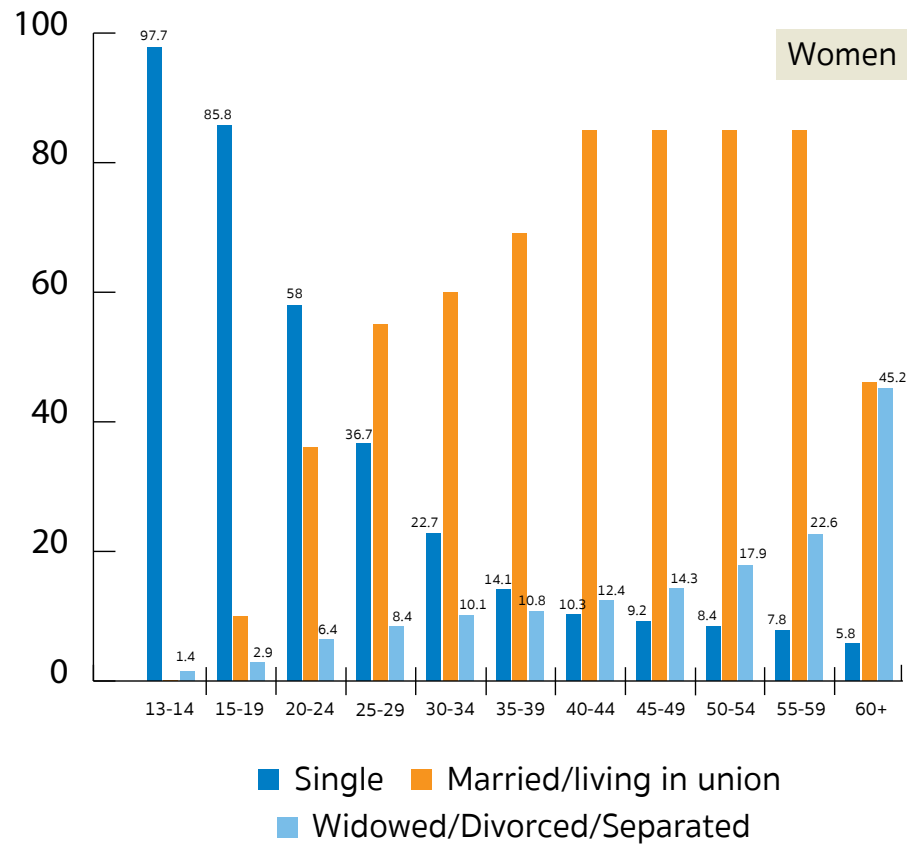
When considering the marital status of the Thai population, an average of seven per cent of ever-married men and 15 per cent of ever-married women are divorced, separated, or widowed (Figure 4.3 and 4.4). Women in their 40s are twice as likely to be divorced, separated, or widowed than men of the same age. This proportion increases to 45 per cent of women compared to only 20 per cent of men at age 60.

Bangkok has the lowest rates of divorce, separation, and widowhood; 5% and 11% of men and women, respectively (see maps in the Annex). As suggested in Chapter 1, these statistics are likely influenced by the younger, working-age population, as divorce, separation and spousal death are more likely to occur at a later age. It is important to note that those provinces with a high percentage of children living in single-parent families are not necessarily consistent with the provinces with higher rates of marriage dissolution, whether by divorce, separation, or spousal death. Remarriage of a single parent contributes to this inconsistency.

Figure 4.3 suggests that while the number of marriages has declined, the number of divorces has slightly increased and about one-third of marriages end in divorce. Few studies have been conducted to explain the rationale for family formation among men and women in Thailand. Archvanitkul and others (2003) suggested that only half of those living in union or marriage had registered their marriage. One out of seven couples simply live together without an officially recognized union. Moreover, one-fifth of ever-married women reported that they did not select their husband or partner, but rather the union was arranged by parents, or was for economic reasons.

Figure 4.3: Percentage of marital status of Thai population by age and sex, 2010

Source: NSO, Population and Housing Census 2010.



Finally, it is important to consider that not all single-parent families are the result of the loss of a partner, or dissolution of a relationship. There is anecdotal evidence that some women wish to have a child but do not want a life partner.

4.4 The Struggles of Single Parenthood

There are many factors that complicate the lives of single parents and their child(ren). Single parenthood may be a temporary condition, as single parents may find new partners. However, many single parents remain single and face problems, particularly related to childcare and finances; they may have to make serious adjustments in their lifestyle and career expectations, as there are few formal mechanisms in place that support single parents.

Data show that divorced men tend to remarry more frequently than divorced women (Sobieszczyk, 2003). In Thailand, this is reflected in the vast majority (80%) of elderly men who are married compared to less than half of elderly women (Knodel and Chayovan, 2009). In Thailand, there is no legal obligation to award alimony, which can be detrimental to a spouse's financial security, especially for women. Child support on the other hand is legislated and can be settled privately or in court. Child support payments are awarded to the custodial parent by the noncustodial parent. Under Thai law both parents are legally obligated to support their children until the age of 20. This may present a double burden for fathers who remarry or start a new family as they may shoulder the burden of providing for their former family in addition to their new family.

Furthermore, particularly single mothers continue to face cultural disapproval from members of society who look down upon single-parenting (Quah, 2015). This is damaging for the confidence and self-esteem of both mother and child (Khumsuwan and Chokthanakoon, 2012) and may lead to selective negative treatment towards single mothers, such as in employment, social participation, and so on.

The three factors that have the greatest impact on the quality of life of single parents, and by extension on the psychosocial and cognitive development of their children, are the employment status and income level of the single parent, including affordable and quality childcare; the availability of appropriate and affordable housing; and access to support systems, including emotional support.

4.4.1 Poverty

Single parenthood is a strong correlate of poverty. This is even more true when the single parent is a woman, and particularly if she is young. Research illustrates a global trend that poor households headed by women face more extreme poverty, and to a higher degree than male headed households (Deere, 2012; Kennedy and Peter, 1992; Taweesit, 2011). Single mothers who are widowed, divorced, or separated from their husbands have

inferior economic status when compared to single fathers. This is due in part to a loss of the primary earner, who is generally the husband (Fuwa, 2000). Therefore, many single-mother families are forced into low-wage work in the informal sector, which contributes to increasing poverty (Podhisita and Sunpuwan, 2009).

Economic stability and earning capacity is also impacted by the availability of childcare. Single mothers who do not have access to or cannot afford childcare will likely not be able to pursue a career in the formal sector, thereby doing away with any hope to lift their families out of poverty.

What remains unknown in Thailand is the employment status of single-parent families, their re-partnering, and poverty level. Consideration of the British Household Panel Survey data on single parents suggests that time spent in a single-parent family will increase the risk of poverty. Single parents who do not re-partner are most often mothers who tend to be older than those who do find a new partner. A period of single parenthood is associated with an increased risk of joblessness and poverty. Moreover, poverty and joblessness is most persistent among single parents who do not re-partner. About 70 per cent of single parents in OECD countries are in paid employment but high employment rates do not guarantee that poverty among single parents is low. In fact, single parents are often in low paid jobs with insufficient work benefits or support to significantly reduce their risk of poverty. Nordic countries on the other hand, report a high level of single-parent employment rates, as well as relatively low poverty rates, primarily because Nordic social policy models generally focus on employment participation among all adults, regardless of their civil status, and seek to promote this via better access to childcare support, work benefits and tax allowances (OECD, 2011).

4.4.2 Poverty and Early Marriage

Poverty may correlate with marriage or union at a young age, especially for women. The 2012 Multiple Indicator Cluster Survey reported that a high proportion (21.2%) of women who were married or in union before the age of 18 was in the poorest wealth quintile. Almost one in five (19.1%) of these young women were living in the Northeastern region where poverty incidence is high. About one in ten had spouses or partners who were more than ten years older than them. About two-thirds were students and only 52.5 per cent of them had a formalized union with their spouse. This may mean that women who were married at a younger age are more susceptible to divorce, will remarry at a young age, have multiple unions, and more often become single mothers.

4.4.3 Housing

Single parents are more likely to struggle with finding suitable housing and can even face the possibility of homelessness, provoked by lack of home ownership and coupled with the sudden disappearance of a major source of income (spouse). The majority of single parents resolve this by moving back in with their own parents (Polkeaw, 2001) or

sending their children to live with their grandparents in other provinces. This reduces expenses and childcare needs, and allows parents to work full-time. However, this can create other problems, as the emotional, cognitive, and social development of the children living in families without either parent in the same household generally lag behind that of others (Jampaklay, Sakulsri, and Prasith-hima 2012) and they may face intergenerational communication difficulties, which has been shown to increase the potential for high-risk behavior.

4.4.4 Support for Single Parents and their Families

Single-parent families not only face economic hardship through severely reduced income, but must also cope with negative social stereotypes and stigma as a result of their single status, regardless of its cause. The resultant pressure, discomfort, worry and stress can linger and feelings of insecurity, caused by a sense of failure, loneliness, isolation, self-blame, in addition to work problems, can affect the mental and physical health of single parents and their children.

Single mothers who have gone through a divorce or spousal death experience depression at a higher rate than men. This is consistent with data from other countries; for example, as much as 14.7 per cent of single mothers reported depression in the past year, the likelihood of depression increased with decreasing social support and decreased with lower social status (von der Lippe, 2013). This indicates that a negative social perception of mothers with higher social status can contribute to higher levels of depression. Ensuring that single mothers have gainful employment and access to childcare has been shown to positively impact their mental health (Harkness and Skipp, 2013).

Currently, the Thai Government has not yet developed any specific social protection for single-parent families (Punpuing and Punpuing, 2009). Some single parents may receive some support, because they fall into other social protection categories, such as having low-income, or a child with disability, but there is yet to be any policy that addresses their unique circumstances and needs. This includes issues such as, affordable childcare and education, affordable mortgages, employment security, further education, adequate healthcare, and emergency homes for victims of domestic violence.

Moreover, single-parent families could also benefit from counselling and increased emotional support, including legal advice for child custody cases. Such support is limited and usually provided by welfare services in hospitals, by NGOs, or by single-parent support groups of which there are few.

Due to inadequate support, some single parents struggle to adequately raise their child(ren). Some may leave their children in the care of their own parents while they seek work, others may move in with their parents or other family members to reduce the costs, and for emotional support, some may seek out single-parent networks for peer support. The OECD countries have introduced several policies and measures to support single-parent

families. Single parents with low-income almost always fall under more favourable tax and benefit systems than either earner in a double-income family. This is mainly because of the influence of total household income on minimum guarantees for social assistance of work benefits, and the result of policies that specifically target single-parent families. Policies of OECD countries can vary widely in terms of timing, length, payment and income. Many, therefore, have a multi-policy response to supporting single parents as outlined in Tables 4.2 and 4.3.

Table 4.2: Multi-policy response targeting single parents in OECD countries

Source: OECD, 2011, Table 6.1.

Family allowance supplements	Belgium, Denmark, Estonia, Finland, France, Greece, Hungary, Iceland, Italy, Republic of Korea, Norway, Poland, Portugal, Slovenia
Tax breaks	Austria, Belgium, Canada, Estonia, France, Germany, Ireland, Israel, Italy, Luxembourg, Netherlands, Poland, Portugal, United Kingdom (working tax credit)
Parental leave	Austria, Poland, Slovak Republic, Spain
Childcare benefits	Belgium, Canada, Iceland, Japan, Republic of Korea, Norway
Social assistance on housing supplements	Belgium, Czech Republic, France, Germany, Hungary, Israel, Japan, Republic of Korea, Netherlands, Slovak Republic, Slovenia, United Kingdom
Sole-parent income supports	Australia (parenting payment), France, Iceland (mother father allowance), Ireland (one partner family benefit), Japan (sole parent benefit), New Zealand (domestic purposes benefit), Norway (transitional benefit)
Advances of maintenance payments	Denmark, Estonia, Finland, Germany, Norway, Poland, Slovak Republic, Slovenia, Sweden, Switzerland
No specific policies	Chile, Mexico, Turkey, United States

Table 4.3: OECD policy support for single parents

Source: OECD, 2011, Table 6.2.

*“Work-test” refers to the age of the youngest child at which parents are entitled to income support without them having to be available for full-time work and/or training.

Country	Policy	Age-limit for payment (child)	Income support work test*	Childcare spending (%GDP)
Australia	Parenting payment for single parents	8th birthday when transferred to New Start Allowance	From age 6	0.4
Belgium	Supplement to Social Assistance	Until child reaches 18 or 25 if in education	Discretion	0.8
Japan	Sole Parent Benefit	Until age 18 (mothers only)	None	0.3
Norway	Transitional Benefit	Until age 3	Parents with one child can extend benefit receipt for two years (from age 3) if they engage in training	1.0
United Kingdom	Income support	Until age 18	Families with children aged 7 and over	1.1

Summary

Over the past 20 years, the total number of single-parent families has increased, and was last recorded in 2013 at 1.3 million households. The overall percentage, however, has slightly decreased from eight to seven per cent. Single parents are more likely to be poor and more evidence is needed to shine light on their socio-economic wellbeing, in order to guide policies to properly support this family type. Most often children remain with their mothers creating a heavy strain, both in economic and emotional terms. Additionally, fathers remain primary custodians of children for administrative purposes even when mothers shoulder the full burden of rearing children. Current policies provide for mandatory child support by the non-custodial parent (typically the father), although this legal obligation is seldom enforced. This drives many single-parent families into poverty and homelessness. Alimony for divorced spouses also does not exist.



A 29 year-old single mother who married and divorced twice

“Our house was poor. I worked in the city district. That is where I met my first husband 14 years ago. He was well off, but I became a single mother when I was 5 months pregnant because his family did not accept me and wanted him to marry another woman. So, I moved to Chiang Khan and took odd jobs to support my son and myself for about 2 years.

“Later on, I remarried and had 2 more children, but my husband was very attached to his friends and drugs so I ran away from my husband and had to raise my children alone. I rented a house at 1,500 THB a month. We lived there alone, my 3 children and I.

“When I became the pillar of the family, I did any work I could find to support my children. For example, I did construction, served meals and did housekeeping. My friends helped me find work because I was a single mother, and my husband’s relatives who lived nearby helped take care of the children while I worked. That comforted me as I worked.

“What I want most now is funding for my children’s educations. Despite the free schooling policy, schools have other annual expenses. Now, my children are studying Mathayom 1 (Grade 7), Prathom 6 (Grade 6), and Prathom 2 (Grade 2). What single mothers need are 2 things: work and scholarships for their children.

“Although life is hard, our family is happy. Whenever I am tired or disheartened, my children take away my exhaustion. I will make the best of today and give my kids the best care. I have to fight on because I cannot go back now.”

Source: An interview by Thai Publica, April 2015.





Photo Credit: Saowalak Saksit Thaipublica.org

5

Skipped-generation Families

A skipped-generation family is one in which grandparents and grandchildren live together while parents or the middle generation is absent, most often having moved elsewhere either permanently or semi-permanently for work or study. This absence of parents can have an impact upon both the children and their grandparents.

Introduction

Rural-to-urban migration is a growing global trend. Approximately 75 per cent of the world's population now resides in urban areas (Tacoli et al., 2015) and according to the 2010 Population and Housing Census, 44 per cent of Thais live in urban areas (NSO, 2010) with a rate of 0.6 per cent annual growth due to internal migration (Nauman et al. 2015). This phenomenon has been the primary driver for most urban sprawl over the past 10 to 15 years, and has contributed much to the country's economic success. With few exceptions, it is clear that economic success and increased prosperity have been driven by urbanisation. However, rural-to-urban migration has, in itself, given rise to new challenges. Among them are family formation and family development, which are key ingredients in maintaining inter-generational solidarity, especially in the context



Definition of skipped-generation families

Grandparents living with grandchildren without having an adult living with them in the same households.



Trend of skipped-generation families

- Continuously increasing from 107,494 households in 1987 to 405,615 households in 2013
- The majority (76%) are in rural areas
- Close to half (47%) are from the Northeastern region (See Figure 5.2)
- 1.24 million children live in the skipped-generation families (in 2013)

Features of skipped-generation families

- More than half of the household heads are older than 60 years old, and about 90% are elderly women who raise the grandsons by themselves
- The majority of household heads still work, many of them are in the agricultural sector
- About 10% of household heads are not in good health
- 1 in 5 elderly people living in skipped-generation households have income below the poverty line.

Leading factors to skipped-generation families

- Rural to urban migration
- Higher cost of living in urban areas
- Lack of support system

Expenditures of skipped-generation families

- Average expenditure is about 12,058 baht per month
- For housing, 2,424 baht
- For health, 116 baht
- For food, 5,402 baht

Sources of income for skipped-generation families

- Remittances received from children
- Income from employment, mostly from agricultural work
- Dependent on the government old age allowance

of low fertility and rapid ageing. While migrants themselves may be visible in society, the children they leave behind, or the older generation charged with raising them are often not. Much research has been conducted on the consequences of children growing up with grandparents in places such as the Philippines, the Caribbean, and rural China, but relatively little is known about this type of family in Thailand. How large is this group? What are their financial circumstances and what support systems exist for them? What is the long-term impact of the absence of the middle generation on the cognitive, social, and emotional development of children? What is the financial impact on grandparents who care for their grandchildren?

The first choice of migrating parents is to take their children along, but the pressure to quickly earn large amounts of money in unfamiliar environments, coupled with the much higher cost of living in urban environments and lack of support systems, make it all but impossible for most parents to do so (Piotrowski, 2009). Whether leaving the children with their grandparents was part of the original plan or they were brought back to live with their grandparents later, the result is that a large number of parents and children live separately from one another.

5.1 Skipped-generation families: Phenomena and Trends

Over a period of less than 30 years (1987–2013) the number of skipped-generation households in Thailand has doubled. Currently, there are over 400,000 skipped-generation families, or two per cent of all households in Thailand, and the trend is expected to increase with time. This translates into 1.24 million children in Thailand currently living in a skipped-generation household. Skipped-generation families are more common in rural areas but the trend is also rising in urban areas (Table 5.1).

Table 5.1: Number and proportion of skipped-generation families

Source: NSO, Labor Force Survey 1987-2013, Quarter 3.

Year	Number of skipped-generation families	% of skipped-generation families	% Rural
By household (N=19.5 million households for 2013)			
1987	107,494	0.95%	86.0%
1997	168,396	0.01%	98.8%
2007	359,092	1.97%	83.4%
2017	405,615	2.07%	76.1%
By population (N=68.2 million persons for 2013)			
1987	353,250	0.7%	85.1%
1997	598,932	1.0%	89.6%
2007	1,224,758	1.7%	75.8%
2017	1,241,635	1.8%	75.5%

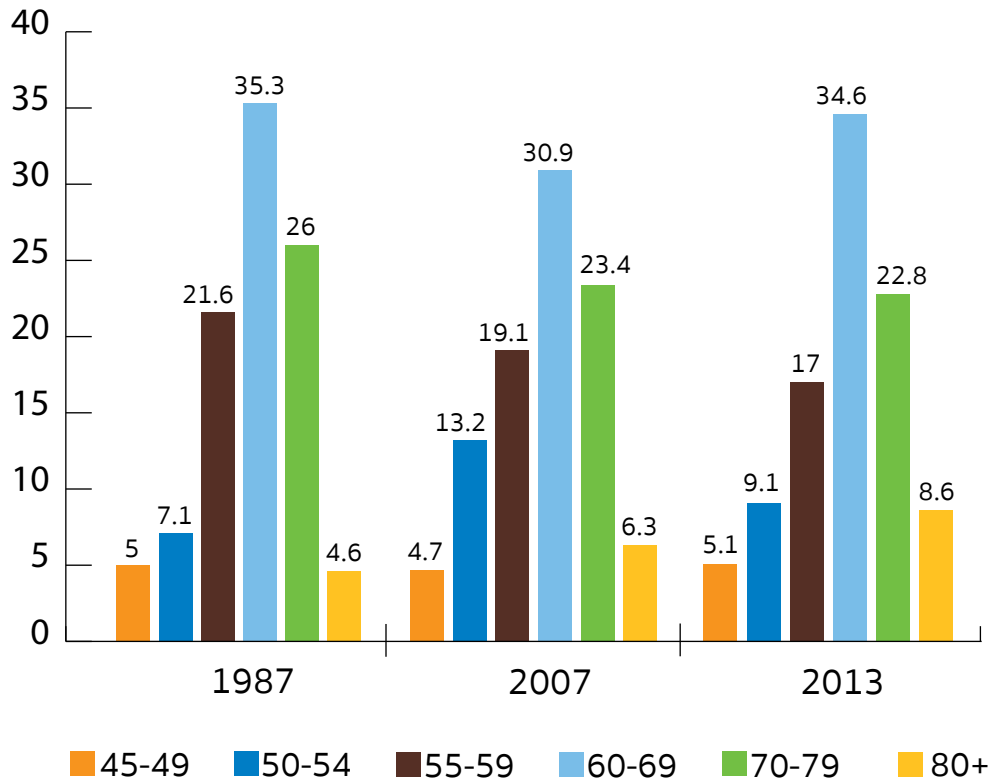
In recent years, the trend in the number of skipped-generation families is leveling-off. This could indicate that:

1. More parents do take their children with them when they migrate to the city, which may be an indication of higher living standards for recent urban arrivals;
2. More parents take their adolescent children to live with them in the city because as incomes have risen, the need for after-school childcare is less, there are better educational opportunities, and ageing parents challenged with raising adolescent grandchildren can be relieved;
3. More recent rural-to-urban migrants do not have (many) children;
4. Fewer potential migrants are moving to the cities, reflecting greater job opportunities near their place of residence; or
5. Fewer rural couples move to the city together, opting instead for a single-parent family modality.

More than half of skipped-generation household heads are older than 60 years, 8.6 per cent or about 106,000 skipped-generation household heads are more than 80 years, and almost 90 per cent are women. Typically, a household calls itself female-headed only when no adult male is present. This means that the majority of skipped-generation families are headed by elderly women who must carry the burden of raising children alone.

Figure 5.1: Percentage of skipped-generation families by age of household heads, 1987-2013

Source: NSO, Labor Force Survey 1987-2013, Quarter 3.



5.2 Regional and Provincial Differentials

Skipped-generation families exist in all regions but their numbers are not equal across the country. Data indicate that the Northeastern region has the highest proportion of skipped-generation families (47.1%). This reflects a long-established pattern of migration from the economically disadvantaged Northeastern region to urban centres, particularly Bangkok and the Central region. Both Bangkok and the Southern region show a decline in this type of family and the proportions remain relatively stable in the Northern and Central regions.

Figure 5.2: Percentage of skipped-generation families by region, 1987-2013

Source: NSO, Labor Force Survey, Quarter 3.

Note: The denominator is the total number of skipped-generation households.

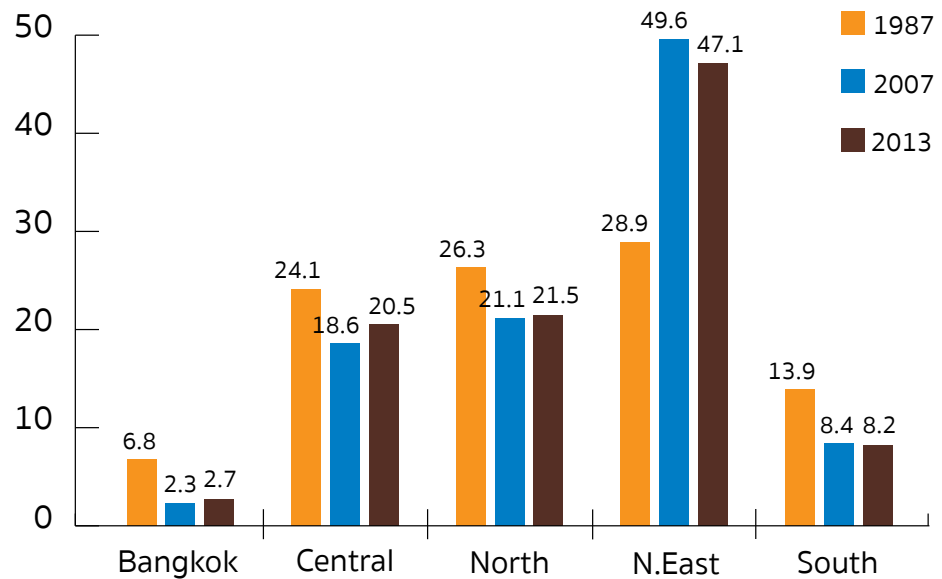


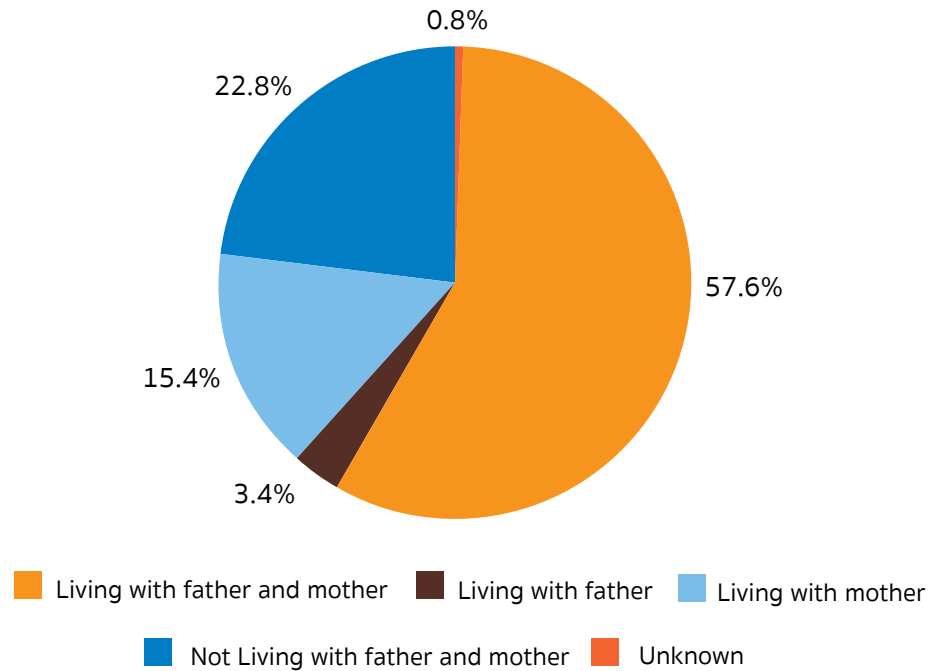
Table 5.2: In, out, and net migration over 5 years (2005-2010) by region, 2010

Source: NSO, Population and Household Census, 2010.

Region	% in-migration	% out-migration	% net migration
Bangkok	7.51	5.15	2.36
Central	5.79	1.83	3.97
North	1.27	3.07	-1.79
Northeast	0.08	4.27	-3.45
South	1.14	1.75	-0.6

Figure 5.3: Living arrangements of children 0-17 years, 2012

Source: NSO, Multiple Indicator Cluster Survey, 2012.



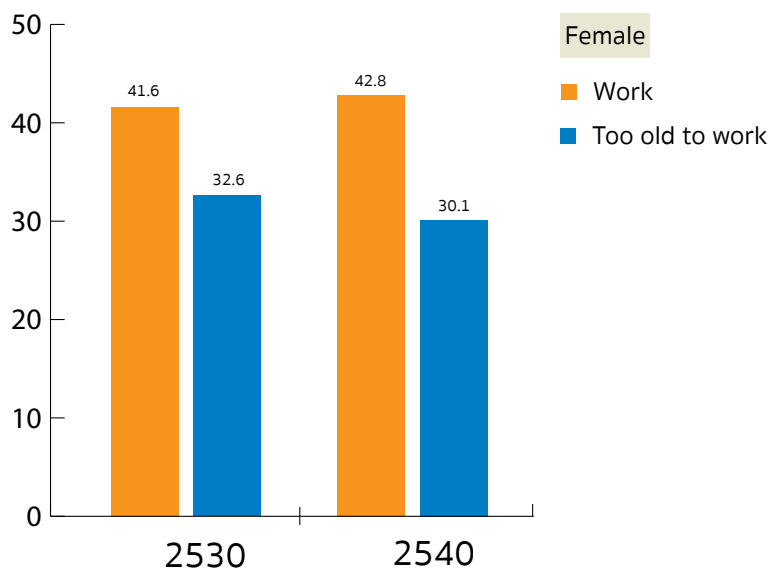
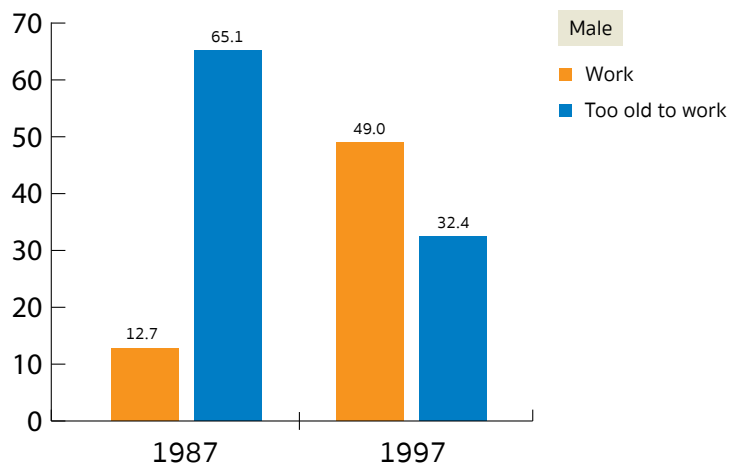
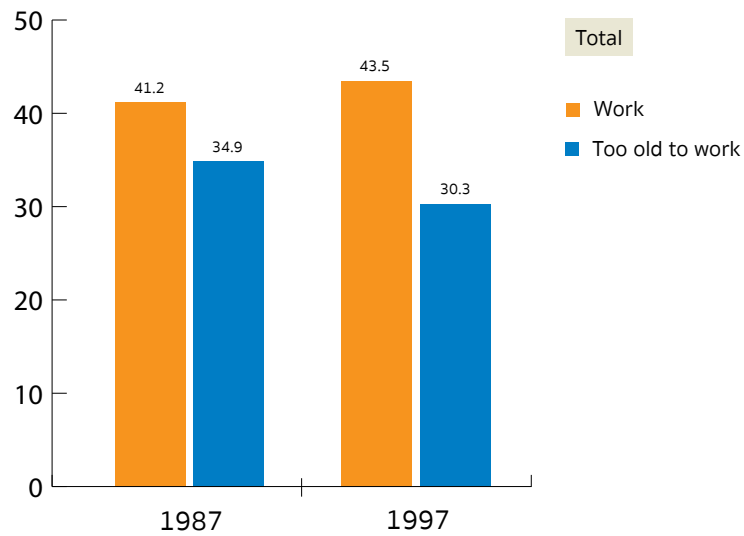
5.3 Employment of Skipped-generation Families

As indicated in Figure 5.1, more than 80 per cent of the heads of skipped-generation families are those older than 60 years, the majority of which are women. About 37 per cent of those over age 60 years in Thailand receive money from their children as the major source of income and another 34 per cent still work to earn a living (NSO, 2014). This is consistent with the finding that close to half of skipped-generation household heads still work, while about one-third cannot work due to their age.

A higher percentage of household heads in rural areas completes housework but does not earn a wage. The majority of men and women in skipped-generation families work in agriculture. Almost one-tenth in the urban area cannot work due to illness or disability, three times more than in rural areas, and there is also a large number of elderly with poor health. According to the National Survey of the Older Persons conducted in 2014, about 15 per cent of those older than 60 years had a monthly old age allowance (about 600-1,000 THB depending on age) as their main source of income. From the same survey, it was suggested that 13.9 per cent and 2.1 per cent of elderly persons reported themselves to be of “poor” or “poorest” health. Moreover, there are some skipped-generation families in which elderly women have become the caregiver not only to grandchildren but also to their husbands who fall ill.

Table 5.2: In, out, and net migration over 5 years (2005-2010) by region, 2010

Source: NSO, Population and Household Census, 2010.



5.4 Economic Status of Skipped-generation Families

Skipped-generation families generally have lower economic status than households in which children and parents live together (Jampaklay, 2009). Although parents send remittances to cover expenses for childcare, this support can be inadequate or inconsistent, leaving skipped-generation families to live in precarious conditions. When earnings are insufficient to cover costs, grandparents must become the primary providers, meaning that elderly grandparents may be forced to continue to work. Accordingly, 43.5 per cent of elderly grandparents living in skipped-generation families work in order to meet the needs of their grandchildren. In 2012, one out of five elderly in skipped-generation families earned a per capita household income that was below the poverty line.¹ This can have a grave impact upon the development of school-age grandchildren.

¹ A person living in an impoverished household refers to a person living in a family for which the monthly mean consume

Skipped-generation families spend an average of 12,058 THB per month per household: 2,424 THB on housing, 116 THB on health, and 5,402 THB on food (NSO, 2013). The financial burden remains high, especially for those elderly, mostly women, who depend on old age allowances. However, at least due to Thailand's Universal Health Coverage Scheme, skipped-generation families, and particularly their elderly members, can avoid out of pocket payments for healthcare and treatment.

Statistics indicate that almost 90 per cent of skipped-generation families are headed by a single adult, most often an elderly woman. While this does not appear to make a difference in poverty status, it can result in additional stress, particularly on a single grandmother, as it is likely that an elderly woman, especially in a non-municipal area has already limited financial means and economic opportunities.

5.5 Social and Emotional Development

Skipped-generation families hold much potential for conflict and stress. The absence of parents can have long-term negative consequences for parent-child bonding, especially for young children, with potential negative consequences for later stages of life, such as when they would traditionally provide care and support for their ageing parents. Also, particularly for adolescents, there may be some expectation that the absent parents will eventually bring them to the city, which could impact children's educational motivation. The frequency with which children are able to see their migrant parents is not well understood. Annual leave is a benefit that can be important for working couples, especially those who are living separately from their spouse and/or children. In Thailand, the Labour Law, Section 34 stipulates that "an employee is entitled to take leave to attend to his personal business as necessary in accordance with work regulations". Annual leave, including the total number of days allowed, is thus subject to employers' discretion. Factory workers in Thailand normally have only six days of annual leave. The six days of annual leave, even when combined with public holidays, are certainly not enough to forge and strengthen bonds with their children in the provinces. It is, therefore, likely

that migrant parents see their children infrequently, which can have a negative impact on the development of strong familial bonds.

Grandparents, especially those in rural areas, are typically not as in touch with the changing realities of children and adolescents, and grandparents may as a result be overwhelmed by the challenges of raising children in a more modern world. Grandparents are found to experience stress, particularly when their grandchildren enter adolescence, because of changing needs, expectations and lifestyles (Darawuttimaprakorn and Panpuing, 2010; Abas et al., 2009).

Apart from affecting relationships, the financial burden of raising their children's children can have an impact on stress levels of grandparents. Not all grandparents are elderly, in fact, and with the increasing number of adolescent mothers, a large number of grandparents are in their 40s or 50s. The additional stress, from juggling the competing demands of rearing a child and maintaining their own employment, can be emotionally and mentally taxing, especially for single grandmothers. As a result of increasing longevity, coexistence of four-generational skipped-generation families, with both parent and grandparents absent while great-grandparents take care of the youngest generation, are also being observed (see case studies).

5.6 Psychosocial Impact on Caregivers and Children

The impact that raising children may have on grandparents in Thailand is not well understood. Data from other countries, however, indicate that while engagement with grandchildren can have a positive effect on overall health, co-residence with grandchildren, as in the case of skipped-generation families can have an adverse effect on grandparents' overall health (Chen, F. et al., 2014). This finding was contested by a study in China, which qualified that those skipped-generation families with a higher family income experienced the least health detriments (Chen, F. and G. Liu, 2012). Also, in a study that considered skipped-generation families in Taiwan it was found that in contrast to non-caregivers, grandparents in skipped-generation families rated their health better, exhibited fewer symptoms of depression and had greater life satisfaction. These positive effects were more pronounced the longer the grandparent had been caring for the grandchild. It therefore remains unclear as to whether skipped-generation families have any strong negative impacts on the health of caregivers.

Negative impacts may also be found in the children raised in skipped-generation households. With their parents absent, young children will likely be unable to forge a bond with their parents as they would if they lived together. These children may also end up having to take on responsibilities to care for their elderly grandparents. Furthermore, the generational gap may make open communication about important subjects such as puberty and sexuality difficult or taboo. There is evidence that some pregnant adolescents,

who are otherwise good students, come from skipped-generation households (Bangkok Post, 2015).

Data indicate that children with migrant parents experience drawbacks in terms of development and higher education as they are less inclined to attain Mattayom (secondary school) education (Jampaklay, 2006); the development of children not living with their parents is inferior to that of children with attentive parental care. These children also have lower intelligence quotient (IQ) scores (Nanthamongkolchai, 2006). A recent press release by the Mental Health Department of the Ministry of Public Health identified family situation, in particular skipped-generation families, as a culprit for low IQ scores (The Nation, May 28 2015).

A study examining the impacts to health and wellbeing of parental migration on children left behind in skipped-generation families considered children 8-15 years in 1,456 rural, skipped-generation families located in two northern and northeastern provinces (Jampaklay et al., 2013). The study reported that households with absent, migrant parents will have improved financial circumstances from remittances, but children cared for by elderly grandparents have inferior school performance than those living with their parents. Furthermore, children of single-parent migrants were more likely to consume alcohol than those of intact-migrant and non-migrant families.

Summary

The increasing number of skipped-generation families clearly highlights changing family dynamics in the face of demographic change and economic adversity. Parents are motivated to leave their children with their own parents because it presumably offers the children a safe and secure home while parents migrate in search of work in urban centres. While skipped-generation families offer a creative solution to support the economic needs of families, it is not likely to be sustainable, as studies have shown that skipped-generation family constellations may have negative consequences on the social, economic, and psychological wellbeing of both children and grandparents. Furthermore, the already lagging intellectual development of Thai children can be further stunted as a result of absent parents, and children from skipped-generation families are more likely to engage in risky, unhealthy behaviours.



Grandparents caring for three grandchildren and one great-grandparent

There are six people in Mr. Nusin's family: Mrs. Mee, his mother is 97 years; Mr. Nusin and his wife are both 60 years old; and three of Nusin's grandchildren who are 6, 8 and 18 years old.

Nusin and his wife used to farm rice. They own over 30 rai, but they gave up farming themselves and have been letting someone rent it for many years. Nusin has two children who both work in Bangkok and wish not to work in the rice fields. Their daughter left her two children, 6 and 8 years old, and their son left his 18-year-old son with them.

Their children send money to support their grandchildren, about 3,000-4,000 THB each month. They also have other earnings from their elderly pension and cassava farming. The grandchildren are easy to care for. All are good children who stay away from friends and drugs. They listen to their family and like staying at home.

Grandma Mee has hypertension, but her overall health is good. She can help herself with everything from bathing to eating, unfolding her mattress and walking. The members in their family can still mutually assist one another without burdening anyone else.

Source: Interview by Thai Publica, May 2015.



Grandparents caring for great-grandchild

Mr. Wan (70) from Ubon Ratchathani, lives with his wife, Chom (67), and "Ice", their 3-year-old great-granddaughter. The child's mother (18) works in Bangkok and sends 2,000-3,000 THB every month. They also have their elderly and disability pensions, which yield approximately 2,000 THB per month, but their income remains insufficient. Both Mr. Wan and his wife have to dig for bamboo shoots and snails to sell to earn an additional 100-200 THB per day. They have been caring for their great-grandchild since she was 6 months old. He says that raising someone else's child is very difficult. He does not feel he can discipline the child as he would his own children.

"It should be easier when she goes to school. I won't have to take shifts with my wife to watch her at home. As for expenses, there shouldn't be any problems, because her mother will handle all payments."

Source: Interview by Thai Publica, 2015.



Grandson caring for two disabled grandparents

Mr. Samon (68) and Mrs. Khemthong (64) have a grandson who is 13 and lives in the same home. Mr. Samon is nearly blind with glaucoma, which he has had since he was 46. Mrs. Khemthong has trouble walking because she broke her leg in a motorcycle accident. Both of them have diabetes and hypertension, for which they use the Universal Health Coverage Scheme. They grow rice and other crops, but they do not make much. They rely on the money sent by their daughter to support them.

Mrs. Khemthong's duties are house-cleaning and cooking, while Mr. Samon cannot do much, because of his blindness. Their grandson takes good care of them, always buying them rice, catching fish and digging for snails. Whenever they are sick or need to go somewhere, he takes them as they cannot walk very far.

As for their expenses, they pay 200-300 THB for water and electricity each month, at least 1,000 THB each month for food, and 20 THB as a snack allowance when their grandson goes to school. For money for their grandson's education, the government's policy allows him to study for free - there are no burdens caused by his education.

"Life is hard because our health is not very good; I am blind, my wife is crippled by her leg. We both have different illnesses. But we are lucky that people from social services taught us how to live with my blindness. It has made our lives easier. Apart from that, I would like the government to increase the pension for the elderly, because if our daughter stops sending us money, we will not have any money or food. We cannot live without that money."

Source: Interview by Thai Publica, 2015.



Photo Credit: Thosawat Niemviwat



One-person Households

A one-person household is defined as an arrangement in which one person makes provision for his or her own food or other essentials for living without combining with any other person to form a multi-person household.

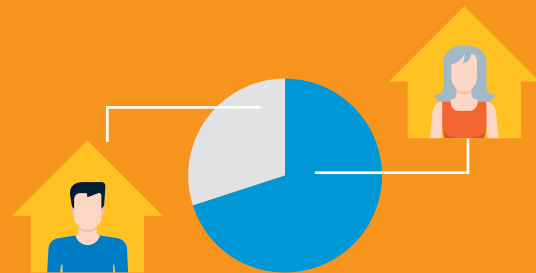
Introduction

The one-person household, although not a new phenomenon, is the household type that has seen the largest increase over the past few decades. Records show a global increase from 153 million one-person households in 1996 to 277 million in 2011, although this number is likely an under-representation of the reality. This trend is also emerging in Thailand, especially in urban areas, across all demographics. One-person households are more common among employed than unemployed, better-educated than less-educated. Living alone has its consequences – it likely means reduced emotional support; higher living, social, and infrastructural costs, as there will be an increased need for more, albeit smaller, dwellings; and support systems provided by institutions rather than family members. People in one-person households are not necessarily childless, they may have adult children who have moved out, but there are many people living in a one-person household who do not have children, and have arguably higher needs for support, especially elderly who live alone.



Definition of one-person households

A person living alone.



Trends related to one-person households

- Increasing trend globally, especially in Europe
- Thailand also has an increasing trend of individuals living alone. At present, 2.7 million people live alone, and the trend is increasing.
- Increasing from 6% of total households in 1987 to 14% in 2013.
- Increasing from 0.7 million households in 1987 to 2.7 million households in 2013.
- In the next 20 years, it is expected that 1 in 5 households will be one-person households

Features of one-person households

- The majority (75.4%) are of working age (15-59 years old)
- Overall more women than men live alone.
- Slightly more working age men live alone, yet twice as many elderly women live alone

Push factors for living alone

Voluntary

- Independence
 - Work-related migration
 - They can afford it
 - Proper housing for living alone
 - Good health
 - A dependable social support network
-

Involuntary

- Divorced, separated, or widowed
 - Childless or children have left
 - No one to live with
-

Possible consequences

- More expenditure for daily living, could face financial hardship
-
- Have a tendency to lack emotional support, feeling lonely, especially those who live alone during old age
-

Changing need for housing

- Need a smaller housing space and require more social support and recreation activities
-

Regardless, it is clear that the trend requires policy responses at many levels and of many types in order to ensure that people living in one-person households can fully function as members of Thai society.

Due to the fact that little information on one-person households in Thailand has been collected, there is much work to be done to fully understand this demographic. This chapter strives to describe one-person households from the global, regional, national, and provincial perspective; provide insight into the reasons for living alone; examine the profiles of one-person households; and consider possible consequences of independent living on the health and wellbeing of individuals, as well as communities and society at large.

6.1 Global Trends

The rising trend of one-person households is closely correlated to cultural change and living standards. Among OECD countries, records show that Norway and Finland have the highest proportion of one-person households with 37 per cent, followed by Denmark (36%), Germany (35%), the Netherlands (33%), France (31%), the United Kingdom (30%) and the United States (27%). The average for all OECD countries is 27% (OECD, 2014).

According to projections for the proportions of one-person households in industrialized countries, OECD figures for 2000 to 2025/2030 identify France as the country with the highest percentage of one-person households (75% of all households) followed by New Zealand and England (71% and 60%, respectively). Among countries in Asia, South Korea and Japan will see these numbers rise to 43 per cent and 26 per cent respectively. This is a trend, that seems to go hand-in-hand with greater urbanisation, higher education, increasing wealth, and liberalisation of social norms, which result in lifestyle choices that deviate from the traditional cultural expectations of forming and maintaining families (OECD, 2014).

6.2 Regional Trends

In a meta-analysis comparing country census and household survey data it was observed that across the Asian continent, and in Southeast Asian States particularly, the increasing trend of one-person households, while certainly less than that in most OECD countries, is gaining momentum (Jean Yeung & Ka-Lok Cheung, 2015). Perhaps as expected, those Asian societies that are most developed, such as Japan, South Korea, and Taiwan are also the countries with the highest proportions of one-person households (32.4%, 23.9%, and 22%, respectively). The Philippines, Malaysia and Viet Nam all have one-person household rates below ten per cent, which is the average in the Southeast Asian region.

Data show that the profiles of those who choose to live alone are very heterogeneous, meaning there is not one specific type of person who chooses this particular lifestyle. There is a large proportion of those living alone who are widowed. In Viet Nam, for ex-

ample, data from 2009 indicate that as much as 17 per cent of widows live alone, in spite of a culture that encourages widows to reside with family members (Guilmoto and de Loenzien, 2015). The bulk of one-person households in the region, however, are constituted by young urban adults who choose to live alone as a result of delaying or declining marriage, increased divorce, and increased geographic mobility.

6.3 Trends in Thailand

Data from the Thai Labor Force Survey report that the proportion of one-person households increased from six per cent in 1987 to 14 per cent in 2013, from 0.7 to 2.7 million households and this upward trend is expected to continue with a higher level of one-person households in more urban than rural areas.

Judging by this trend, it can be expected that the number of one-person households in Thailand will continue to increase and will constitute one-fifth to one-fourth of all households within the next 20 years, as more childless and single persons live longer, more young people spend more years living alone before beginning a partnership, and divorced or widowed people are no longer living with their family members.

6.4 Who Lives in One-Person Households?

In Thailand, more than half of those living in one-person households are among the working-age population (Figure 6.1). Women have and continue to constitute a little more than half of all one-person households. When considering just the working-age population (age 15-59), however, men constitute slightly more one-person households than women (Figure 6.2). Data for those 60 years and older show a stark difference between men and women, with nearly 66 per cent of women over 60 years living alone (Figure 6.3). This trend can likely be explained by the greater longevity of never-married, divorced, separated, or widowed women who then live alone in their old age. Among the elderly who live alone, more than half are over 70 years (Table 6.1).

There are interesting gender differentials when considering living alone and level of education. Women 15-59 years who live alone are more likely to have higher education, while men are more often to live alone if they have a primary or secondary education (Figure 6.4). Women with lower levels of education are more often older women, who were not given the same opportunities to education when they were younger. High levels of men with only a primary or secondary education may reflect the numbers of migrants in unskilled or low-skilled occupations.

The majority of both men and women in one-person households are employed (75.8% and 68.1% for men and women, respectively). Among those who are employed, more than half are in the service sector (Figure 6.5).

Figure 6.1: Percentage of one-person households by age group, 2013

Source: NSO, Labour Force Survey 2013, Quarter 3.

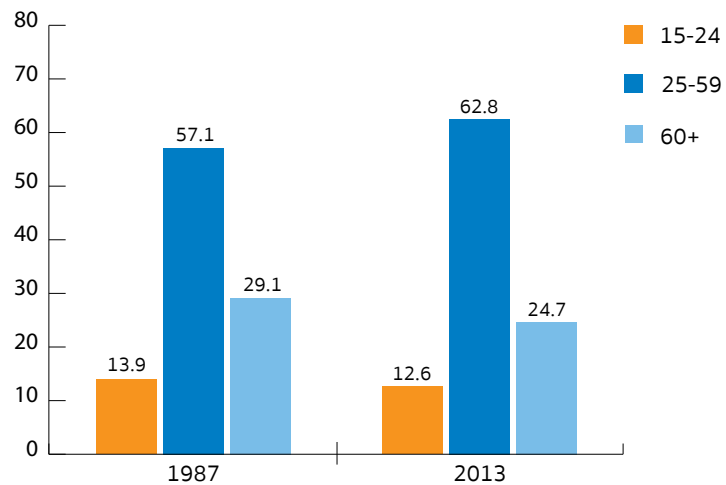


Figure 6.2: Percentage of one-person households aged 15-59 by sex, 1987-2013

Source: NSO, Labour Force Survey 1987-2013, Quarter 3.

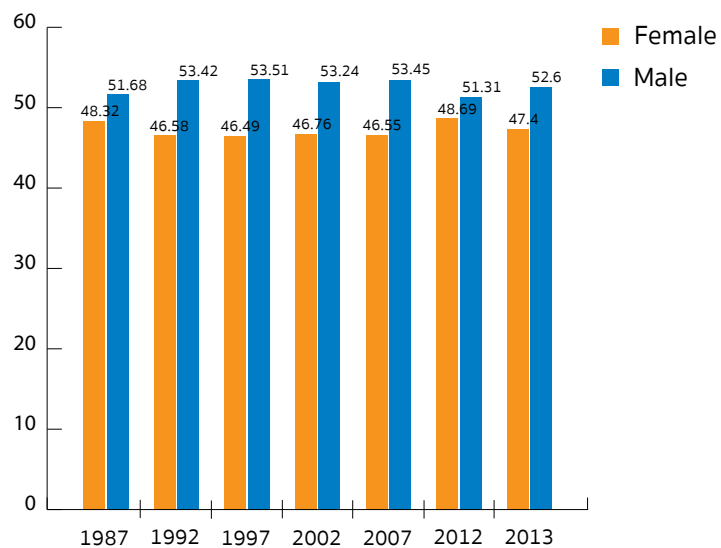


Figure 6.3: Percentage of one-person households aged over 60+ by sex, 1987-2013

Source: NSO, Labour Force Survey 1987-2013, Quarter 3.

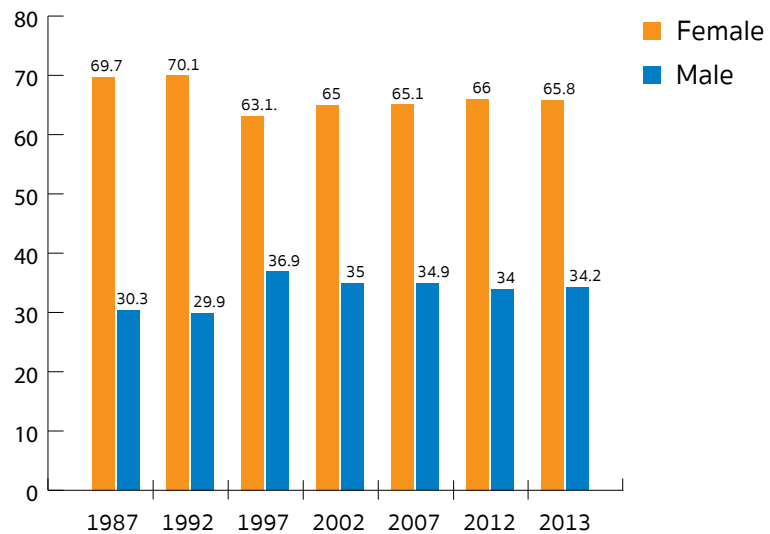


Figure 6.4: Percentage of persons living alone aged 15-59 by education level, 2013

Source: NSO, Labour Force Survey 2013, Quarter 3.

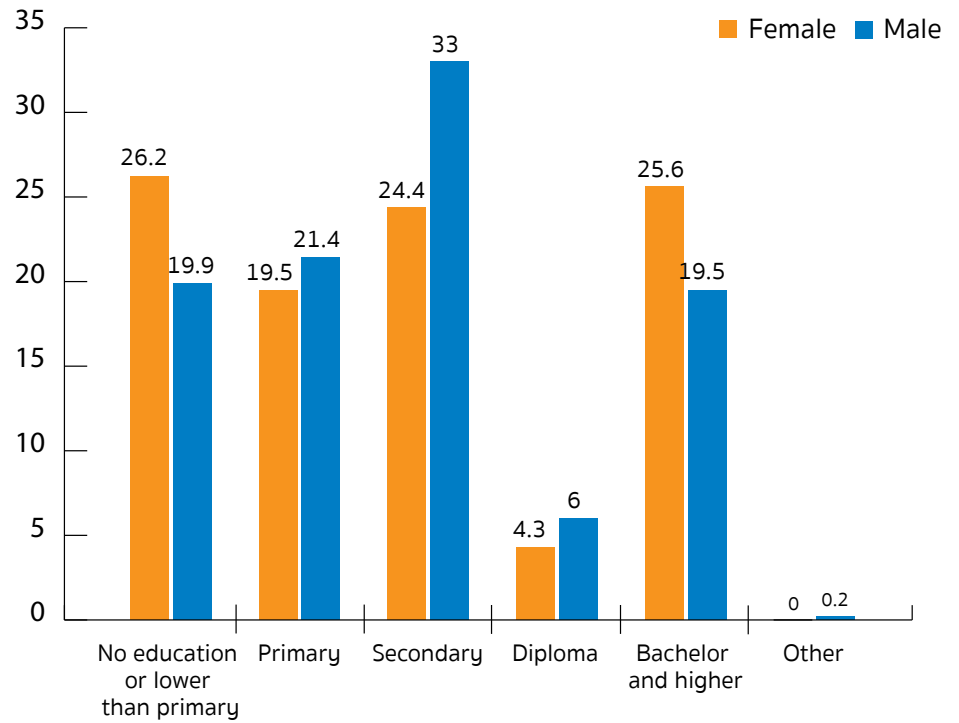


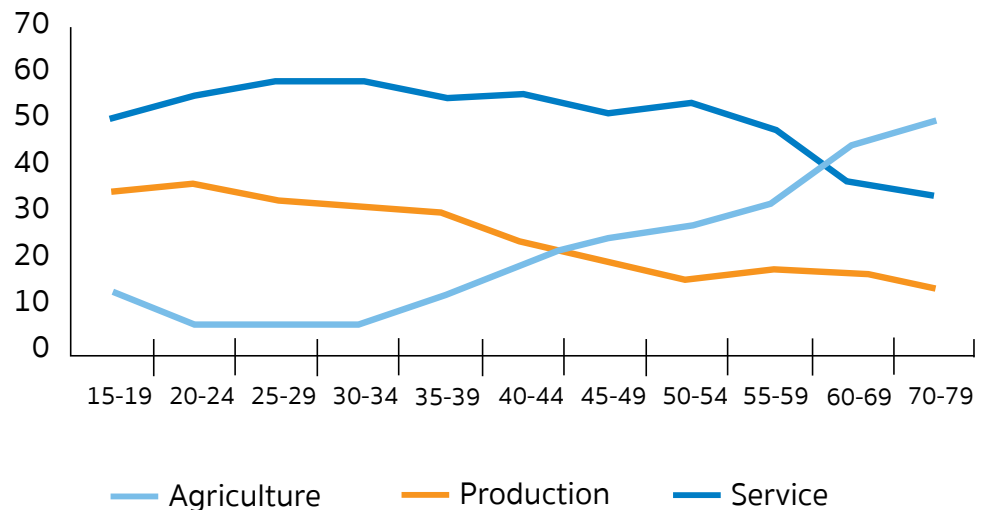
Table 6.1: Percentage of elderly one-person households by age and sex, 2013

Source: NSO, Labour Force Survey 2013, Quarter 3.

Age	Male	Female	Total
60-69	17.5	30.3	47.8
70-79	12.2	23.2	35.4
80+	5.6	11.2	16.8
SCU	35.3	64.7	100.0

Figure 6.5: One-person households by employment sector, 2013

Source: NSO, Labour Force Survey 2013, Quarter 3.



6.5 Why do People Live Alone?

Globally, researchers are trying to discern why people voluntarily or involuntarily live alone. It has been found that reasons can involve changes in population dynamics, economic status, and social context, including societal attitudes towards living alone. As the age of first marriage has increased, the overall number of people getting married has declined, and the divorce rate has risen. The number of people not having children has also increased and there remains a gap between the longevity of women and men. This results in many people spending periods of their lives, long or short, living alone. Also, some people may decide to live alone, whether forced by circumstances or lack of opportunities, or because it is their preferred living arrangement.

While many of these factors are also at play in Thailand, prevailing cultural expectations act as a counter to this trend. For instance, parents and children do not expect young adults to live alone following secondary school, cohabitation of couples before marriage remains taboo, and there is a general expectation that elderly parents will eventually live with their children. Changes to these norms have not been the subject of comprehensive study in Thailand yet; the details and motivations for independent living thus remain largely unknown.

Reasons for specific living arrangements change with age and circumstance. Children typically live with a caregiver and may or may not eventually leave to live independently in order to pursue education, partnership, or independence. Those married or cohabitating may face dissolution of their relationships. Migration and limited work opportunities may also force independent living arrangements on those who relocate to urban areas. Older married or cohabitating persons may choose independent living because they have the financial capacity to do so or they may become divorced, separated, or widowed. Independent living may be an option for elderly persons who have a strong support network, are in good health, and are financially secure. Table 6.2 provides an overview of the various forces that may drive someone to voluntarily or involuntarily live independently.

Table 6.2: Driving forces for independent living, by age category

Source: Bennett, J. and Dixon, M. (2006).

Household Status/Age	“Voluntary” Factors	“Involuntary” Factors
Living in parental home/Younger	Leaving parental home More independence Values Affluence	Leaving parental home
Cohabiting/Younger	Affluence	Relationship dissolution
Cohabiting/Older	More independence Values Job mobility Housing availability	Relationship dissolution Children leaving home Lack of peers to share accommodation
Cohabiting/Elderly	Strong support networks Good health	Bereavement Children leaving home

Categories of people living independently can be divided into sub-categories. The spectrum covers those who chose not to marry, those married but living alone, couples in stable relationships who live in separate households, those in “visiting relationships”, as well as divorced, separated or widowed people.

What fuels the decision to not marry or live with a permanent partner? As with other societies, Thai social norms expect all people to find a partner at some point in their lives. Yet statistics show that among those aged 15-49, 29 per cent of men and 32 per cent of women have never been married (UNFPA, 2011). While the average age of marriage is now 24 for women and 28 for men, many semi-permanent relationships that include cohabitation are formed from as early as the age of 15.

Although data is inconclusive, there is much anecdotal evidence indicating that changing lifestyles and higher levels of education in Thailand, especially for women, are responsible for trends in independent living. Parents and relatives no longer arrange or insist that their children get married, and it is no longer expected that women are passive participants in courtships rites. The huge and increasing differential in educational attainment between young men and women is also a major factor. In spite of decades of effort to achieve gender equality, there are still few women who would accept to marry a man who is not at least as educated as she is, even though men have and continue to marry less educated women.

Many women unable to find a suitable partner may choose to forego a partnership entirely. Furthermore, approximately one-third of all marriages in Thailand end in divorce as previously mentioned in Chapter 2.

Although it is often presumed that independent living leads to feelings of loneliness or isolation, many people living alone report they do not feel isolated. Particularly, some who have never been in a steady relationship say they experience fewer feelings of isolation than couples, divorced or separated people, or people with intimate partners or close friends. They also say that they value their privacy, and choose not to live with others even if doing so would reduce expenses. Some people are comfortable living alone and consistently choose to remain so.

It appears that those living independently tend to spend their time in social activities, gatherings with friends and volunteer activities more than others. As a result, they are able to form effective networks of social support. They feel they can rely on the help of their peers when they need to. Moreover, improvements in communication technology help to keep those who live alone from feeling isolated (Klinenberg, 2012).

Loneliness and Abandonment

Western societies are rife with stories of elderly abandonment, often created by the unraveling of family ties and the impracticalities of three generations living togeth-

er. Retirement homes are not a traditional part of Thai society, yet there is a growing phenomenon of elderly people who end up living alone. So while the elderly in Western societies have lived with the knowledge that one day they may move to a retirement home, there is no such expectation among Thai elderly. Emotionally and socially, the elderly in Thailand are poorly prepared for independent living, as structures are not set up beyond the extended family or, at best, within communities.

Depression, which ranks highest among psychological disorders in Thailand, appears to be quite common among the elderly. In a study of 1,713 elderly persons, 12.2 per cent were found to have symptoms indicative of depression (Thongtang, et al., 2002). Other studies have recorded rates as high as 25 per cent (Niphon Darawuttimaprakorn, 2006). In a study of 113 elderly residents of a long-term care facility it was found that 23.5 per cent had a current major depressive disorder and 32.5 per cent showed suicidal tendencies ranging from low (22.7%) to severe (1.2%) (Wongpakaran and Wongpakaran, 2012). The 2011 Survey of Elderly in Thailand supports these findings. It found that nearly one in five elderly persons had a below average score on a mental health survey; mental health depreciated with increasing age and living in a rural environment (TGRI, 2012).

It is inconclusive as to whether these negative mental health outcomes are a result of independent living, but these studies clearly communicate that negative psychological outcomes exist among a large proportion of elderly persons and it is possible that this is a consequence of or compounded by elderly abandonment and independent living. Negative mental health is also closely correlated to physical health, particularly degenerative disease. The prospect of an ageing population prone to long-term ailment and disease without adequate systems and financing to cope with should be of great concern to both the Government and Thai citizens.

Young people may also experience negative mental health consequences as a result of living alone. A study in Korea showed that single, urban young people living alone have a much lower life satisfaction compared to their married counterparts (Ho, 2015).

Housing

The increase in the number of one-person households drives change in housing and infrastructural needs. Housing requirements may be less in terms of space, there may be particular demand for a given location which supports social networks, and leisure activities, and less demand for other necessities or amenities, such as proximity to schools and playgrounds for children. This changing market has attracted the attention of housing developers, as well as housing-related government agencies, both of which until now have made mostly infrastructural preparations for families with several members. Therefore, changes should be made for housing development to be better suited to the requirements of people living alone bearing in mind the average size of condominiums and housing over time to keep pace with changing family sizes.

Economy and One-person Households

The means with which one-person households sustain themselves depends partly on employment status. Since 1987, over 65 per cent of persons living in one-person households were of working age and capable of earning an income. Men and women in one-person households over the age of retirement are less likely to be gainfully employed, they may have to rely upon pensions as their source of income, support from their children, savings if they have any, and some may be forced to work to support themselves.

Failure to Support Thai Women

The percentage of the elderly living alone increased from 3.6 to 8.7 per cent during the 20-year period from 1994 to 2014 (NSO, 2014). More elderly women live alone than men, and this trend is expected to increase as fertility and marriage rates continue to drop. The same survey in 2007 found that older persons living alone suffer from loneliness (53.8%), have no one to take care of them in times of illness (26.3%), and experience difficulties to financially support themselves (15.3%).

Emerging Factors from Generation Y

The one-person household is a product of a changing Thai society. The greatest degree-change between generations can be seen in the Generation Y cohort compared to their baby-boomer parents. Generation Y is the most well-informed, best educated, and technologically competent generation. They are less traditionally obedient and have adopted a more individualistic identity, expressing their own ideas with greater freedom and challenging their superiors and elders.

This generation is often financially reliant on their parents for much longer; their prolonged education in chosen subjects of interest delays the onset of employment and earning. Generation Y is self-determining. They strive for “slow living”, design their own schedules, demand an improved work-life balance, and carefully determine when to have a partnership and children. They are often very clear of their economic objectives.

Summary

The one-person household in Thai society, while still less prominent than in other countries, is on the rise. Although there seems to be no significant negative impact on levels of poverty due to living alone early in life, it can have a dramatic influence later in life, and not only on poverty but also on mental health. One-person households present distinct economic opportunities for young generations in terms of personalized housing and lifestyle choices, however, there is are hidden economic and emotional/social backlashes, which can present later in life.

There is an opportunity to acknowledge and respect this changing social dynamic and prepare strategic infrastructure that caters to the two cohorts that most often live alone – single young professionals and the elderly.



A widowed man, 79 years old, Ubon Ratchathani

“Things got really lonely after my wife died, but what can I do? Move in with my children? Not likely. I don’t want to burden anyone. I’m not responsible for anything these days. Food, laundry, housecleaning... my children do it all. Other than taking care of myself, I raise quail to listen to them twitter. I also listen to the radio and weave bamboo baskets for sale locally. I can weave about 1-2 baskets per day, and someone comes to buy them for 35 THB a basket. Now I cannot weave fast enough to sell and other work is too hard for me. I quit rice farming over ten years ago”.

An old man has benign prostatic hyperplasia, physical pain and difficulty walking. His back is also hunched, but he can still ride a bicycle on flat terrain. When the road is rough, he walks his bike. He receives 1,500 THB every month from elderly and disabled pensions. He uses it to cover his electricity and water bills, and tobacco.

Source: Interview by Thai Publica, 2015.

Photo Credit
Saowalak Saksit
Thaipublica.org





A single woman, 59 years old, Songkhla

“I have lived in Khlongdaen all my life. There were four siblings in my home: one brother and three sisters. I was the youngest. As I grew up, everyone else married and moved their families elsewhere, leaving me single and living with my parents. After my parents died, I lived alone. The neighbouring homes are those of my relatives.

“My brother married and had one son. He raised him alone after he separated from his wife. After my brother died, I took care of my nephew till he moved to go to school in Songkhla. I have had to live alone since then. I sell coarse rice to the Khlongdaen community. The income is not steady. My monthly expenditures are about 6,000 THB, including social taxes to assist ordination ceremonies and funerals. If sick, I can exercise my universal health care rights. In case of an emergency, I can also contact the Village Health Volunteers for help. In preparing myself for old age, I currently have my life insured with the Bank for Agriculture and Agricultural Cooperatives along with a life insurance in the Community Welfare Fund at 1 THB per day. All of my other relatives also pay 1 THB per day to the Community Welfare Fund. Over the next 5-6 years, we will get a return of about 15,000 THB.

“Living alone is not lonely. A lot of people come to talk to me every day. They talk about personal matters and community work, and my nephew always visits me at the end of every semester.”

Source: Interview by Thai Publica, 2015.



A single woman, 35 years old, Bangkok

“My birthplace was Chumpon. I have three siblings, and I am the oldest. I moved to study Mattayom (secondary school) in Phetchaburi then later earned my bachelor’s degree and worked in Bangkok. Now I live in a dormitory.

“Living alone does not make me feel like something is missing. Working in the provinces prevented me from having a vibrant personal life, so it was difficult for me to be in a relationship because my lifestyle didn’t match anyone else’s.

“I didn’t want to be single, so I waited to meet someone who understood my lifestyle. And some do talk to me now from time to time, but my work is not conducive to family life. If I were to start a family, I would probably have to change jobs.

Source: Interview by Thai Publica, 2015.



Photo Credit: Thosawat Niemviwat



Conclusion and Recommendations

7.1 Key Findings

Impact of demographic change on families

Family life in Thailand has changed. Total fertility rate (TFR) has fallen to a very low level, currently at 1.6 children per woman, and there are six provinces, including Bangkok, which have a TFR of less than 1.0 children. Low fertility rates, increased childlessness, and desire for alternative lifestyles have led to a decline in the average household size, which is currently reported at 2.7 persons. The working-age population has reached a peak and will reduce to 52 per cent of the total population by the year 2040. By that time one-third of the population will be over 60 years and one-sixth will be younger than 15 years. From 1980 to 2040, the Thai population below 15 years of age has and is projected to continue to decline sharply from 38.3 per cent to 5.5 per cent, while the population older than 60 years will double in the same time period.

The increasing educational attainment level of women has contributed to decisions to delay family formation, or to remain childless temporarily or indefinitely. Today women not only receive higher education but average also have more advanced education than men. About half of women aged 25-29 years old hold a bachelor's degree, while only one-third of men do so; there is a greater proportion of men with vocational education. About 60 per cent of women are in the workforce, which has contributed to women's decisions to postpone family formation. About seven per cent of women remain single in

their 50s while another nine per cent of those married remain childless. In other words, today every one out of six women in their 50s remain childless; men do so as well but in a smaller proportion.

While employment in the production sector has changed little in the past 20 years, employment in agriculture declined from 65 to 40 per cent during 1990-2011, with the most significant decline among those younger than 30 years of age. Those employed in the service industry have increased, which is in accordance with the fact that about 40 per cent of the population today lives in urban areas. Bangkok has the highest proportion of working men and women, while the North and the Northeastern regions have reduced populations of people in their 20s-30s. The Central region has the highest youth population. The rapidly changing population dynamics have an impact on household and family structures as summarized below.

Diversified nuclear families – Rising childlessness

The nuclear family remains a dominant family type although its number is declining, while extended households are on the rise. In fact, about one-third of all households and half of the population today live in an extended family with three generations living together. About half of nuclear households have women as the heads compared to only 35 per cent on average for all households.

Childlessness tripled between 1987 and 2013, while living in a typical nuclear family with parents and children together has halved and the proportion of single-parent families has slightly declined, although the overall number has increased. More than one-fifth of households in some provinces in the upper-north, a few in the south and in the east do not have children. Typical nuclear families with spouses and children living together are concentrated in the Southern region, especially in the southern-most provinces and in some border provinces. About one-third of households in Bangkok are typical nuclear households, and about one-sixth of them are childless.

Note that women's desired number of children is 1.93 per women but they actually have 1.67 children on average – an unmet need of 0.26. The level of unmet fertility among women is highest in the Southern and the Northeastern regions and lowest in Bangkok. A sharp decline in fertility is greatest among women in their 20s reflecting changing attitudes and lifestyles among the younger generations. The overall number of births to women less than 20 years has increased.

The rise of early marriage and teen motherhood

The increasing birth rate among adolescents in the past decade is consistent with the percentage of women and men aged 15-19 years that are already married or living in a union (about 10% and 5%, respectively). About the same proportion of young men and women in this age group had already separated before they reached 20 years of age. In

fact, trends of early marriage has increased, and 22 per cent of women aged 20-24 years reported to be married before age 18, compared to less than 15 per cent in other age groups. Poverty may be a driving force for young women to marry or live in union before they reach the age of 18. It was found that only 52.5 per cent of teen mothers had formalized unions with their spouses. Consequently, teen mothers are susceptible to becoming single parents, remarry at a young age, or have multiple unions.

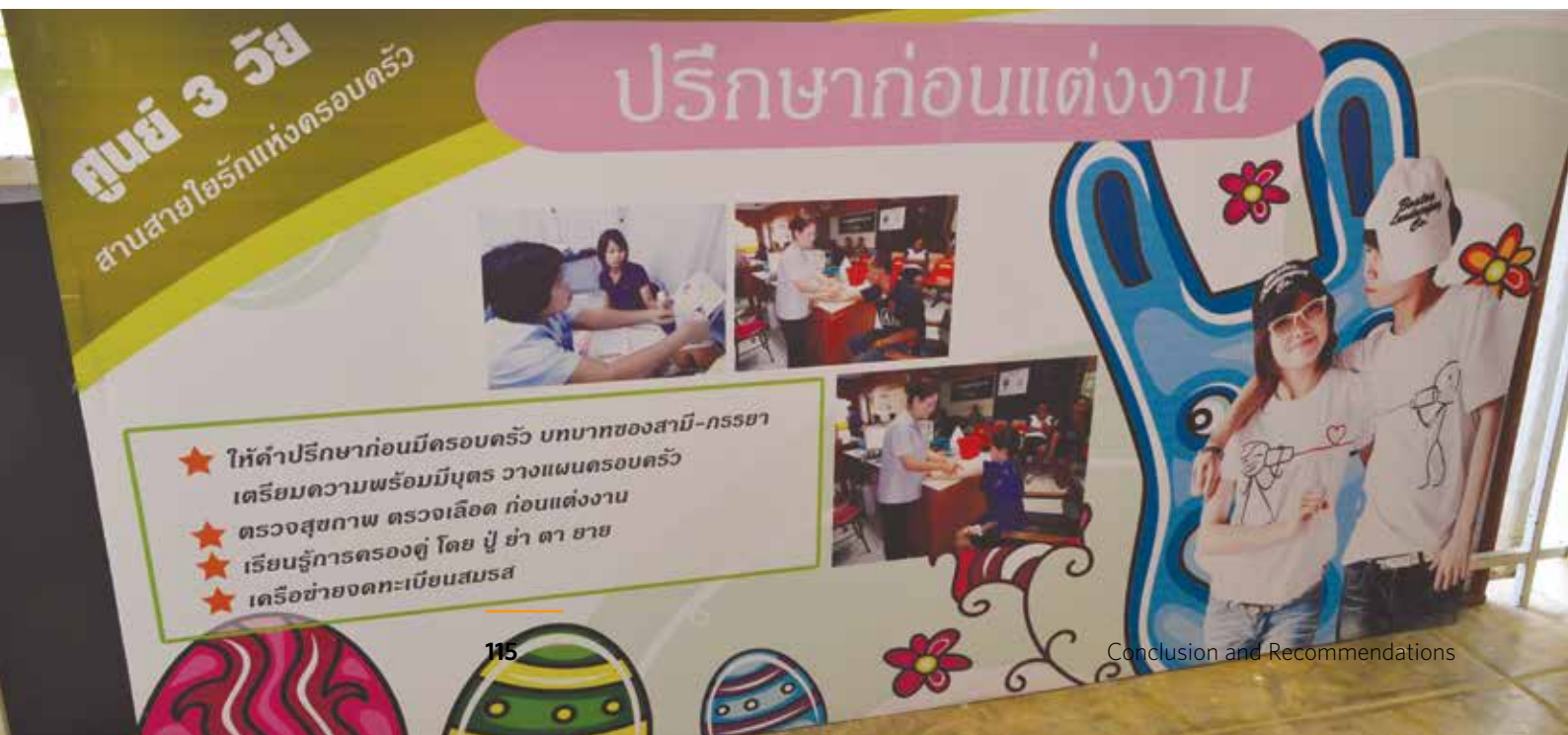
Changing attitudes - The burden of childbearing

Although many Thai couples desire to have a child, they tend to face significant financial and social challenges to childbearing and many choose voluntarily to not have children, especially those of Generation Y and younger, who prioritize work and material achievements, and subsequently delay family formation and childbearing. In Thailand, it costs on average 1.9 million THB to raise a child from birth to 20 years, these costs are nearly equally covered by parents (54%) and by the Government (46%). This means that parents need to invest 4,000 THB per month on average to raise one child. Having a child could, therefore, lead to financial hardship for some couples, who may instead decide to delay childbearing to a later age or not to have children at all.

Limited support for childrearing

Despite advancement of women through higher education and increased employment, married women are still burdened with domestic work, and caring for children and other household members. Although women receive three months paid maternity leave and men receive 15 days of paid paternity leave, it is unknown if men fully exercise this provision. Moreover, a large number of men and women working in the informal sector do not have this entitlement. Lack of support from employers and co-workers, and discrimination in the workplace can discourage women from becoming pregnant or for new mothers to continue to work.

Photo Credit
Thaipublica.org



Inadequate early childcare services

There are about 22,000 childcare facilities nationwide, the majority of which are for children aged 2-5 years, provided by the Ministry of Interior. Until a child reaches two years it is the parents' responsibility to arrange for childcare. This presents a challenge to find appropriate early childcare facilities, especially for those mothers who wish to return to work. Also, quality and affordable babysitters can be difficult to find. This may be a deterrent for couples to delay having children until a later age.

High infertility - Low adoption

About 15 per cent of Thai women of reproductive age are infertile, with higher rates recorded in the Southern region and Bangkok. Close to one-third of infertile women sought treatment and services, which are costly and the success rate is uncertain.

While adoption can be an option for infertile couples, it does not appear to be an option among childless families in Thailand, as each year only a few thousand children are adopted.

Single parenthood - An unequal burden for mothers

The overall number of single-parent households has increased from 971,000 (1987) to 1,379,000 (2013) and account for seven per cent of all households. Close to 60 per cent of single-parent families are the result of divorce or separation, and another 28 per cent were the result of spousal death.

Mothers are the primary caregivers in about 80 per cent of single-parent families. Women are twice as likely to be separated, divorced, or widowed compared to men (15% and 7%, respectively) and this rate has increased among older people with 45 per cent of women and 20 per cent of men having separated, divorced, or lost a spouse by age 60.

In terms of marriage stability, one-fifth of women reported that they did not select their spouse/partner, but the union was arranged either by their parents or was for economic reasons. Only half of couples living in a union had registered their marriage.

Although under Thai law both parents are legally obligated to support their children until the age of 20, there is no legal obligation to award alimony to a spouse, which can be detrimental to a spouse's financial security; this is especially true for single mothers. Currently, there is no particular support provided for single-parent families even though it is apparent that women are more likely to be affected financially once they become a single mother, especially those who have children in adolescence.

Increasing extended families

The number of extended families in Thailand has increased with a higher rate in rural compared to urban areas. This suggests that an increasing number of households have at least one working-age adult living with their parents and children. The increasing number of this family type has several interpretations including, increase in return migration of adult children to provide care for their ageing parents. This could be the case for the baby boomer generation born during a time of high fertility over 40 years ago. People are also likely to return to be with their parents after a divorce or separation. A further reason could be that some adults cannot afford to live in a separate household and therefore return to be with their stem families.

Thai families have remained almost exclusively nuclear or extended, and the rise in extended family popularity reflects a strong intergenerational support system within families. However, as younger generations live independently, delay marriage and have fewer children, the possibility to form extended families will decrease, especially among the middle class families.

It is therefore important to plan for the possibility that newly introduced family types will grow in numbers and other living arrangements will emerge.

Skipped-generation families – Rural phenomenon and impact on women

The proportion of skipped-generation families, in which the elderly live with their grandchildren, has doubled even though the level remains low at two per cent with a higher level in rural areas. It is still a rural phenomenon with a more recent rise in urban areas. About 90 per cent of skipped-generation household heads are women, and more than half are older than 60 years. Note that heads of skipped-generation households who are more than 80 years doubled from four to eight per cent during 1987-2013. Nearly half of skipped-generation families are in the Northeastern region, the region with a shrinking working-age population of people in their 20s and 30s.

A large proportion of skipped-generation household heads work (40% of women and 49% of men), about one-third are too old to work. Note that one-sixth of elderly over 60 years rely on an old age allowance of about 600 to 1,000 THB as their main source of income. Among adolescent mothers who leave their children in search of work in urban areas, it is likely that their mothers are still in their 40s or 50s, which could result in them experiencing additional stress from the competing demands of rearing a grandchild and maintaining their own employment.

Little is known about bonding between children and their migrant parents who see their children infrequently, although it is likely that this has a negative impact on the development of strong familial bonds. Moreover, it is likely that absent parents cause children to be more vulnerable to high risk and unhealthy behaviours.

One-person households - By choice or by chance

The proportion of one-person households has doubled to 14 per cent in the past 26 years and will likely increase to one-fifth or one-fourth of all households as more childless and single persons live longer, more young people spend more years living alone before forming a union, and divorced and widowed people are no longer living with other family members. Although about two-thirds of one-person households are people of working-age between 25 and 59 years, about one-fourth are over 60 years and close to one-sixth are between 15-24 years old; more working men live alone compared to working women. The opposite is observed among older ages in which the proportion of elderly women living alone is two times greater than men. Interestingly, women who live alone tend fall into one of two educational categories - no or less than primary education or a bachelor's degree or higher education. It is noteworthy that about two-thirds of men and women living alone are those with no education, most of them elderly.

The proportion of people who live in one-person households and work in the agricultural sector increases within increasing age. Those who work in the service and production sectors are less likely to remain in one-person households as they age.

Changing lifestyles and higher education, especially among women, are contributing factors for the increase in one-person households. Parents and relatives no longer arrange or insist that their children marry. The huge and increasing differential in education attainment between young men and women is also a major factor preventing suitable matches as men tend to 'marry down' and women tend to 'marry up', this is also true for age and socio-economic status. Some women who are unable to find a suitable partner may forego a partnership entirely. They may choose to live alone or with relatives in old age. The increase in one-person households has implications for housing needs. Over two-thirds of persons living in one-person households were of working-age and capable of earning an income. However, those elderly who live alone may have to rely on pensions or savings as their main source of income and others may be forced to continue to work to earn a living.

Regional differences in dominant family type

Each region has a different dominant family type. The Northeastern region has the highest proportion of three-generation extended families and skipped-generation households, while the Southern region has the highest proportion of nuclear families with both parents and children. The Northern region has the highest number of childless couples, while Bangkok has the highest number of single-parent households. One-person households are highest in the Central region.

Increasing number of households but lower home ownership

During the 30-year period from 1980 to 2010, Thailand's population size increased by 121 per cent, and the number of households increased more rapidly by 167 per cent. The percentage of household ownership, however, has declined by ten per cent over the same period reflecting an increasing number of households with a smaller size and lower home ownership, especially among young people.

7.2 Family Policies in Thailand

The National Economic and Social Development Board has recognized the importance of family development and has included some writings about families in the 8th National Economic and Social Development Plan (1997-2001). The 1st Policy and Strategies for Family Development was approved by the Cabinet in August 1997. This was followed by the Cabinet's approval of the ten-year Policy and Strategies for Family Development (2004-2013) in May 2004 to strengthen families guided by five major outcomes: (1) develop knowledge and database on families – a tool to assess the strength of families, including a data system to track domestic violence; (2) advocacy and awareness raising to promote strong family bonding; (3) develop local mechanism for family support; (4) develop national mechanism to promote public engagement, including establishment of the National Committee on Policy and Strategies on Family and the National and Provincial Family Assembly meetings; and (5) research and development, and dissemination of knowledge about families. The next Policy and Strategies for Family Development (2015-2021) is currently underway (Department of Women and Family Affairs, 2015).

Thailand has demonstrated efforts in passing or amending laws and establishing policies to support families in many aspects, including health, education, financial support, childcare and development, and legal measures to address infertility or promote family development. Table 7.1 briefly summarizes the existing and directly relevant laws and policies that support families in Thailand.

In 2011, Thailand developed the first Standard Operating Procedures for Early Childhood Development Centers as a national guideline for implementation at early childhood centres under different responsible line ministries across the country. The guideline serves as a tool to guarantee that every child in Thailand will equally receive childcare services of a similar minimum standard (MoSDHS, 2012).

Specifically within the past four years, Thailand has made some progress in terms of policies to support family security. This includes, for the first time, a provision for paternity leave for government officials. Effective January 2012, government officers who wish to support their legally-recognized spouse can submit a leave form to their supervisors before or within 90 days after childbirth. Paid paternity leave for government officers is allowed for up to 15 consecutive days for each newborn.

In August 2013, Thailand introduced the policy “Health Card for Mother and Child”, which aims to promote a quality population through good maternal and child health. Under this policy, all pregnant women, regardless of their health security scheme (Universal Health Coverage, Social Security Scheme, or Government Officer Scheme), are issued a health card when seeking antenatal care services from hospitals under the jurisdiction of the Ministry of Public Health (MoPH) and will receive medical services of high standard during their pregnancy, such as five antenatal care visits; health screening, including for Down Syndrome; and child delivery services. All children delivered at MoPH hospitals will also receive a health card enabling them to receive services for free at Well Child Centres from birth until five years (MoPH, 2015).

In March 2015, the Cabinet approved the Child Support Grant policy proposed by the Ministry of Social Development and Human Security. A provision of 400 THB per month per child will contribute to basic social welfare and social protection for newborns, as well as age-appropriate child development. This policy was initially piloted for one year for children born between 1 October 2015 and 30 September 2016 and those households with income lower than 3,000 THB per month per person. In March 2016 the Cabinet approved the extension of the grant to support children until 3 years old and increased a provision of 400 THB to 600 THB per month per child.

Another progress made by the Government includes an amendment of the Social Security Act in June 2015, which provides that benefits for injury and sickness under the Social Security Scheme (SSS) shall include health promotion and disease prevention costs. It is anticipated that, following this amendment, benefits for other types of contraceptive methods, beyond vasectomy and female sterilization, shall be included in the subordinate law. A significant change in the Social Security Act amendment also includes the provision of a lump sum of 13,000 THB per child born to SSS holders with no limit on number of deliveries. Previously, the provision was limited to up to two deliveries only. Additionally, the provision of a child assistance benefit at a lump sum of 400 THB per month per child aged 0-6 years has also increased from two children to a maximum of three.

In April 2015, Thailand passed the Protection of Children Born from Assisted Reproductive Technologies Act (also referred to as Surrogacy Act). The law was intended to help married, childless couples have their own children using surrogacy and prevent the abuse of reproductive technologies. A significant change in this law prohibits commercial surrogacy and gives biological parents of a child born via surrogacy immediate parental rights in line with family and inheritance laws (Bangkok Post, 2015).

7.3 Family Supportive Policies – Examples of Best Practice

Thailand has made many great strides in developing family-positive policy, however, there is still much work to be done. Lessons learned by OECD countries show how to balance family policy tools.

Table 71: A snapshot of existing laws and policies that support Thai families

Source: Bennett, J. and Dixon, M. (2006).

1 <http://www.nhso.go.th/eng/Site/ContentItems.aspx?type=Mw%3d%3d> accessed on 19 September 2015

2 <http://www.sso.go.th/wpr/eng/marternity-benefit.html> accessed on 19 September 2015

3 <http://www.mol.go.th/sites/default/files/images/jpg/01.pdf> accessed on 19 September 2015

4 Ibid

5 <http://www.sso.go.th/wpr/content.jsp?lang=th&cat=898&id=4155>

6 <http://www.personnel.psu.ac.th/word/9.274.pdf> accessed on 19 September 2015

7 Ibid

8 <http://www.sso.go.th/wpr/eng/child.html> accessed on 19 September 2015

Area	Existing laws and policies
Health	
Family planning	<ul style="list-style-type: none"> Provision of family planning services for all (UHC benefit) with IUD and implant services for women below 20 years beginning May, 2014¹ Provision of vasectomy and female sterilization for SSS holders (SSS benefit)
Maternal care	<ul style="list-style-type: none"> Medical service costs for antenatal care for pregnant women, child delivery totaling for no more than 2 deliveries, newborn care for all (UHC benefit) Medical service cost on lump sum basis at the rate of 13,000 THB per child delivery, regardless of single or multiple births, for SSS holders with no limit of number of deliveries (Social Security Act Amendment, 2015)² Health Card for Mother and Child Policy to promote good health of mother and child regardless of public health scheme (Ministry of Public Health's Policy, effective 14 August 2013)
Workplace	
Healthy work conditions for pregnant women and mothers	<ul style="list-style-type: none"> Protection of pregnant employees from working extra hours and engaging in hazardous work, and provision of suitable work condition for women before and after child delivery (Sections 39 and 42, Labour Protection Act, 1998)³
Employment of pregnant women	<ul style="list-style-type: none"> Protection of pregnant women against employment termination (Section 43, Labour Protect Act 1998)
Maternity leave	<ul style="list-style-type: none"> 90 days of maternity leave entitled for formal sector female employees (Section 41, Labour Protection Act, 1998)⁴ 90 days of paid maternity leave entitled for SSS holders (Social Security Act) 90 days of compensation for maternal leave at a fixed salary of 4,800 THB per month for SSS holders who work in the informal sector and contribute to the Social Security Fund⁵ 90 days of paid maternity leave for government officials (Regulation of the Office of the Prime Minister on Government Officers Leave Entitlement, 2012)⁶
Paternity leave	<ul style="list-style-type: none"> 15 days of paid paternity leave for government officials (Regulation of the Office of the Prime Minister on Government Officers Leave Entitlement, 2012)⁷
Childcare and development	
Child's financial support	<ul style="list-style-type: none"> Child assistance benefit for SSS holders is paid on a lump sum basis at the rate of 400 THB per month per legitimate child 0-6 years; limited to no more than 3 children. A legitimate child shall exclude an adopted child or a child being adopted by other persons (Social Security Act Amendment, 2015).⁸ Child support grant of 600 THB per month for children aged 0-3 years living in a household with income lower than 3,000 THB per month per person (Cabinet resolution, 22 March 2016)⁹

9 <http://information.rid.go.th/secretary/scan/zc337.pdf> accessed on 11 April 2016

10 <http://www.opp.go.th/book170255.pdf> accessed on 20 September 2015

11 <http://admin.e-library.onecapps.org/Book/421.pdf> accessed on 20 September 2015

12 <http://www.rd.go.th/publish/5570.html> accessed on 19 September 2015

13 <http://www.cabinet.thaigov.go.th/acrobat/studyfree.pdf> accessed on 19 September 2015

14 http://th.anamai.moph.go.th/all_file/index/พรบ.เทคโนโลยีช่วยการเจริญพันธุ์.pdf accessed on 19 September 2015

15 <http://www.thailawforum.com/database/child-adoption-act.html> accessed on 19 September 2015

Child's health	<ul style="list-style-type: none"> Provision of services related to child health, child development and nutrition, including immunizations, according to the national immunization programme for all (UHC benefit)
Child development	<ul style="list-style-type: none"> Promotion of family time to care for children, support enabling environment and socio-economic opportunities for families, and support systems to provide services for families facing difficulties (National Child and Youth Development Policy, 2012-2016, Ministry of Social Development and Human Security)¹⁰ Increase quality of childcare facilities (Early Childhood Development Policy, 2007-2016, Ministry of Education)¹¹
Taxation	
Personal Income Tax exemption	<ul style="list-style-type: none"> Deduction of spouse allowance of 30,000 THB from personal income tax Each spouse is entitled to 15,000 THB of child allowance or 17,000 THB if the child is studying at the qualifying level (university level), limited to 3 children (applicable with children under 25 years of age and studying at educational institution, or a minor, or an adjusted incompetent or quasi-incompetent person) Each taxpayer is entitled to 30,000 THB of parental allowance, and taxpayers, caregiving parents if the person is above 60 years and earns less than 30,000 THB Each spouse is entitled up to 100,000 THB of interest deduction; if they enter into a loan agreement jointly, each is entitled to 50,000 THB of interest deduction¹²
Education	
Pre-school through high-school support	<ul style="list-style-type: none"> 15-year free education from the pre-school to high-school level, including tuition fees (100% free for public schools, subsidies for private schools), textbooks, learning materials, milk and school meals, and school uniforms, among other items¹³
Options for infertility	
Surrogacy	<ul style="list-style-type: none"> Biological parents of a child born via surrogacy receive immediate parental rights in line with family and inheritance laws (The Protection of Children Born from Assisted Reproductive Technologies Act, 2015)¹⁴
Adoption	<ul style="list-style-type: none"> Any person wishing to apply for adoption of a child must submit an application together with a Statement of Consent from the person who holds the power to give consent to the adoption according to law, as per the principles, procedures and conditions stipulated in Ministerial Regulations (The Child Adoption Act, 1979)¹⁵



OECD countries and family benefit packages

Across OECD countries, public spending on family benefits constitutes, on average of one-tenth of total net public spending. Since the mid-1990s, there has been an increasing trend in spending on in-kind benefits (in particular childcare services), while spending on cash transfers has been relatively stable, even though it remains the most important of the family benefits.

Before the age of three, and more often immediately following birth, the risk of family poverty is at its highest. Some families can expect to experience either deep or persistent poverty if one parent stops working. Family policies were scaled up during the early crisis period as part of the stimulus packages but with countries now moving into fiscal consolidation, resources for family policies are also being affected.

Policy measures in support of families can be divided into five main categories:

- Support for mothers-to-be during pregnancy until delivery: most countries provide medical care, information or counselling services (on positive and negative health behaviors) and hospitalization for delivery.
- Support for childbirth: for example a “baby pack”, which can include a bottle and clothes for a newborn), vouchers, or a lump sum paid prior to or immediately following the birth of a child.
- Longer-term financial assistance for families to cover the direct costs of children: this can include family allowances, welfare benefits indexed by the number of children, tax breaks for families with children, and education or care services or support to cover some education or care expenses.
- Support designed to help working parents raise their children: this category encompasses leave entitlements for the birth of a child, or to take care of very young children or sick children, childcare and education facilities, and financial benefits and tax breaks linked to employment.
- Benefits paid to parents who are not in paid employment or who stop working to care for young children: including social assistance or housing benefits related to family size, leave payments, family allowances, child allowances and care and education services.

These different types of support are extended at different times and at different income level. They can therefore be expected to have different influences on the decisions of whether to have children, how to raise them, and whether to enter, remain in, or leave the labour market.

Source: OECD, 2011. *Doing Better for Families*, pp. 55 & 59

The following provides examples of creative, family-positive policy from OECD countries, as well as comparable middle-income countries in the European Union. These accounts of best practice could be used as inspiration for Thailand to establish new policy to encourage family formation.

Australia

Youth Allowance

- Financial assistance for those aged 16-24 years who are studying full time, undertaking a full-time apprenticeship, training, looking for work or are ill

Source: Council of Europe Family Policy Database <http://www.coe.int/t/dg3/familypolicy/database/Australia>

Bulgaria

Unemployed Pregnant Mother's Grant

- Unemployed pregnant mothers are assisted with a lump sum payment upon pregnancy

Source: Council of Europe Family Policy Database <http://www.coe.int/t/dg3/familypolicy/database/>

Canada

Allowance for the Survivor

- Benefit available to people who are living in Canada, who have low income, and whose spouse or common-law partner is deceased

Nobody's Perfect Parental Education

- Nobody's Perfect is a parent education and support programme for parents of children from birth to age 5
- It is designed to meet the needs of parents who are young, single, socially or geographically isolated, or who have low income or limited formal education

Spousal and Child Support

- Spousal Support is money paid by one spouse to the other after they separate or divorce; often called alimony or spousal maintenance
- Spousal support is most likely to be paid when there is a big difference between spouses' incomes after they separate
- Child support is money that a parent pays to help support his or her child financially after a separation or divorce. It is generally paid to the custodial parent, not to the child. A judge considers the family's situation to determine the appropriate arrangements.

Source: <http://www.cra-arc.gc.ca/bnfts/menu-eng.html>

Croatia

Families with Children with Disabilities Assistance

- Families can receive a "Right to Care" monthly allowance as well as a "Right to Pay" allowance to assist families with children or a family member with disability

Source: Council of Europe Family Policy Database <http://www.coe.int/t/dg3/familypolicy/database/>

Japan

Long-Term Care Insurance System

- The Long-Term Care insurance system provides primary insurers (65+ years) and secondary insurers (40-64 years) a subsidy for persons to receive the following services, preventive long-term care, community-based preventive long-term care, and in-home services (incl. home modification)

Source: <http://www.japan.go.jp>

Romania

Wedding Grant

- Financial support (200 EUR) for new families is granted to each spouse at first marriage, must maintain primary residency in Romania, irrespective of citizenship

Source: Council of Europe Family Policy Database <http://www.coe.int/t/dg3/familypolicy/database/>

United Kingdom

Care to Learn

- The Care to Learn scheme can help with childcare costs for parents who begin a course of study before they are 20 years old; available for publicly-funded courses in England

Parent's Learning Allowance

- Full-time students with children can receive up to £1,523 a year to help with learning costs, including books, study materials and travel (the amount received depends on household income)
- Parent's Learning Allowance does not have to be paid back, is paid on top of other student finance and does not affect benefits or tax credit

Source: <https://www.gov.uk>

7.4 Limitations of this Report

While this report intends to provide evidence to support public policy targeting families, there is inadequate in-depth information to provide an overview of all challenges faced by each family type, such as their financial difficulties, debts and poverty, savings, employment, housing, domestic violence, or difficulties supporting family members with special needs or disabilities. This report sheds some light on the concerns of Thai families but more thorough analysis of different family types is needed to properly develop family policy based on evidence.

7.5 Recommendations

To maintain and balance the wellbeing of Thai families amidst rapid changes including a declining birth rate, increased longevity, and migration, a comprehensive public policy for family support is needed. The following recommendations can be considered for formulation of public family policy.

Promote maternal and reproductive health of working women

Nuclear and single-parent families – Support for mothers-to-be during pregnancy until delivery should be further promoted, including medical care, and information and counselling services to educate about positive and negative health behaviors. Special attention should be given to single and teen mothers not only to provide them with healthcare services but also social services to ensure that they are employed and able to adequately look after their children. Policy for the health card for mother and child is an excellent initiative that promotes healthy pregnant mothers and newborns. Implementation should be monitored and evaluated to measure efficiency and guide future steps.

Family planning policy must ensure that quality contraceptive methods, especially long-term contraceptives such as implants and intrauterine devices, and counselling services are made available and at an affordable price by the State to prevent unplanned pregnancy in women of all age groups, and enable them to take control of their own reproductive decisions on whether and when to have a baby, while still being able to enjoy other opportunities in life.

Age and sex-appropriate services for family planning and reproductive health must be provided and where needed revised, especially for adolescents and young people who may not seek healthcare from health facilities. Increased promotion of safe sex and condom use among casual partners to prevent unplanned pregnancy and spread of sexually transmitted infection should also be supported.

Reduce early marriage and teen pregnancy

All families, especially single-parent families – Early marriage and teen pregnancy, especially before age 18 should be reduced, and counseling on birth spacing for teen mothers should be promoted. The optimal goal is to ensure that all children below 18 years receive full access to quality education and are not excluded from higher education due to early marriage or parenthood.

About one-fourth of married teen women with a spouse or partner more than ten years older than them had only completed primary education. This could imply that a union at a young age results in girls leaving school at a young age. Therefore, adolescent mothers should be enabled to continue their education and receive childrearing support to reduce the overall burden on families as teen pregnancy is greatest among the poorest households and early marriage is seen as an option for some to escape poverty.

The Civil Law, Article 1448, which suggests that men and women can be legally married when they turn 17 years or even in a younger age with parental consent should be revised. An exception stated in this article allows for men to marry under-age women, even if the woman was abused or sexually assaulted by the man.

Increase the affordability of infertility treatment

Childless couples – Increased access to quality services for infertility treatment could help more infertile couples have children. Counselling services to provide information and options for infertile couples should be promoted using a natural method for infertility treatment as a priority solution, Artificial Reproductive Technology (ART), which has much higher cost, as a second option, and providing other further solutions to infertile couples, such as adoption. Given the rise in infertility in Thailand, studies and consultations among experts should be supported to address public health issues and inform policies and programming.

Thailand also does not recognize infertility as a disease or an illness and as a result treatment is not covered under any existing public health scheme. For such reasons, ART has not been widely practiced in Thailand so far and only 29 per cent of infertile women of reproductive age seek treatment information and services

Improve coverage and affordability of quality childcare

Couples or individuals with children – Following child delivery, childcare facilities and providing space for nursing mothers in the workplace should be promoted. Coverage and quality of childcare facilities should be improved, especially to cover caregiving to children younger than two years, the age at which they can be accepted to public childcare facilities.

Photo Credit
Thaipublica.org



Thai women continue to have low exclusive breastfeeding for six months after delivery and the lack of a proper space for nursing mothers in the workplace likely contributes to this low practice. Therefore, promotion of mother and child bonding through exclusive breastfeeding for six months needs further attention.

Provision of quality daycare centres for employees in their workplaces and communities needs to be increased as the numbers of existing facilities are very low (only 61 facilities registered with the Ministry of Labour). Current policy and regulation of corporate entities to offer childcare facilities to employees is still limited and should be revised. Additionally, childcare facilities for working women in the informal sector should be subsidized to enable them to continue earning while raising a child rather than relying on elderly parents, a rising trend in both rural and urban areas.

There is a great need for standardisation and quality assurance, including cost schemes and care providers, at childcare centres. Early childhood development centres under the administration of different line ministries need to be strengthened to meet the minimum national standards.

Promote welfare benefits and financial assistance indexed by the number of children

All families with children – Currently, Thai parents have an average of only one or two children. Assistance for families to cover the direct cost of childrearing, such as tax deductions for families with children or support to cover some education or care expenses according to the number of children can be beneficial to reduce childcare and overall expenditures for families. For instance, the Ministry of Finance has already extended subsidies to families with three children and is likely to introduce a four-children subsidy in the near future. However, existing subsidy and tax deduction policies are often based on individual and family income without considering the family status (single-parent, extended, skipped-generation, and so on.). More in-depth analysis with adequate supportive evidence will be needed to advance policy and strategies on financial benefits and incentives for family assistance.

Moreover, in order to create an enabling environment and provide universal coverage of quality childcare in the workplace, an attractive tax deduction for workplaces that provide a childcare centre for their employees should be offered as an incentive for employers.

Strengthen parenting awareness and flexible leave policy

All family types with children – Flexible leave for parents to care for children at home should be considered. Policies should promote father's engagement in family and childcare through a paid paternity leave policy that spans the non-governmental and private sectors. Men should be encouraged to exercise their paternity leave allowance. In all workplaces, employers should encourage men to better contribute to the unpaid

domestic work and childcare to reduce women's burden and facilitate women's engagement in the workforce.

Annual leave for parents who are living separately from their spouse and/or children should be promoted. Parenting as a subject should be introduced in school so that roles and responsibilities of the family are part of a learning pathway to becoming a mature adult. Health services for husbands of pregnant women should be extended to participate in groups and receive advice and information from health personnel about good parenting and child health practices.

Provide flexible and supportive employment for women

The status of women's involvement in the workforce has implications for **all family types**. To support career prospects for women, work-life policies and programmes should be created to facilitate working-age women in employment and better engage men in childcare and household responsibilities. Policies should also facilitate working-age women who are pregnant or have young children through flexible work schedule arrangements, extended paid maternity leave, and part-time employment opportunities. Additionally, workplaces must ensure that women are not discriminated against in the workplace or forced to leave their jobs due to pregnancy or childbearing. Lack of support from employers and discrimination in the workplace can discourage working women from getting pregnant or may lead new mothers to discontinue their work. Part-time jobs with flexible employment opportunities for women should be introduced so working women have less pressure to choose between their career and motherhood.

Single-parent families – Eighty per cent of single-parent households are headed by women and the overall number of single-parent households is rising. Yet, little is known in terms of their employment and poverty outcomes. Lessons learned from OECD countries with more advanced public policy for families suggest that an active policy stance combined with comprehensive work and care support provide the best results for single-parent families in terms of both employment and poverty rates. In Thailand, special attention to provide employment and childcare support to single mothers, especially teen mothers, will be crucial so they do not fall victim to the poverty trap.

Promote gender equity in family roles and shared responsibilities for parenting

Greater participation of men and sharing of maternal and child health responsibilities through family planning, antenatal care and postnatal care services, as well as in sharing household work should be promoted. Men's active engagement in childcare and domestic work would help women have a more manageable work-life balance.

Support an enabling environment to enhance family solidarity

Extended families – Half of the population, or one-third of all Thai households, is living in extended or three-generation families where working-age people live with their parents and children. Hence, it is timely to introduce policies and strategies to strengthen family bonding and enhance intergenerational support. To reduce ‘ageism’ or stereotyping and discriminating against individuals or groups on the basis of their age, especially the elderly, the government should encourage campaigns and activities to raise awareness to promote gratitude towards elderly parents and grandparents. For example, the government could introduce a holiday for working children to visit their elderly parents, or to allow leave days for working children to care for their ageing parents especially when parents are not well. Family life education should be introduced in formal and informal education by adding intergenerational family support for a rapidly ageing society.

Childless couples – Older couples living together without children have increased. Local authorities and agencies, as well as community support, including neighbors and local social networks play an important role to extend support and to promote solidarity in the community. Those elderly who live alone should be equipped with adequate financial literacy.

Childless couples of working-age also known as ‘Double Incomes, No Kids’ or ‘DINK’ couples, may be likely to consider having a child if they live in a financially and emotionally supportive environment for child rearing.

Single-person families – the number of individuals who live alone has increased, including among elderly cohorts. Therefore, preparation for old age, including adopting a healthy lifestyle and preparing adequate savings will be crucial, especially for women as they tend to live alone in old age more often than men.

Promote opportunities for higher education for all

All family types – Accessible education for all should be promoted, including removing barriers and stigma for pregnant teenagers to continue their education. Re-training options for the elderly and lifestyle education so that elderly can adjust to the changing society should be introduced. To reduce financial pressure on poor families, income-based scholarships should be given to all those rural, poor young people to attend school. Given the continued decline of births and working-age population, policies should focus on the quality of education rather than quantity. Education for all age groups should focus on building life skills and developing critical thinking, and equip young people with the necessary specialized skills needed to drive the Thai economy.

Boys in school – It is essential to introduce policies and programmes to keep boys in school all the way through higher education to reduce the educational attainment gap between men and women. Currently, more women than men are enrolled in higher education and



License: UNFPA Thailand

a larger number of men than women are in vocational studies. Employability of boys and girls with higher education needs to be considered to fit the market needs of the future.

Furthermore, the already lagging intellectual development of Thai children could be further stunted as a result of absent parents, and children are more likely to engage in risky, unhealthy behaviors. Therefore, policy to reduce the number of migration-related skipped-generation families should be considered.

Enhance social policies with target populations

Policy on child support grants, which provide an allowance of 600 THB per month per child to those living below the poverty line should continue. The child assistance benefit under the Social Security Scheme should also include adopted children. Families with older persons only require elderly care support to ensure that they are able to look after of themselves. Single-parent families, especially single mothers, require specific attention, such as financial support for childcare and education. These kinds of support are different from what the government currently provides to low- income families. If a single mother does not find childcare during the few years when her child requires it, she will likely not pursue a career in the formal sector, and any hope to ever lift herself and her child out of poverty will dissipate. Support for single parents must compliment current policy for mandatory child support by the non- custodial parent. Consideration for policy regarding spousal support or alimony for divorced couples should be made. Finally, couples that are not legally registered as married should have the right to the same benefits as those in a registered, legal marriage.

Provide psychological and emotional support

Skipped-generation families – There exists a rising trend of children living with their grandparents, most often elderly grandmothers. As a result, some young children become caretakers of their elderly grandparents. Attention should, therefore, be given to monitor their wellbeing with support given by neighbors, local authorities, or local support groups. Families with people with special needs or disability, many of which are elderly, require specific attention and proper support from family, community, and the Government. Poor mental health is also closely correlated to physical health, particularly degenerative disease; the prospect of an ageing population prone to long-term ailment and disease, and without adequate systems and financing established to cope with this should be a source of sincere concern.

Provide viable options for affordable housing to suit changing families

Single-parent families – Introduce mortgage/loan guarantees of modest means to single-parent families through community-based living facilities. Research should be conducted to assess the effects of the creation of mid-size cities on family formation.

Strengthen family data management, research monitoring system

There are vast inconsistencies between existing reports that suggest how families are changing. Definitions, measurements, as well as data sources to track family changes over time should be reviewed with agreement obtained from authorities and key stakeholders so evidence and knowledge about how Thai families are changing overtime can be monitored and policy options to mitigate risks and to enhance the happiness and wellbeing of families can be introduced. To date, only limited and oftentimes fragmented information is known about the wellbeing of Thai families. Although there exist tools to measure levels of happiness and wellbeing of families, these tools are not usually linked to socio-economic and financial indicators to indicate how to improve family wellbeing.



The Thailand example may be indicative of the simple phrase “work-life balance”. Some multinationals in Thailand, including IBM and 3M, instituted specific work-life balance policies over a decade ago. IBM has provided Thai employees with family counselling and dependent childcare since at least 2005, while in the same year 3M reported embracing a trust-based flexible work schedule programme that included job-sharing, parental leave and home office allowance.

Local Thai companies are equally dedicated to the concept and have long had similar policies, though they may not have used the term “work-life balance” to describe them. For example, MK Restaurant Company has provided a spiritual programme to employees for wellness, while the Office of the

Civil Service Commission (OCSC) provides employees with trips to temples and opportunities to do charitable work focused on disabled children. However, neither organization may necessarily refer to these activities as specifically “work-life balance” programmes.

New parents in Denmark are entitled to 32 weeks of paid leave each. New mothers can divide the time before and after birth. Both mother and father are entitled to a full 52 weeks of job security should they choose to take it.

Source: Bangkok Post, 8 February 2016.



DTAC provides mothers with 180 days of paid leave

“As women currently account for 60% of all employees at DTAC, additional policies for women’s care are important. Recently, we introduced 180 consecutive days of maternity leave for mothers, starting from 1 January 2016. Fathers are also eligible for 7 days of paid paternal leave to help take care of their wives with the newborn baby. DTAC also provides a breast milk pumping area for nursing mothers and a playroom for children so that parents can bring their children to work. Furthermore, parking space for pregnant staff is also available near to the elevator area.” said Ms. Nardrerdee Arj-Harn wongse, Chief People Officer of Total Access Communication Public Company Limited (DTAC)

“Our focus is on maternity leave because we value the importance of the family. Since women have to work and care for family at the same time, a task that is so challenging for them today, if the company can support female employees to take a maternity leave for up to 6 consecutive months, they will be able to spend time raising their children while observing their early development. After that they will resume their work as usual and should be able to succeed in their own in career advancement”.

“When employees decide to have children, the company encourages work-life balance practices. During this period of family formation, while children are still young family is the main focus. When children are in school, work and career advancement are the priority. So, work-life balance does not have to be the same all the time. It is a matter of time period, or when to focus on what. DTAC is happy to facilitate and support our staff in each and every moment.”

Source: Interview by Thai Pubilca, 2015.



Preschool Child Development Center at “Pranda”

Mr. Pramote Tiasuwan, Managing Director-Manufacturing at Pranda Jewelry Public Company Limited talked about the Preschool Child Development Center the company has initiated for more than 26 years to reduce the employee’s burden in childcare and to allow them to work to their full potential. The services are provided to staff at the cost of 35 THB per day covering minding and 3 age-appropriate meals and snacks.

“Employees can take their children to work and leave them at the Center in the morning. They can have breakfast with their children, drop by at lunchtime, and fetch their children in the evening. If the parents have to work overtime, caregiving staff will stay until 21:00 so that parents can dedicate themselves to the work.”

The Center was established to help alleviate the childcare burden carried by employees during business hours, as well as to promote physical, intellectual, and behavioral development of the children. Each year there are at least 50 children at the Center. The company has hired permanent caregiving staff with sound training in childcare and development so that children are well prepared to go to school. Services available to these preschool children in the Center’s care include healthcare, nutritional, and developmental promotion services.

“The staff is an important element of the industry because all of the assets are in their hands. Therefore, the relationship must be mutually beneficial”.

Source: Interview by Thai Publica, 2015.

*Child development center
at Pranda Jewelry Public
Company Limited*



References

Chapter 1

Thai Language

Institute for Population and Social Research (2014). Population Gazette, Mahidol University.

Institute for Population and Social Research (2015). Population Gazette, Mahidol University.

Ministry of Interior, Department of Provincial Administration, Bureau of Registration Administration (2014). Birth registration statistics.

National Economic and Social Development Board (2013). Population Projections for Thailand 2010-2040. Bangkok.

National Economic and Social Development Board (2015). Social Situation and Outlook 2015, Quarter 3. Available from http://www.nesdb.go.th/temp_social/Book_Social3-2558.pdf

National Statistical Office Thailand (1987-2011). Labor Force Survey, Quarter 3. Bangkok.

National Statistical Office Thailand (2012). The 2010 Population and Housing Census. Bangkok.

United Nations Population Fund and National Economic and Social Development Board (2011). Impact of Demographic Change in Thailand. Bangkok.

English Language

Mason, Andrew, and Sang-Hyop Lee (2004). Population aging and the extended family in Taiwan: a new model for analyzing and projecting living arrangements. Demographic Research. Available from <http://www.demographic-research.org/volumes/vol10/8/10-8.pdf>

United Nations Population Division (2012). The World Population Prospects: The 2012 Revision. Available from <http://esa.un.org/unpd/wpp/>

UN Statistics Division (2015). Households and families. Available from <http://unstats.un.org/unsd/demographic/sconcerns/fam/fammethods.htm>

Chapter 2

Thai Language

Podhisita, C (2011). Thai Family and Household Changes: What We Don't Know? In (Eds.), Population and Society 2011: Changing Population, Changing Thai Society. Nakhon Pathom: Institute for Population and Social Research, Mahidol University.

Samutachak, B., and N. Darawuttimaprakorn (2014). Lifestyle, life plans and the decision to have children among generation Y. In Yupin Vorasiriamorn, Jongjit Rittirong, Sutthida Chuanwan, Phojana Hanjangsith (Eds.), Population and Society 2013: Birth and Security in Population and Society. Nakhon Pathom: Institute for Population and Social Research, Mahidol University.

Chapter 3

Thai Language

Samutachak, B., and N. Darawuttimaprakorn (2014). Lifestyle, life plans and the decision to have children among generation Y. In Yupin Vorasiriamorn, Jongjit Rittirong, Sutthida Chuanwan, Phojana Hanjangsith (Eds.), Population and Society 2013: Birth and Security in Population and Society. Nakhon Pathom: Institute for Population and Social Research, Mahidol University.

Department of Health, Bureau of Reproductive Health (2014). Abortion Surveillance in Thailand Report 2013. n.p.

Department of Mental Health, Rajanukul Institute (2014). Guideline for Implementing an Integrated Early Childhood Development Pilot Project at Provincial Level. Available from http://www.rajanukul.go.th/new/_admin/download/5-4548-1450063626.pdf

Ministry of Interior (2014). Initiative on quality and disease-free early childhood development centres and kindergartens by 2020. Bangkok.

National Economic and Social Development Board (2013). Population Projections for Thailand 2010-2040. Bangkok.

National Statistical Office Thailand (2009). Time Use Survey 2009. Available from <http://>

service.nso.go.th/nso/nsopublish/themes/files/useTime52FN.pdf

National Statistical Office Thailand and United Nations Children's Fund (2013). Thailand Multiple Indicator Cluster Survey 2012. n.p.

National Statistical Office Thailand (2014). Household Socio-economic Survey 2013. Available from <http://service.nso.go.th/nso/nsopublish/themes/files/socioSum56-1.pdf>

Nida Poll (2013). Thai Society's attitudes towards LGBT. Available from http://nidapoll.nida.ac.th/multimedia/Myfiles/Poll%202556/45-56/FullText_NIDAPoll_45-2556.pdf

Siangdung, P., and A. Soonthornhada (2008). Infertility: Social issue beyond sexuality. Population and Society 2008: Highlighting Sex/Sexuality in Population and Social Studies. Nakhon Pathom: Institute for Population and Social Research, Mahidol University.

Pantip Online Forum (2013). Oh boy! A monthly rate for a nanny from the center is 17,000 Baht, living in with employer. (October 14). Available from <http://pantip.com/topic/31109422>

Isarabhakdi, P (2014). Attitudes of young people about getting married and having children. In Yupin Vorasiriamorn, Jongjit Rittirong, Sutthida Chuanwan, Phojana Hunchangsith (Eds.), Population and Society 2013: Birth and Security in Population and Society. Nakhon Pathom: Institute for Population and Social Research, Mahidol University.

Isarabhakdi, P (2015). Different Generations, Different Attitudes toward Sexual Diversity in Thai Society. In Aree Jampaklay, Patama Vapattanawong, & Kanchana Tangchonlatit (Eds.), Population and Society 2015: Population and Social Diversity in Thailand 2015. Nakhon Pathom: Institute for Population and Social Research, Mahidol University.

Women's Health Advocacy Foundation (2012). Study on the Situation of Sexual and Reproductive Rights Violation, Phase 1.

English Language

American Society for Reproductive Medicine

(2012). Age and Fertility, A Guide for Patients Revised 2012. Available from https://www.asrm.org/uploadedFiles/ASRM_Content/Resources/Patient_Resources/Fact_Sheets_and_Info_Booklets/agefertility.pdf

Australian Human Rights Commission (2014). Supporting Working Parents: Pregnancy and Return to Work National Review – Report 2014. Available from https://www.humanrights.gov.au/sites/default/files/document/publication/SWP_Report_2014.pdf

The Economist (2015). Breaking the baby strike. Available from <http://www.economist.com/news/international/21659763-people-rich-countries-can-be-coaxed-having-more-children-lazy-husbands-and>
Grattan Institute (2012). Game-changers: Economic reform priorities for Australia. Available from http://www.wa.ipaa.org.au/content/docs/Game_Changes_Revised%20policy%20paper.pdf

International Labour Organization (2006). Reconciling work and family: Issues and policies in Thailand. Available from http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_travail_pub_14.pdf

Mascarenhas, M.N. et al. (2012). National, Regional, and Global Trends in Infertility Prevalence Since 1990: A Systematic Analysis of 277 Health Surveys. *PLoS Med* 9(12): e1001356.

Chapter 4

Thai Language

Jampaklay, A., T. Sakulsri and A.A. Prasith-hima (2012). Muslims in Thailand: Marginalised or Merely Different? In Kulapa Wachanasara and Krittaya Achawanichkun (Eds.), *Population and Society 2012: Marginalised Population and Social Justice in Thai Society*. Nakhon Pathom: Institution of Population and Social Research, Mahidol University.

Podhisita, C., and M. Sunpuwan (2009). Headship, marital status and household poverty. In Chai Podhisita and Suchada Thaweessit (Eds.), *Population and Society*

2009: Thai Families in a Changing Society and Population. Nakhon Pathom: Institution of Population and Social Research, Mahidol University.

Department of Women's Affairs and Family Development (2015). (Draft) Family Development Policy and Strategy 2015-2021.

Khumsuwan, K., and B. Chokthananukoon (2012). Single-mother: Marginality and Social Injustice. In Kulapa Wachanasara and Krittaya Achawanichkun (Eds.), *Population and Society 2012: Marginalised Population and Social Justice in Thai Society*. Nakhon Pathom: Institution of Population and Social Research, Mahidol University.

Institute of Population and Social Research, Mahidol University. Polkeaw, K (2001). Divorcees: A Study of an Adaptation of Rural: Women's Social and Economic Roles after a Divorce. (Master's dissertation). Nakorn Pathom: Silpakorn University.

Thaweessit, S (2011). Development of Women's Well-being in Thailand. In Sureeporn Punpuing and Malee Sunpuwan (Eds.), *Population and Society 2011: Thailand Thailand's Population in Transition: A Turning Point for Thai Society*. Nakhon Pathom: Institute of Population and Social Research, Mahidol University.

Reuters (2015). Japan to tackle maternity harassment, day care to slow population decline. Available from <http://uk.mobile.reuters.com/article/idUKKBN0T-FoPN20151126?irpc=932>

Archavanitkul, K. et al. (2003). Intimate Partner Violence and Women's Health in Thailand. Nakorn Pathom: Punpuing, S., and Punpuing, K. (2009). Government's Response to needs of single-income families. In Chai Podhisita and Suchada Thaweessit (Eds.), *Population and Society 2009: Thai Families in a Changing Society and Population* (pp. 138-147). Nakhon Pathom: Institution of Population and Social Research, Mahidol University.

English Language

Deere, Carmen Diana et al. (2012). Gender In-

equality in Asset Ownership in Latin America: Female Owners vs Household Heads. *Development and Change*, 43(2); 505–530.

Harkness, Susan, and Amy Skipp (2013). Lone mothers, work and depression. Nuffield Foundation, London.

Kennedy, Eileen, and Pauline Peters (1992). Household food security and child nutrition: the interaction of income and gender of household head. *World Development*, 20(8) 1077-1085.

Knodel, John E., and Napaporn Chayovan (2009). Population Ageing and the Well-Being of Older Persons in Thailand: Past trends, current situation and future challenges. UNFPA Thailand. Bangkok.

OECD (2011). Doing Better for Families. OECD Publishing. OECD (2015). OECD Family Database. Available from <http://www.oecd.org/els/family/database.htm>

Quah, Stella R. (2015). *Routledge Handbook of Families in Asia*. Routledge, New York.
Sobieszczyk, Teresa et al. (2003). Gender & well-being among the elderly: evidence from Thailand. *Ageing & Society*, 23(6), 701–735.
von der Lippe, Elena et al. (2013). Depression of single parents in Germany. Results from the 2009/10 GEDA-study. *European Journal of Public Health*, 23(1).

Chapter 5

Thai Language

Jampaklay, A (2009). Growing up without Mom and Dad around: Children of migrants left in the care of grandparents. In Chai Podhisita and Suchada Thaweessit (Eds.), *Population and Society 2009: Thai families in the Social and Demographic Transitions*. Nakhon Pathom: Institute for Population and Social Research, Mahidol University.

Fuwa, Nobuhiko (2000). A note on the Analysis of Female Head Households in Developing Countries. Agricultural Economics Department, Faculty of Horticulture, Chiba University.

Jampaklay, A. et al. (2013). Children Living

apart from Parents due to Internal Migration (CLAIM). Nakhon Pathom: Institute for Population and Social Research, Mahidol University.

Nathamongkolchai, S. et al. (2006). Family Migration and Intelligence Quotient of School Children and Adolescents in Thailand. *Population Journal*, 22(1): 33-45.

National Statistical Office Thailand (2013). Labour Force Survey, Quarter 3. Bangkok. National Statistical Office Thailand (2014). The 2014 Survey of the Older Persons in Thailand. Bangkok.

English Language

Abas, M.A. et al. (2009). Rural-urban migration and depression in ageing family members left behind. *British Journal of Psychiatry*, 195 (1): 54-60.

The Bangkok Post (2015). Time running out to fix family structure. (July 5). Available from <http://www.pressreader.com/thailand/bangkok-post/20150705/281801397625025/TextView>

Chen, F. et al. (2014). Race/Ethnic Differentials in the Health Consequences of Caring for Grandchildren for Grandparents. *J Gerontol B Psychol Sci Soc Sci*, 70(5): 793-803. Chen, F., and G. Liu (2012). The Health Implications of Grandparents Caring for Grandchildren in China. *J Gerontol B Psychol Sci Soc Sci*, 67B(1): 99-112.

Darawuttimaprakorn, N., and S. Punpuing (2010). Living Arrangements and Elderly Depression: Kanchanaburi DSS, Thailand. In Population Association of America 2010 Annual Meeting Program. Organized by the University of California.

Jampaklay, A (2006). Parental Absence and Children's School Enrolment: Evidence from a Longitudinal Study in Kanchanaburi, Thailand. *Asian Population Studies*, 2(1), 93-110. The Nation (2015). Low IQ blamed on family situation. (May 28). Available from <http://www.nationmultimedia.com/national/Low-IQ-blamed-on-family-situation-30261067.html>

Nauman, E. et al. (2015). Rural-to-urban migration and changes in health among young adults in Thailand. *Demography*, 52(1): 233-257.

Piotrowski, M (2009). Migrant Remittances and Skipped Generation Households: Investigating the Exchange Motive Using Evidence from Nag Rong, Thailand. *Asian Pacific Migration Journal*, 18(2); 163 – 196.

Tacoli, C., G. McGranahan and D. Satterthwaite (2015). Urbanisation, rural-urban migration and urban poverty. Working Paper (March 2015). International Organisation, IIED. London.

Chapter 6

Thai Language

Foundation of Thai Gerontology Research and Development Institute (TGRI) (2012). The Situation of Thai Elderly 2010. Bangkok. National Statistical Office Thailand (2014). The 2014 Survey of the Older Persons in Thailand. Bangkok.

English Language

Bennett, J., and M. Dixon (2006). Single Person Households and Social Policy: Looking Forward. Joseph Rowntree Foundation. Guilmo, C.Z., and M. de Loenzien (2015). Emerging, transitory or residual? One-person households in Viet Nam. *Demographic Research*, 32(42): 1147-1176.

Ho, J.H. (2015). The problem group? Psychological wellbeing of unmarried people living alone in the Republic of Korea. *Demographic Research*, 32(47): 1299-1328.

Jean, Yeung, and Ka-Lok Cheung. (2015). Living Alone: One-person households in Asia. *Demographic Research*, 32(40), 1099-1112.

Klinenberg, E (2012). I want to be alone: the rise and rise of solo living. *The Guardian*. Available from <http://www.theguardian.com/lifeandstyle/2012/mar/30/the-rise-of-solo-living>

Darawuttimaprakorn, N., and S. Punpuing (2010). Living Arrangements and Elderly

Depression: Kanchanaburi DSS, Thailand. In Population Association of America 2010 Annual Meeting Program. Organized by the University of California.

OECD (2015). OECD Family Database. Available from <http://www.oecd.org/els/family/database.htm>

Thongtang, K. et al. (2002). Prevalence and incidence of depression in the Thai elderly. *J Med Assoc Thai*, 85(5): 540-544.

Wongpakaran, N. and T. Wongpakaran (2012). Prevalence of major depressive disorders and suicide in long-term care facilities: a report from northern Thailand. *Psychogeriatrics*, 12(1): 11-17.

Chapter 7

Thai Language

Department of Women's Affairs and Family Development (2015). (Draft) Family Development Policy and Strategy 2015-2021.

Ministry of Social Development and Human Security, Office of Promotion and Protection of Children, Youth, the Elderly, and Vulnerable Groups (2012). National Standards for Child Care Facilities: A guideline for implementation. Bangkok.

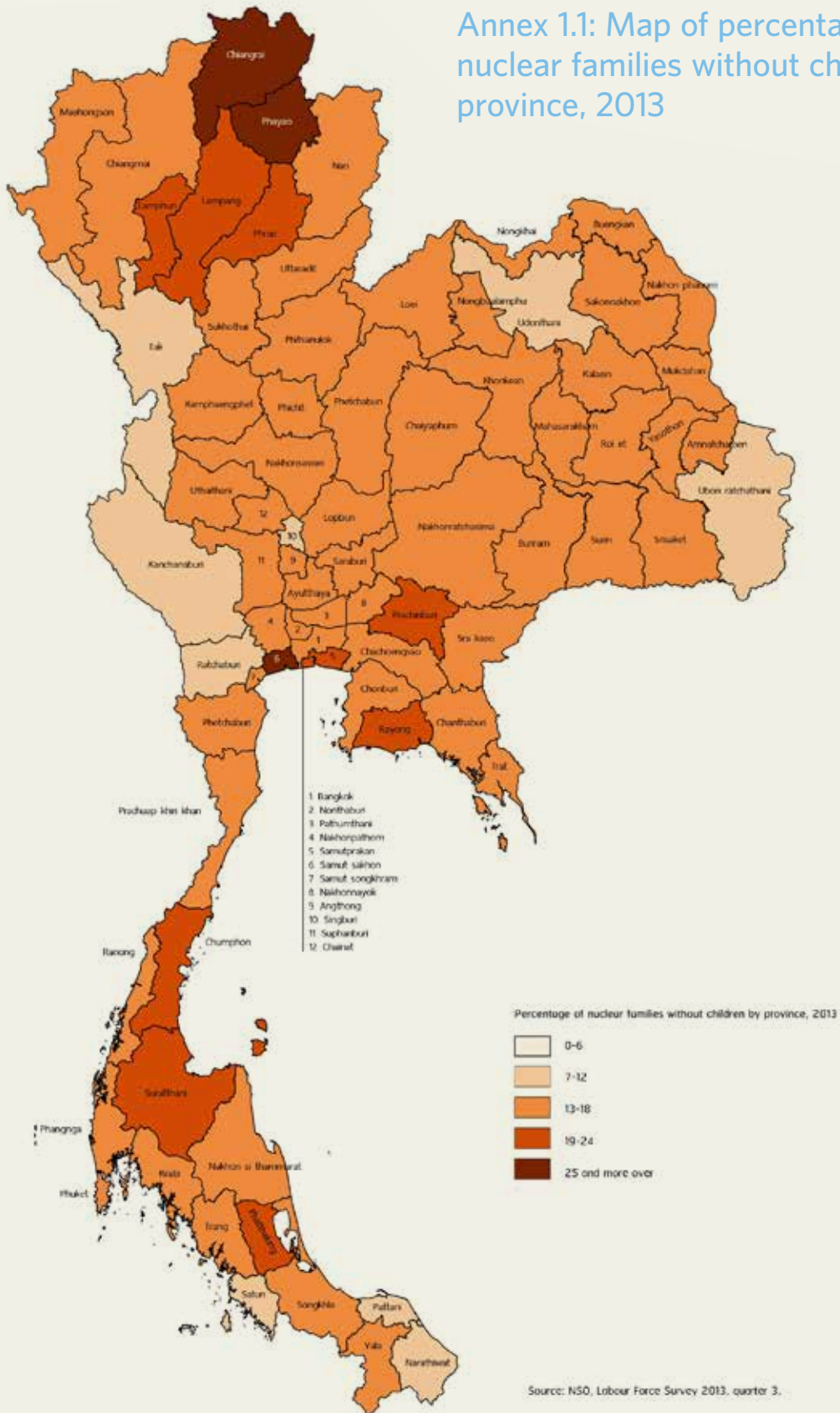
Ministry of Public Health (2013). Health Card for Mother and Child. English Language The Bangkok Post (2015). Law banning surrogacy takes effect Thursday. (July 29). Available from <http://www.bangkokpost.com/archive/law-banning-commercial-surrogacy-takes-effect-thursday/637960>

The Bangkok Post (2016). Work-life balance: different strokes for different folks. (February 8). Available from <http://www.bangkokpost.com/business/news/855892/work-life-balance-different-strokes-for-different-folks>

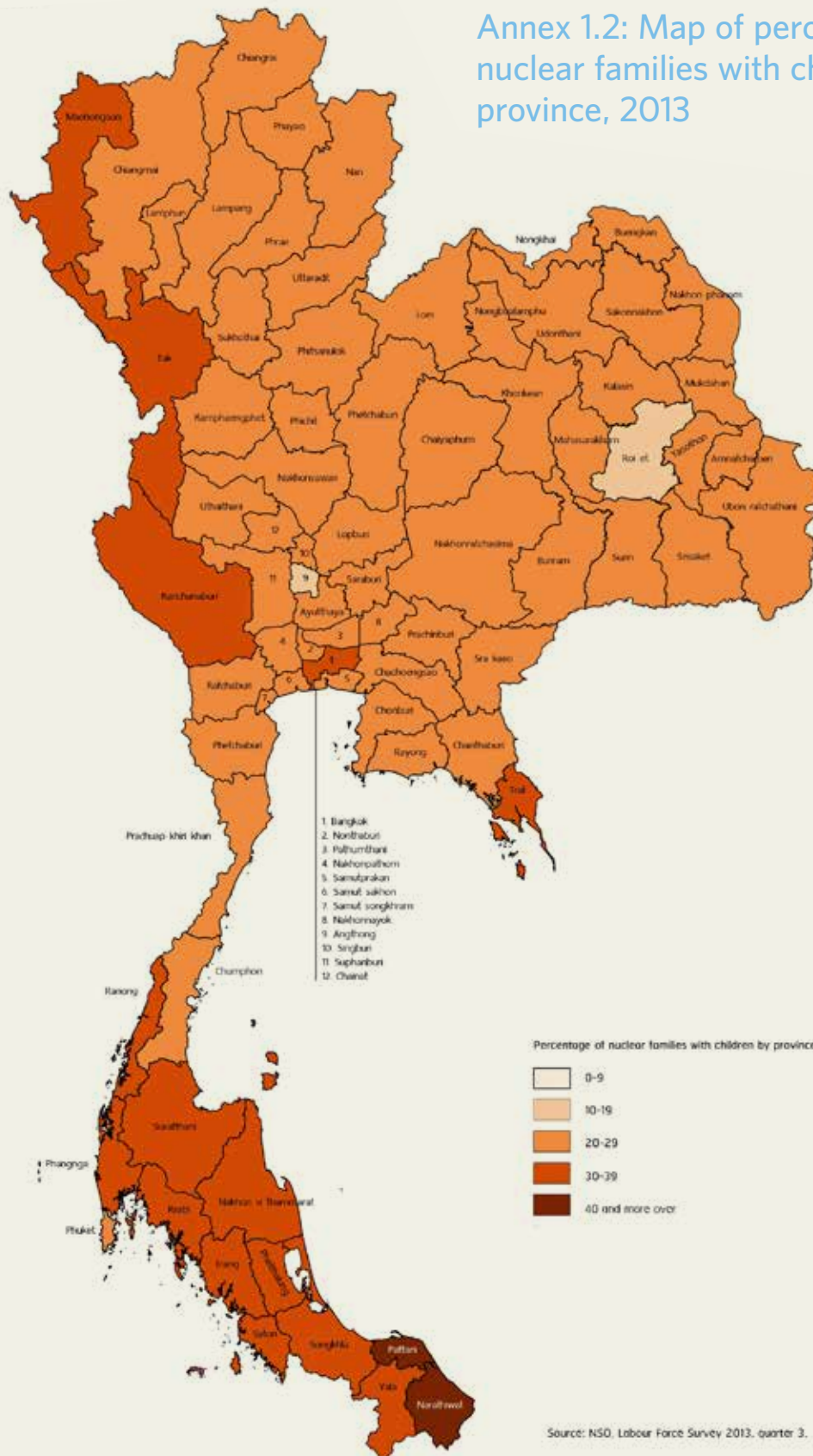


Annex

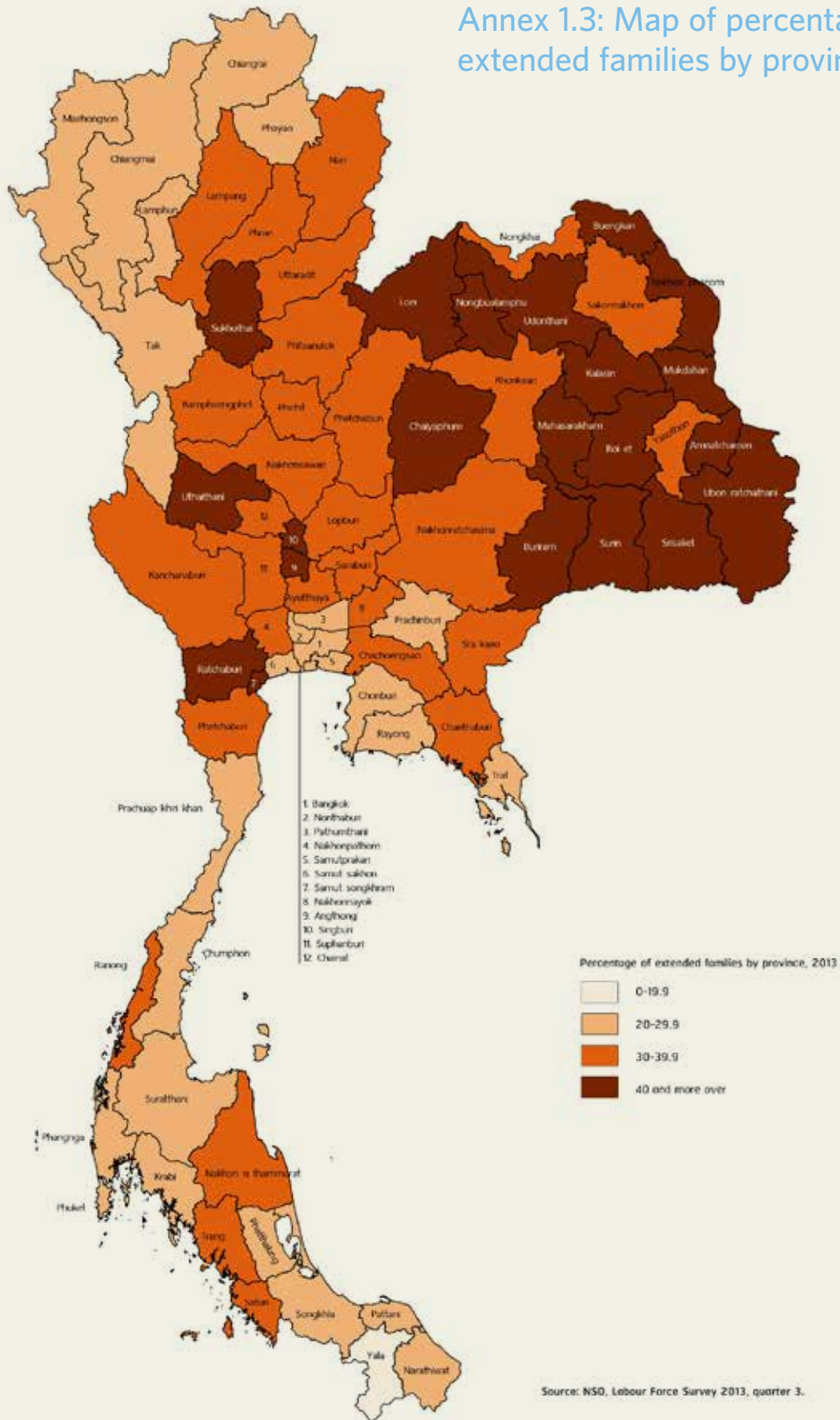
Annex 1.1: Map of percentage of nuclear families without children by province, 2013



Annex 1.2: Map of percentage of nuclear families with children by province, 2013

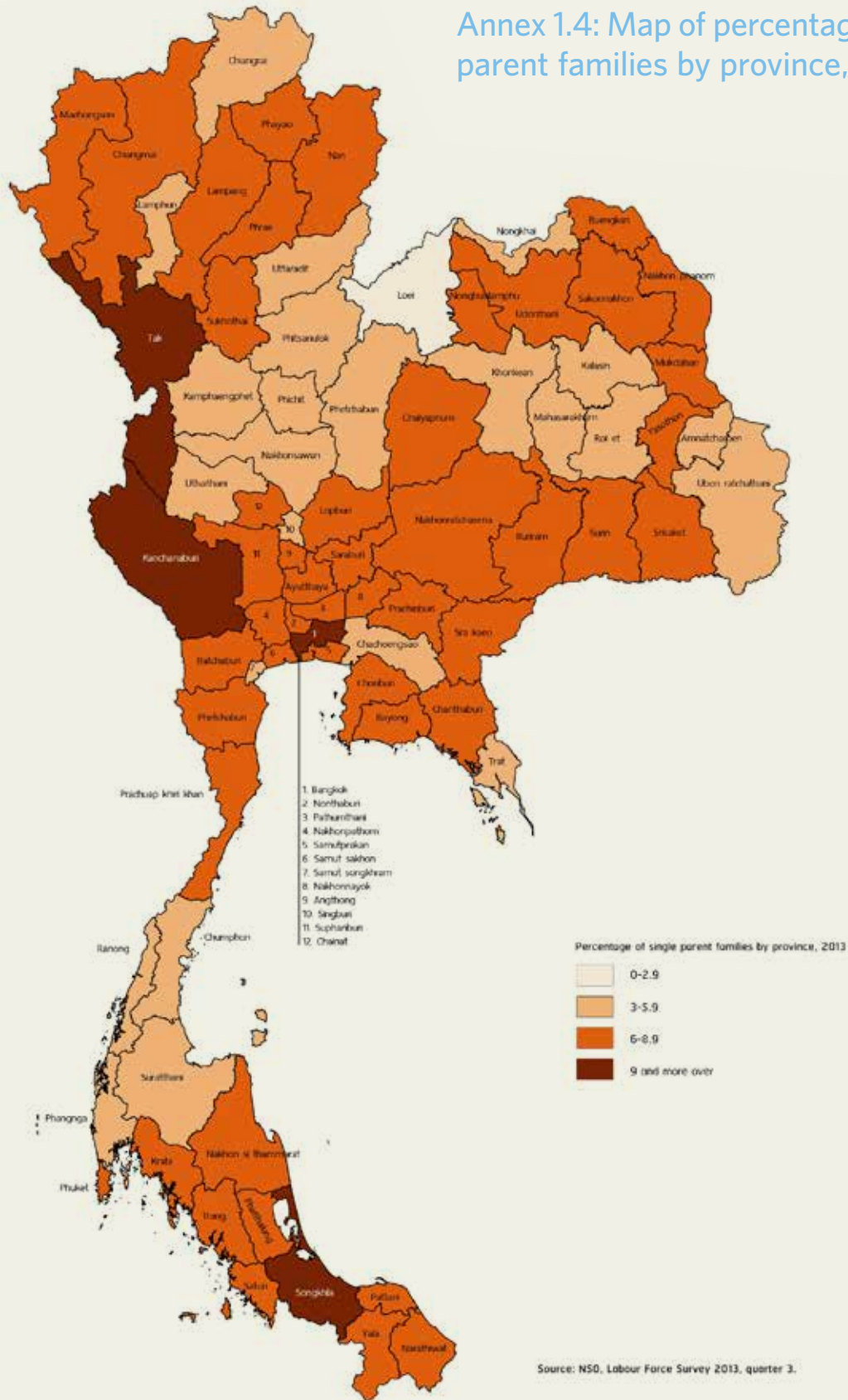


Annex 1.3: Map of percentage of extended families by province, 2013



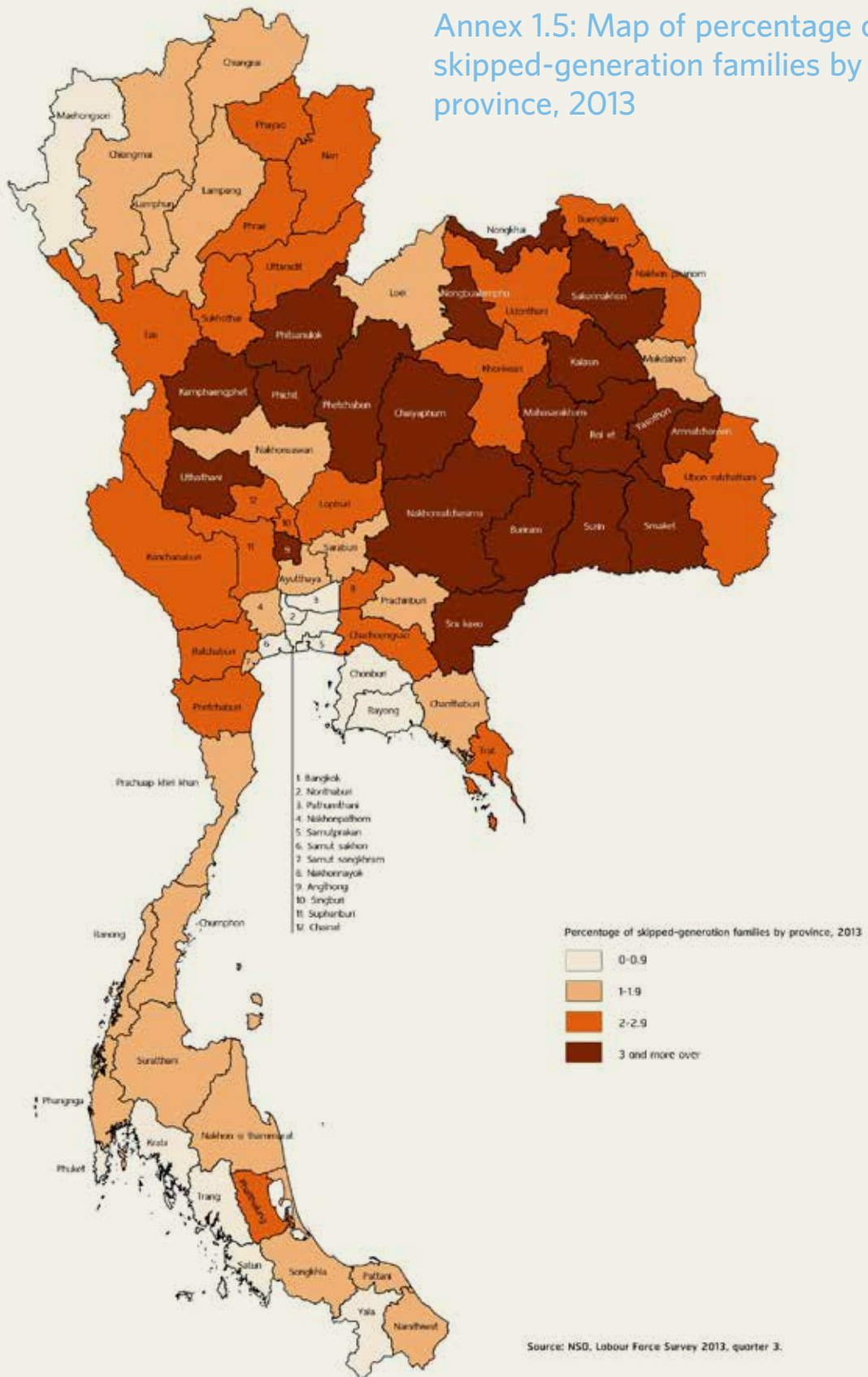
Source: NSO, Labour Force Survey 2013, quarter 3.

Annex 1.4: Map of percentage of single parent families by province, 2013

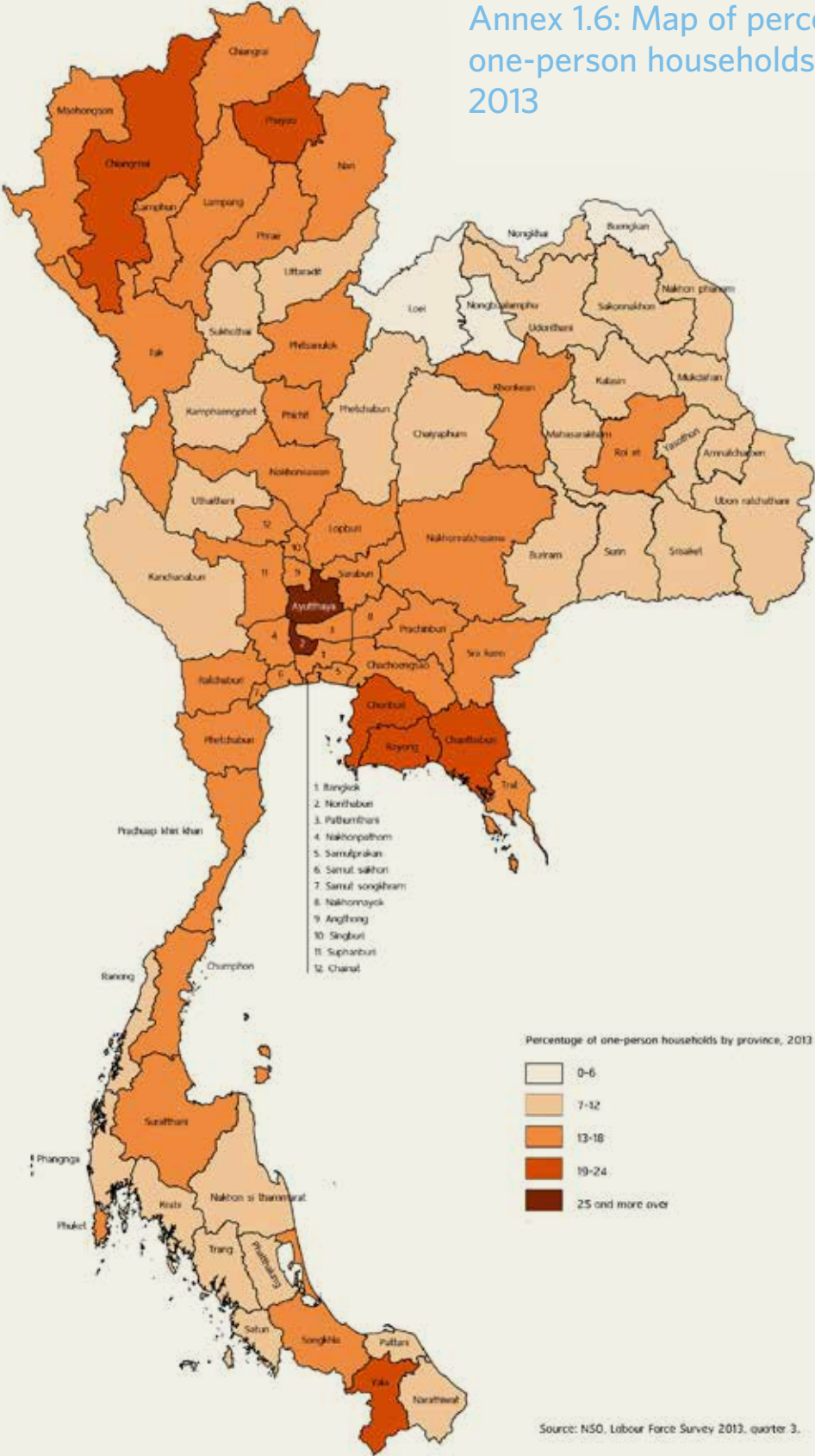


Source: NSO, Labour Force Survey 2013, quarter 3.

Annex 1.5: Map of percentage of skipped-generation families by province, 2013

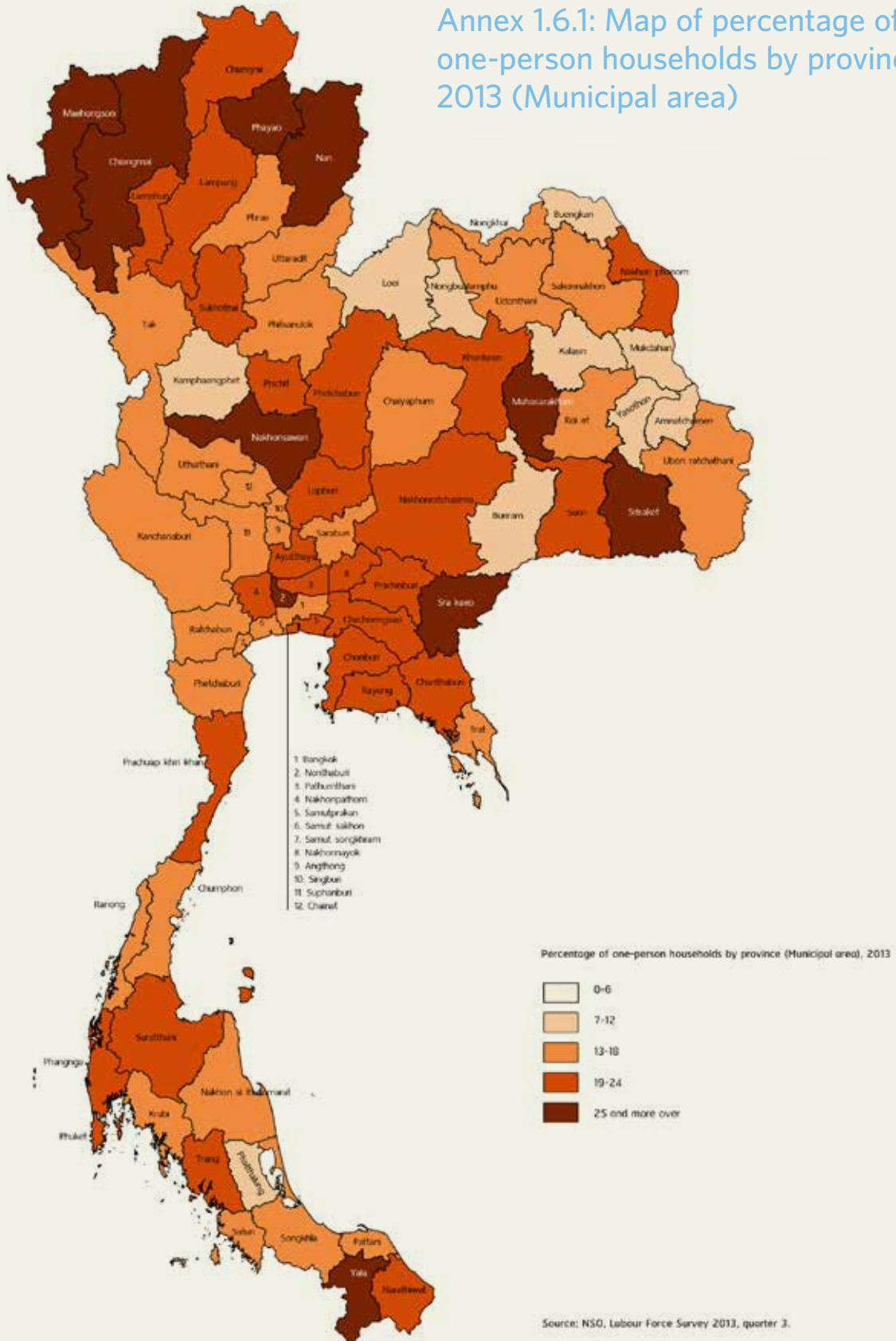


Annex 1.6: Map of percentage of one-person households by province, 2013

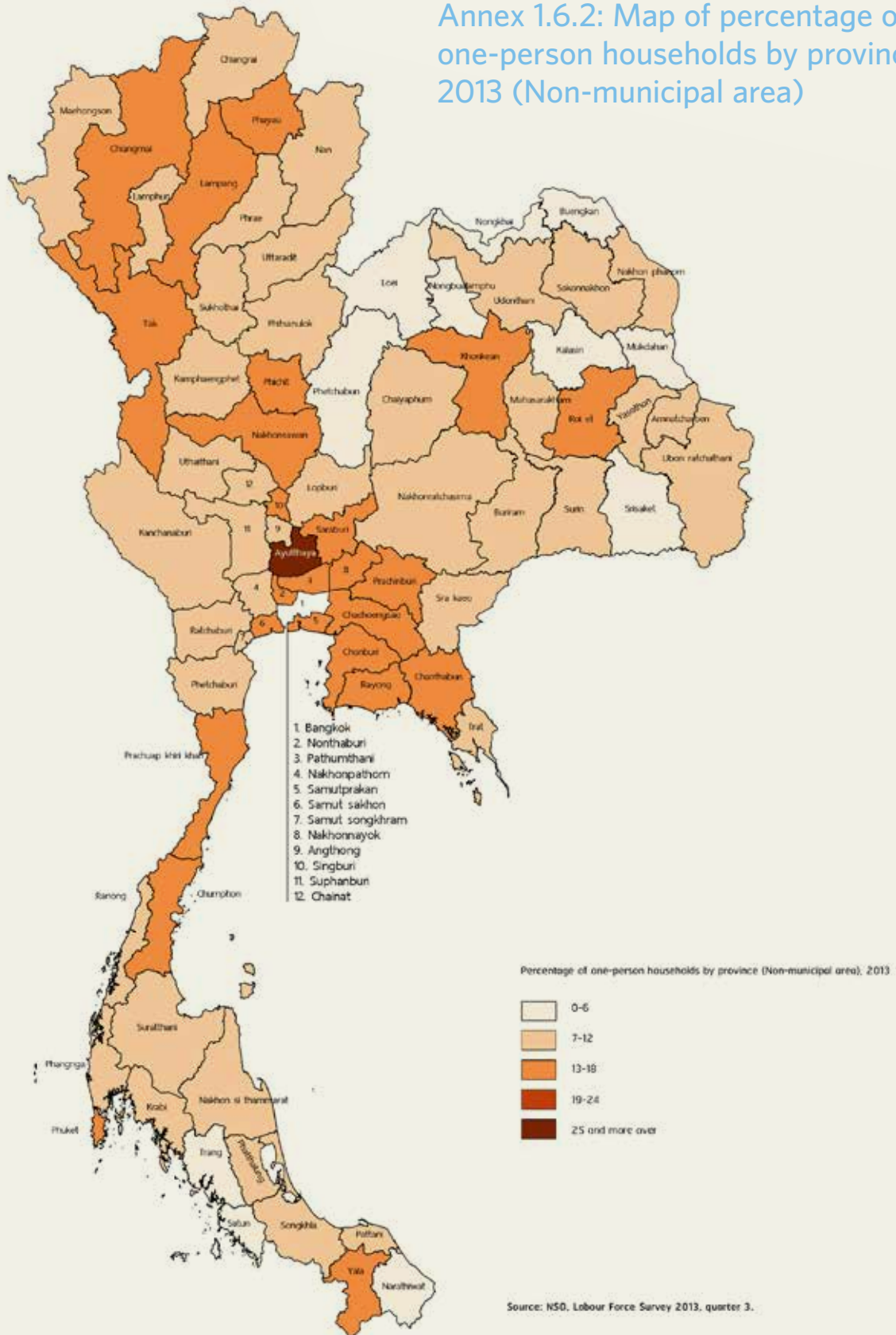


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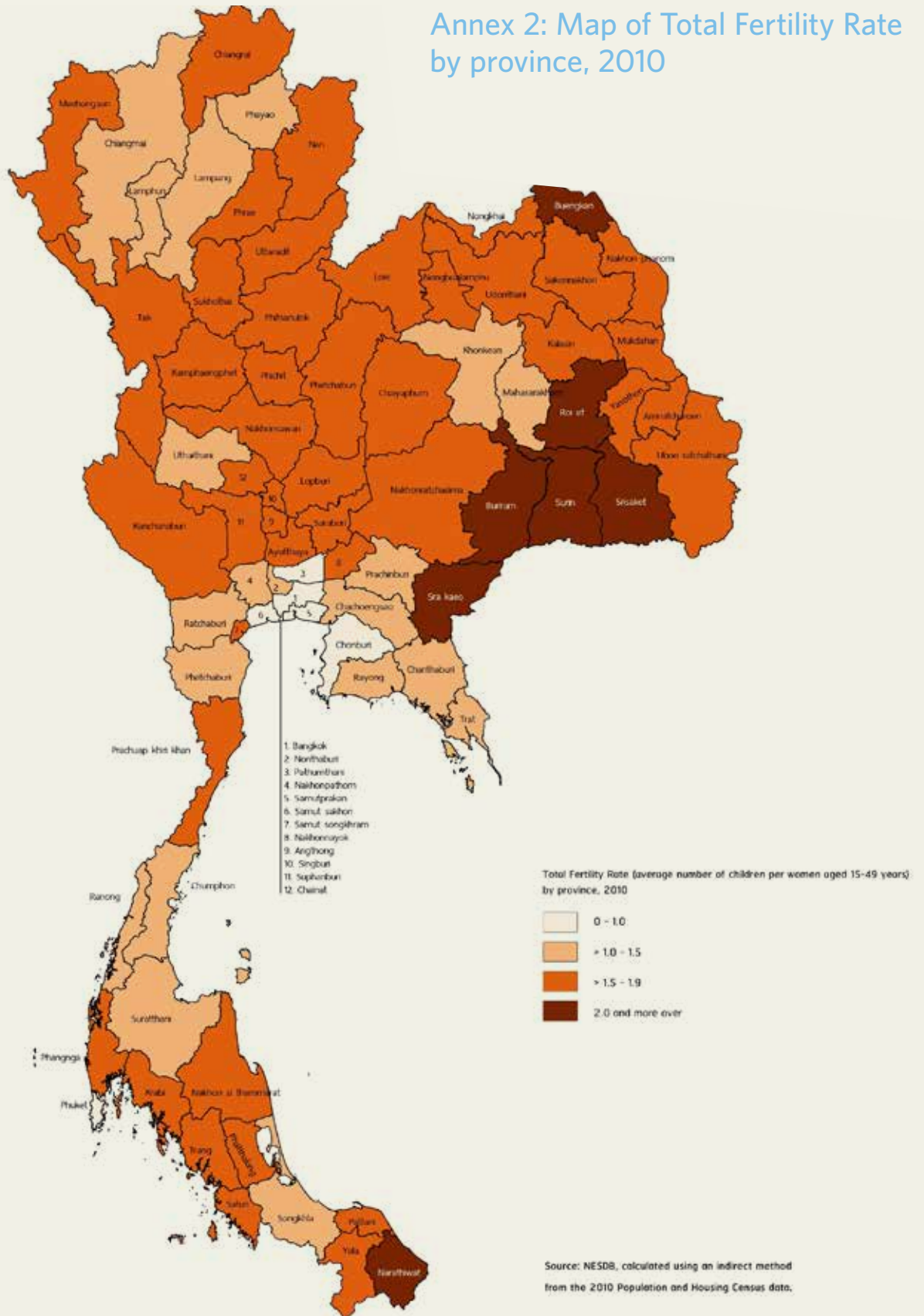
Annex 1.6.1: Map of percentage of one-person households by province, 2013 (Municipal area)



Annex 1.6.2: Map of percentage of one-person households by province, 2013 (Non-municipal area)



Annex 2: Map of Total Fertility Rate by province, 2010



Annex 3: Percentage of household types by province, 2013

Source: NSO, Labour Force Survey 2013, quarter 3.

Province	Municipal and non-municipal areas							Total
	One-Person Households	Non-Related Households	Nuclear Families without Children	Nuclear Families with Children	Single Parent Families	Skipped-Generation Families	Extended Families	
Bangkok Metropolis	14.7	0.8	14.9	30.3	9.7	0.5	29.1	100.0
Samut Prakan	18.2	0.5	24.8	28.2	6.5	0.8	21.0	100.0
Nonthaburi	26.5	1.0	16.5	27.1	7.3	0.6	21.0	100.0
Pathum Thani	18.3	0.7	18.4	25.5	8.1	0.8	28.1	100.0
Phra Nakhon Si Ayutthaya	25.7	0.1	13.5	21.4	6.5	1.3	31.5	100.0
Ang Thong	13.2	0.1	14.1	19.6	8.3	3.1	41.6	100.0
Lop Buri	13.9	0.4	18.7	24.4	7.7	2.7	32.3	100.0
Sing Buri	14.4	0.2	12.0	20.6	5.7	2.4	44.7	100.0
Chai Nat	13.1	0.0	14.0	24.6	8.2	2.7	37.4	100.0
Saraburi	15.3	0.2	13.9	23.7	8.9	1.7	36.4	100.0
Chon Buri	20.2	1.7	18.5	24.2	8.3	0.6	26.5	100.0
Rayong	19.3	1.4	20.7	21.9	7.9	0.9	27.8	100.0
Chanthaburi	19.1	1.0	16.7	23.7	6.8	1.8	30.8	100.0
Trat	13.3	0.5	17.8	30.5	5.6	2.9	29.3	100.0
Chachoengsao	16.2	0.3	17.5	23.4	5.7	2.2	34.6	100.0
Prachin Buri	17.2	0.6	20.2	24.2	6.2	1.9	29.7	100.0
Nakhon Nayok	17.4	0.0	17.1	25.5	7.2	2.5	30.3	100.0
Sa Kaeo	13.3	0.2	15.2	29.4	7.5	3.3	31.2	100.0
Nakhon Ratchasima	13.6	0.0	13.7	25.4	6.3	3.5	37.5	100.0
Buri Ram	9.9	1.8	13.9	22.6	7.8	3.0	41.1	100.0
Surin	11.2	2.6	13.5	22.1	6.4	4.1	40.1	100.0
Si Sa Ket	8.6	0.2	16.4	22.3	6.3	3.8	42.4	100.0
Ubon Ratchathani	8.7	0.3	11.9	27.6	4.8	2.0	44.6	100.0
Yasothon	10.5	0.0	15.6	25.2	6.0	3.9	38.8	100.0
Chaiyaphum	8.8	0.1	16.0	23.2	7.0	3.8	41.2	100.0
Amnat Charoen	8.2	0.1	14.9	23.6	5.5	3.7	43.9	100.0
Bueng Kan	5.1	0.1	13.6	26.1	7.7	2.4	44.9	100.0
Nong Bua Lam Phu	6.5	0.0	15.1	23.1	8.6	4.1	42.5	100.0
Khon Kaen	17.0	1.0	14.7	20.9	5.6	2.4	38.4	100.0
Udon Thani	10.5	0.1	12.2	24.1	8.4	2.9	41.8	100.0
Loei	5.5	0.0	15.8	24.8	2.9	1.2	49.8	100.0
Nong Khai	8.3	1.2	16.7	27.4	4.2	3.3	38.9	100.0
Maha Sarakham	10.1	0.5	16.5	23.8	3.4	3.6	42.1	100.0
Roi Et	14.9	0.0	16.8	19.2	4.8	4.0	40.4	100.0
Kalasin	7.4	0.0	15.9	24.9	4.7	3.5	43.6	100.0
Sakon Nakhon	12.2	0.1	14.5	28.9	7.7	3.5	33.2	100.0
Nakhon Phanom	8.9	0.2	13.3	26.9	8.2	2.2	40.3	100.0
Mukdahan	7.6	0.3	14.3	26.9	6.1	1.9	42.8	100.0
Chiang Mai	20.5	0.6	18.7	25.4	7.0	1.8	25.9	100.0
Lamphun	15.6	0.4	24.5	25.3	5.1	1.3	27.9	100.0
Lampang	16.3	0.0	21.4	20.7	6.9	1.2	33.4	100.0
Uttaradit	11.8	0.3	15.8	25.3	5.7	2.7	38.5	100.0
Phrae	13.9	0.7	21.0	22.0	6.1	2.0	34.4	100.0
Nan	13.2	0.5	18.6	25.1	7.5	2.5	32.8	100.0
Phayao	20.3	0.2	25.1	21.1	6.7	2.2	24.5	100.0
Chiang Rai	14.9	0.1	28.1	22.6	5.9	1.4	27.0	100.0
Mae Hong Son	13.4	0.5	15.7	38.6	6.7	0.8	24.4	100.0
Nakhon Sawan	16.6	1.0	18.0	21.7	5.6	1.5	35.6	100.0
Uthai Thani	10.0	0.2	15.5	23.9	5.3	3.2	41.7	100.0
Kamphaeng Phet	9.3	1.1	16.7	26.2	5.1	3.7	38.0	100.0
Tak	14.3	0.3	12.5	31.8	9.4	2.9	28.8	100.0
Sukhothai	10.6	0.4	17.7	20.3	8.6	2.5	40.0	100.0
Phitsanulok	13.8	0.5	14.2	23.4	5.5	3.3	39.3	100.0
Phichit	14.8	0.0	16.3	21.9	4.1	3.9	39.0	100.0
Phetchabun	9.2	0.4	18.8	23.7	4.1	4.1	39.7	100.0
Ratchaburi	14.4	0.1	12.6	21.8	8.4	2.3	40.4	100.0
Kanchanaburi	12.6	0.1	12.7	30.0	10.3	2.2	32.0	100.0
Suphan Buri	14.0	0.5	17.1	23.7	6.9	2.4	35.3	100.0
Nakhon Pathom	16.3	0.6	15.4	25.5	7.6	1.8	32.8	100.0
Samut Sakhon	15.1	2.0	25.9	24.5	6.0	0.7	25.9	100.0
Samut Songkhram	13.6	0.1	16.9	21.7	5.4	1.6	40.7	100.0
Phetchaburi	13.7	1.2	13.2	23.5	8.4	2.3	37.8	100.0
Prachuap Khiri Khan	16.6	0.6	15.7	27.1	8.3	1.8	29.9	100.0
Nakhon Si Thammarat	10.7	0.1	13.1	35.0	7.5	1.8	31.8	100.0
Krabi	9.0	0.1	15.8	36.9	7.3	0.9	29.9	100.0
Phangnga	12.6	0.2	17.3	34.2	5.3	1.1	29.1	100.0
Phuket	18.5	3.4	14.1	29.9	6.4	0.7	27.1	100.0
Surat Thani	14.5	1.1	20.1	33.9	5.4	1.3	23.8	100.0
Ranong	11.2	1.0	17.1	33.5	4.0	1.6	31.6	100.0
Chumphon	15.1	1.1	21.6	28.7	5.5	1.0	27.1	100.0
Songkhla	14.1	1.7	14.0	33.8	9.3	1.0	26.1	100.0
Satun	8.4	0.3	11.6	39.7	8.3	0.9	30.7	100.0
Trang	9.2	0.0	14.0	36.0	6.9	0.6	33.3	100.0
Phatthalung	10.7	0.1	20.0	35.2	6.9	2.2	25.0	100.0
Pattani	10.5	0.1	11.4	40.7	8.2	1.7	27.3	100.0
Yala	20.6	2.0	13.7	39.9	7.8	0.2	15.9	100.0
Narathiwat	9.9	0.2	8.8	43.5	8.7	1.2	27.7	100.0
Total	13.9	0.6	16.2	26.6	7.1	2.1	33.6	100.0

Annex 4: Total Fertility Rate (average number of children per women aged 15-49 years) by province, 2010

Source: NESDB, calculated using an indirect method from the 2010 Population and Housing Census data.

Province	Total Fertility Rate
Bangkok Metropolis	0.89
Samut Prakan	0.86
Nonthaburi	1.03
Pathum Thani	0.78
Phra Nakhon Si Ayutthaya	1.54
Ang Thong	1.64
Lop Buri	1.66
Sing Buri	1.71
Chai Nat	1.63
Saraburi	1.87
Chon Buri	0.60
Rayong	1.23
Chanthaburi	1.40
Trat	1.42
Chachoengsao	1.34
Prachin Buri	1.48
Nakhon Nayok	1.67
Sa Kaeo	2.16
Nakhon Ratchasima	1.65
Buri Ram	2.07
Surin	2.26
Si Sa Ket	2.09
Ubon Ratchathani	1.65
Yasothon	1.88
Chaiyaphum	1.88
Amnat Charoen	1.86
Bueng Kan	2.06


Province	Total Fertility Rate	Province	Total Fertility Rate
Nong Bua Lam Phu	1.95	Phetchabun	1.90
Khon Kaen	1.47	Ratchaburi	1.37
Udon Thani	1.56	Kanchanaburi	1.81
Loei	1.60	Suphan Buri	1.72
Nong Khai	1.65	Nakhon Pathom	1.04
Maha Sarakham	1.50	Samut Sakhon	0.28
Roi Et	2.06	Samut Songkhram	1.58
Kalasin	1.73	Phetchaburi	1.37
Sakon Nakhon	1.66	Prachuap Khiri Khan	1.52
Nakhon Phanom	1.94	Nakhon Si Thammarat	1.78
Mukdahan	1.63	Krabi	1.68
Chiang Mai	1.22	Phangnga	1.70
Lamphun	1.26	Phuket	0.88
Lampang	1.45	Surat Thani	1.30
Uttaradit	1.80	Ranong	1.29
Phrae	1.66	Chumphon	1.40
Nan	1.77	Songkhla	1.47
Phayao	1.45	Satun	1.92
Chiang Rai	1.59	Trang	1.53
Mae Hong Son	1.66	Phatthalung	1.82
Nakhon Sawan	1.69	Pattani	1.80
Uthai Thani	1.31	Yala	1.84
Kamphaeng Phet	1.86	Narathiwat	2.00
Tak	1.94		
Sukhothai	1.83		
Phitsanulok	1.70		
Phichit	1.98		




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