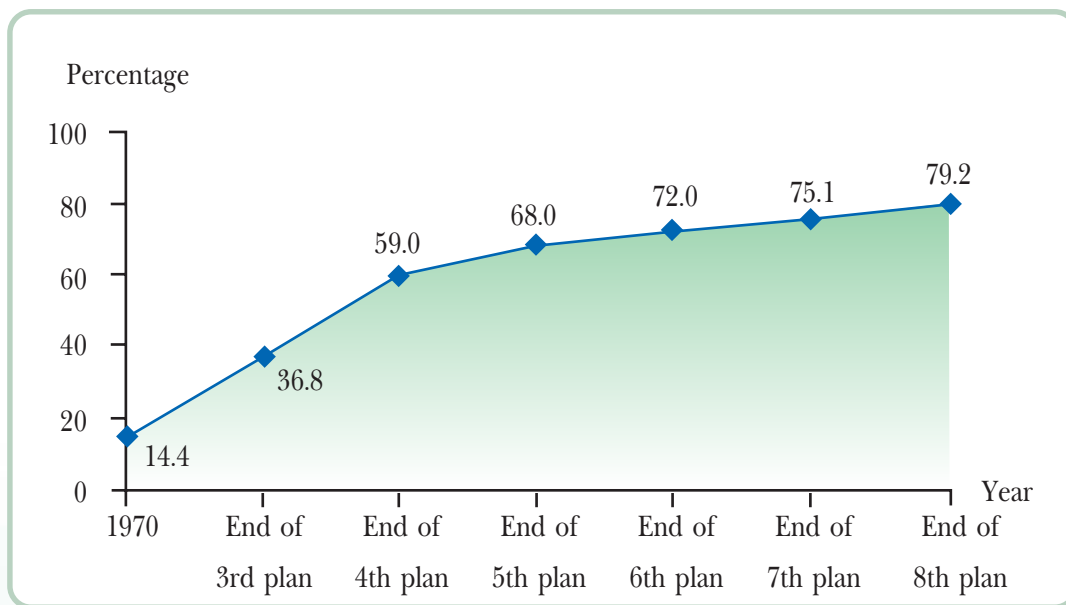


3. Situations and Trends of Population, Family and Migration

3.1 Population Structure

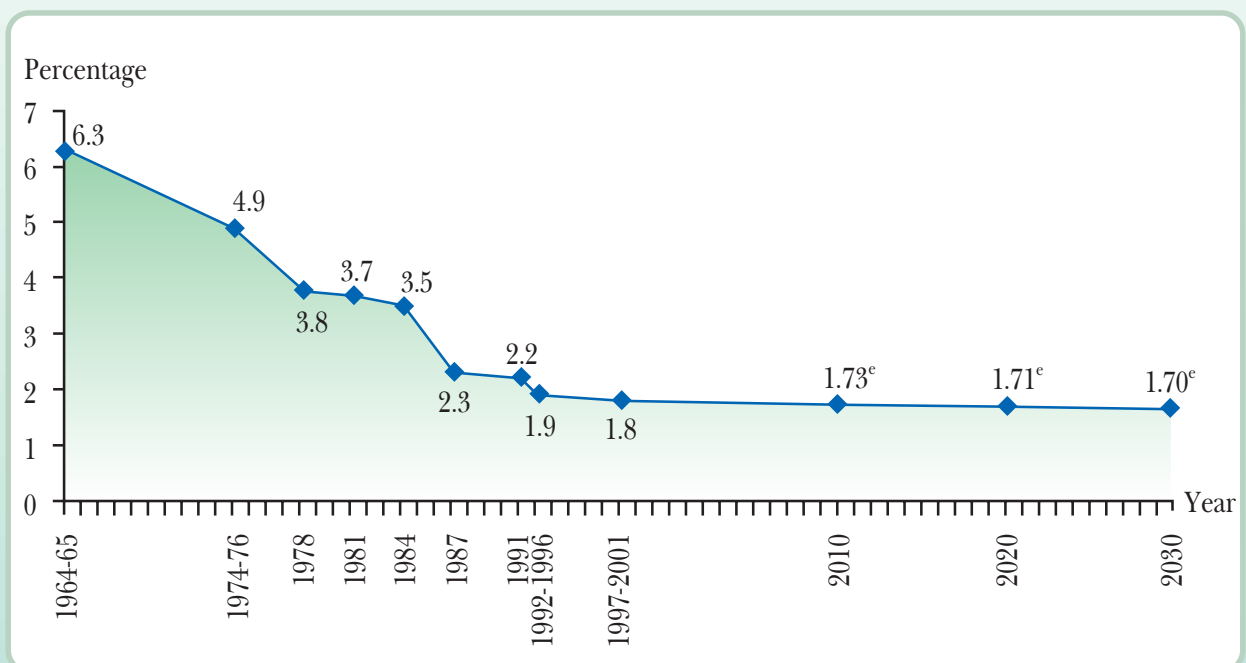
The success in Thailand's family planning campaigns has led to an increase in the contraceptive prevalence rate from 14.4% in 1970 to 79.2% in 2001 (Figure 4.17), resulting in a drastic reduction in the total fertility rate (Figure 4.18). And as a result, the population growth has continuously dropped from 3.2% prior to 1970 to 0.8% in 2001. It has been projected to keep on declining to 0.53% in 2020 (Figure 4.19). The decrease in population growth rate has affected the quantity and age structure of the population. Thailand will have a population of 72.3 million in 2025 (Figure 4.20), while the proportion of children aged 0-14 tends to drop whereas the working-age and elderly proportions are likely to escalate (Figure 4.21). This describes the phenomenon of declining dependency ratio for children but rising for the elderly. Though the overall dependency ratio keeps falling until 2010, it will rise again due to a greater proportion of the elderly (Figure 4.22). This will result in a change in Thailand's Population Pyramid from wide-base to narrow-base, similar to those in developed countries (Figure 4.23).

Figure 4.17 Contraceptive Prevalence Rate for Thailand Since the Beginning of the Family Planning Programme Until 2001



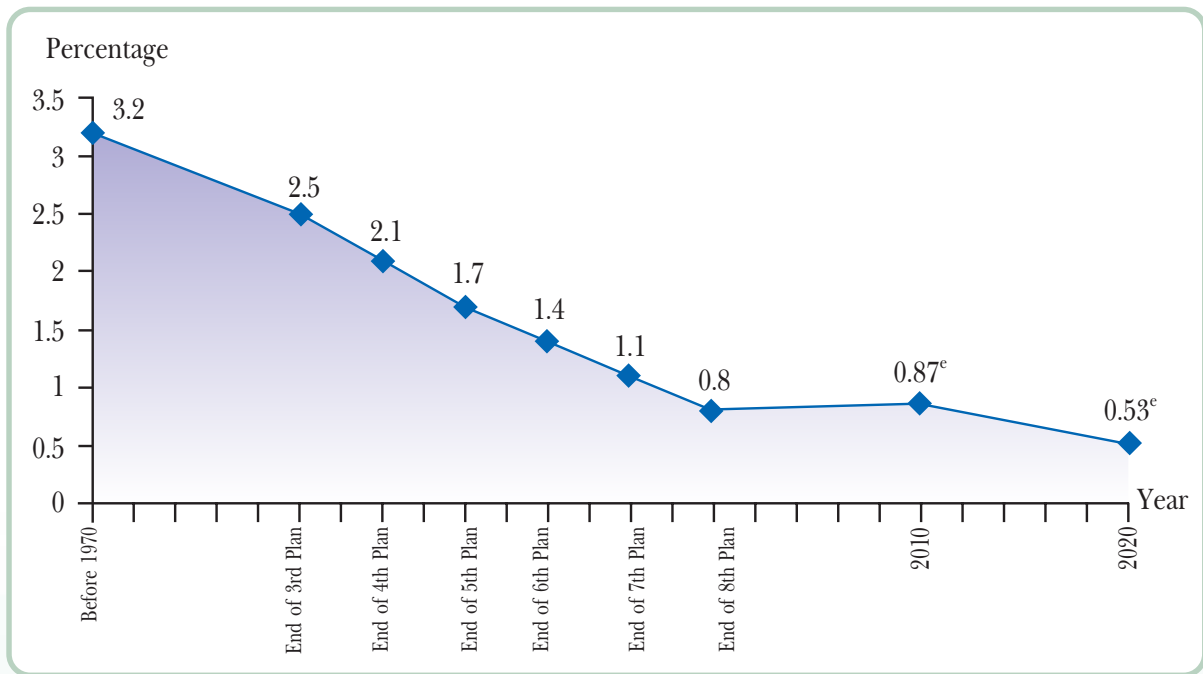
Source: Bureau of Health Promotion, Department of Health.

Figure 4.18 Total Fertility Rate for Thailand and Projections, 1964-2030



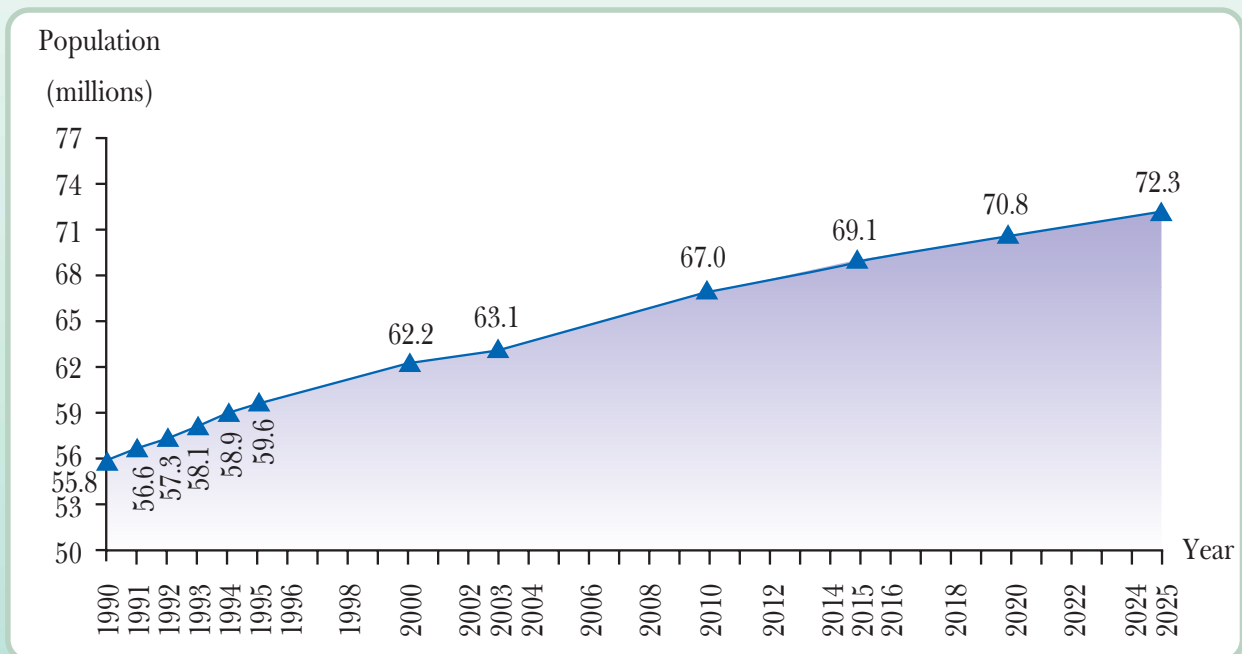
Source: Institute of Population and Social Research, Mahidol University.

Figure 4.19 Population Growth Rate and Projection, Thailand, 1970-2020



Sources: (1) Data before 1970 were derived from Niphon Debavalya, Before Getting the 1970 Population Policy.
 (2) Data for end of the 3rd-8th Plans were derived from the Department of Health, MoPH.
 (3) Data for 2010-2020 were derived from Population Projections, Thailand, 1990-2020, NESDB.

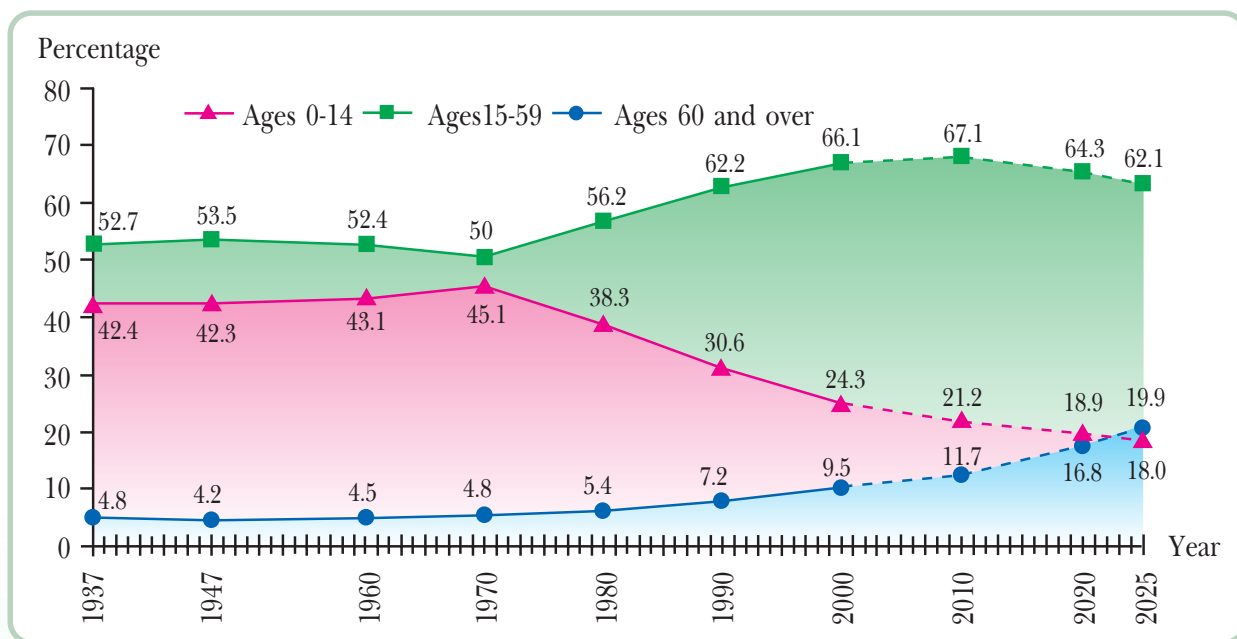
Figure 4.20 Projection of Population Thailand, 1990-2025



Source: Population Projections, Thailand, 2000-2025, NESDB.

Note: For 2003, data were derived from the Bureau of Registration Administration, Ministry of Interior.

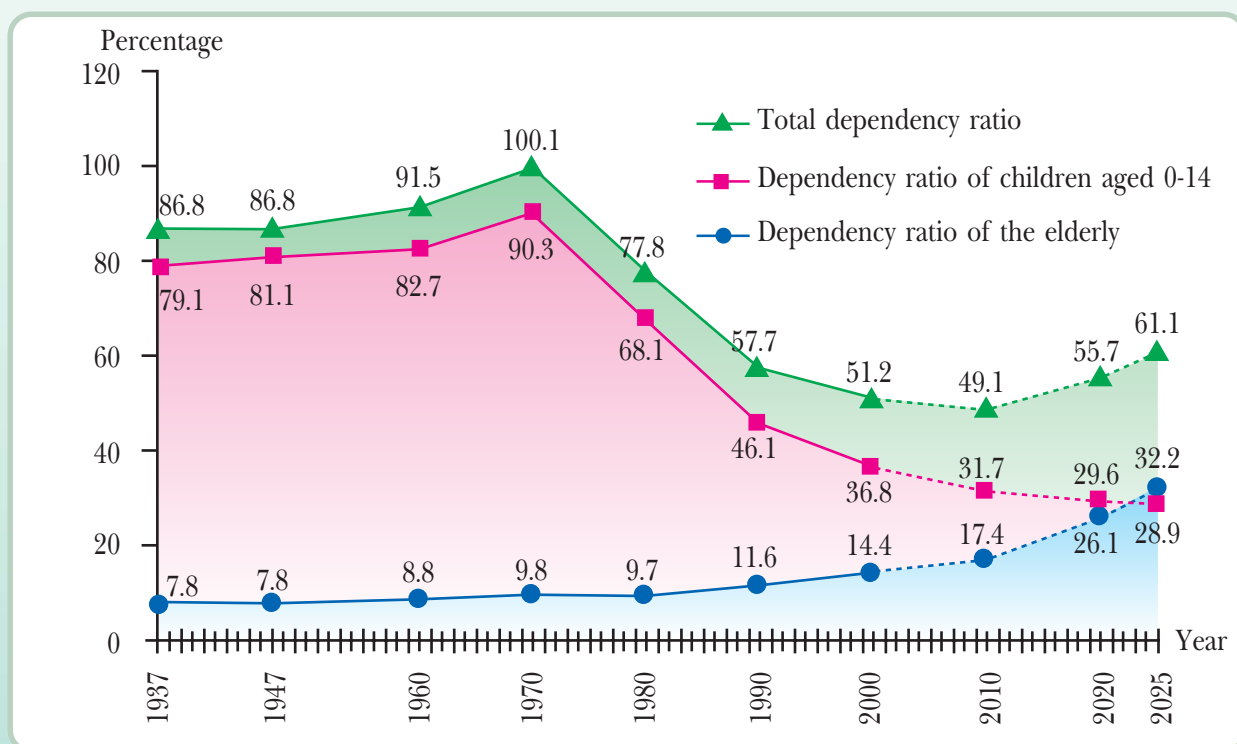
Figure 4.21 Proportion of Population by Major Age Group, 1937-2025



Sources: (1) Data for 1937, 1947, 1960, 1970, 1980, 1990 and 2000 were derived from the Population and Housing Censuses. National Statistical Office.

(2) Data for 2010, 2020 and 2025 were derived from Population Projections, Thailand, 2000-2025. NESDB.

Figure 4.22 Population Dependency Ratio, 1937-2025



Sources: (1) Data for 1937, 1947, 1960, 1970, 1980 and 1990 were derived from the Population and Housing Censuses. National Statistical Office.

(2) Data for 2010-2025 were derived from Population Projections, Thailand, 2000-2025. NESDB.

Figure 4.23 Population Pyramids of Thailand in 1960, 1990, 2000, 2010, 2020, and 2025 Compared to Those in 1999 for Sweden, Denmark and Japan

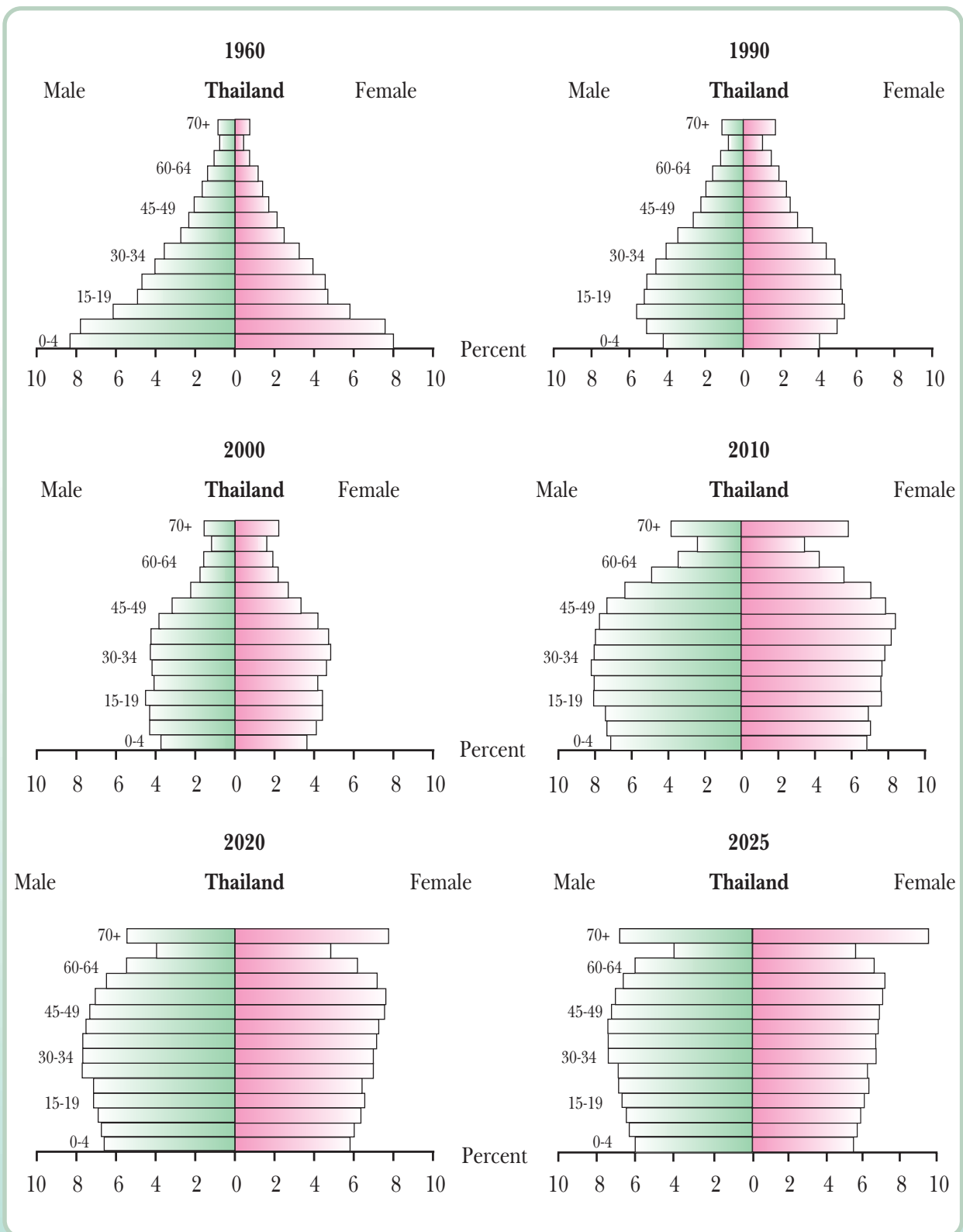
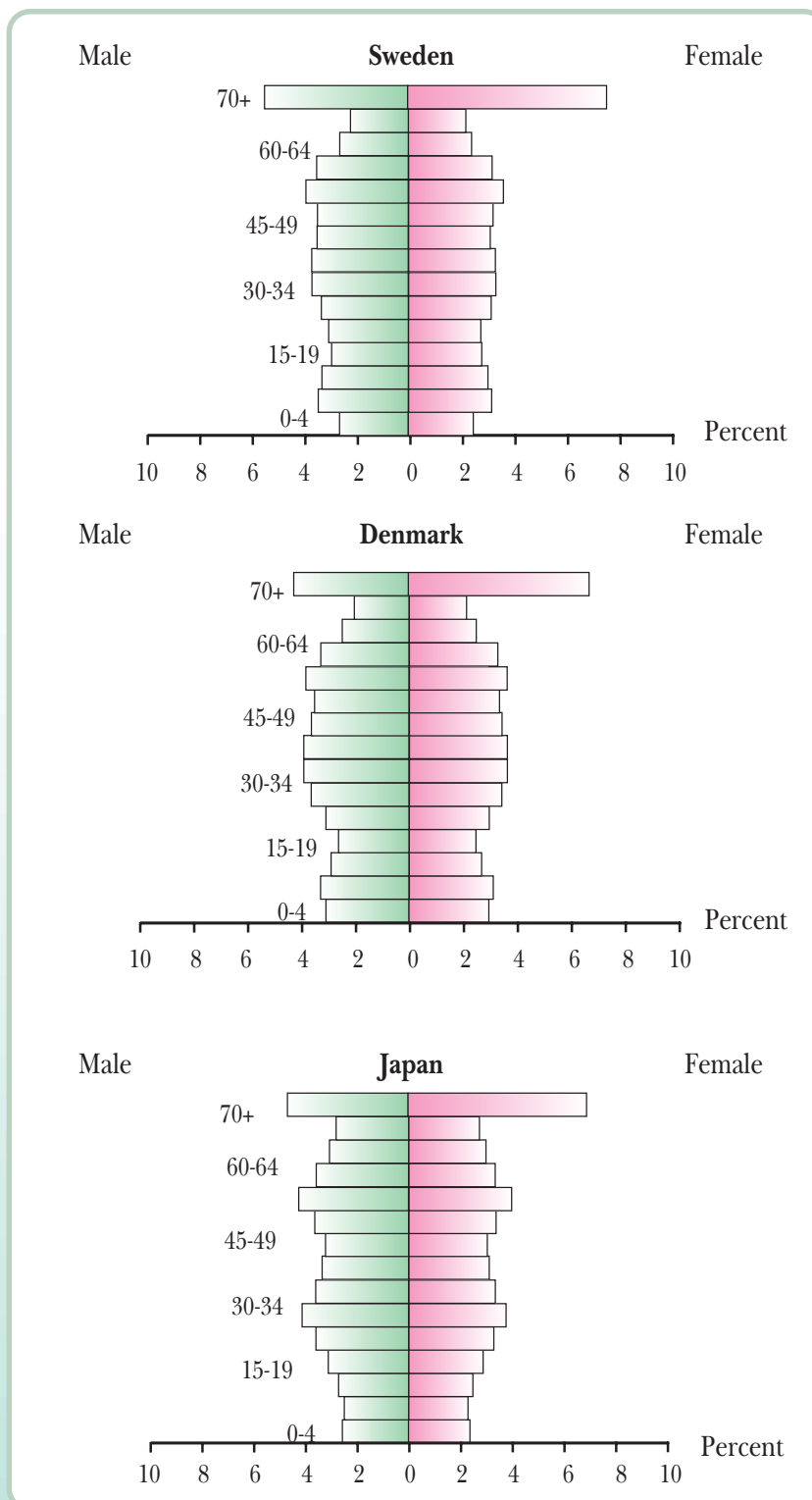


Figure 4.23 Population Pyramids of Thailand in 1960, 1990, 2000, 2010, 2020, and 2025 Compared to Those in 1999 for Sweden, Denmark and Japan (Cont'd)

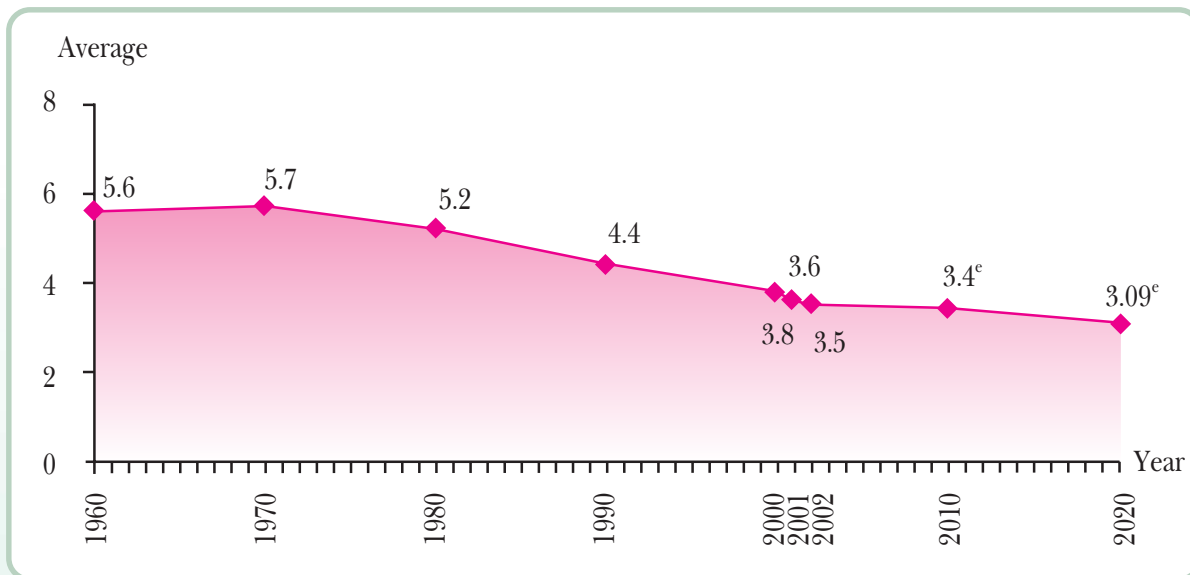


Sources: (1) Data for 1960, 1990 and 2000 were derived from the Population and Housing Censuses. National Statistical Office.
 (2) Data for 2010, 2020 and 2025 were derived from the Projection of Thai Population, 2000-2025, NESDB.
 (3) United Nations (1999). World Population Prospects: 1998 Revision, Volume II: Sex and Age.

3.2 Family Structure and Relationship

The family structure has become complex in various forms with a tendency to change from an extended family to a nucleus family. The average family size has dropped to 3.5 persons in 2002 and is expected to drop further to 3.09 persons in 2020 (Figure 4.24). Beginning to appear are one-person households and those with one household head living with a single offspring; the proportion rising from 16.1% in 1996 to 26.1% in 2002 (Household Socio-Economic Survey, National Statistical Office).

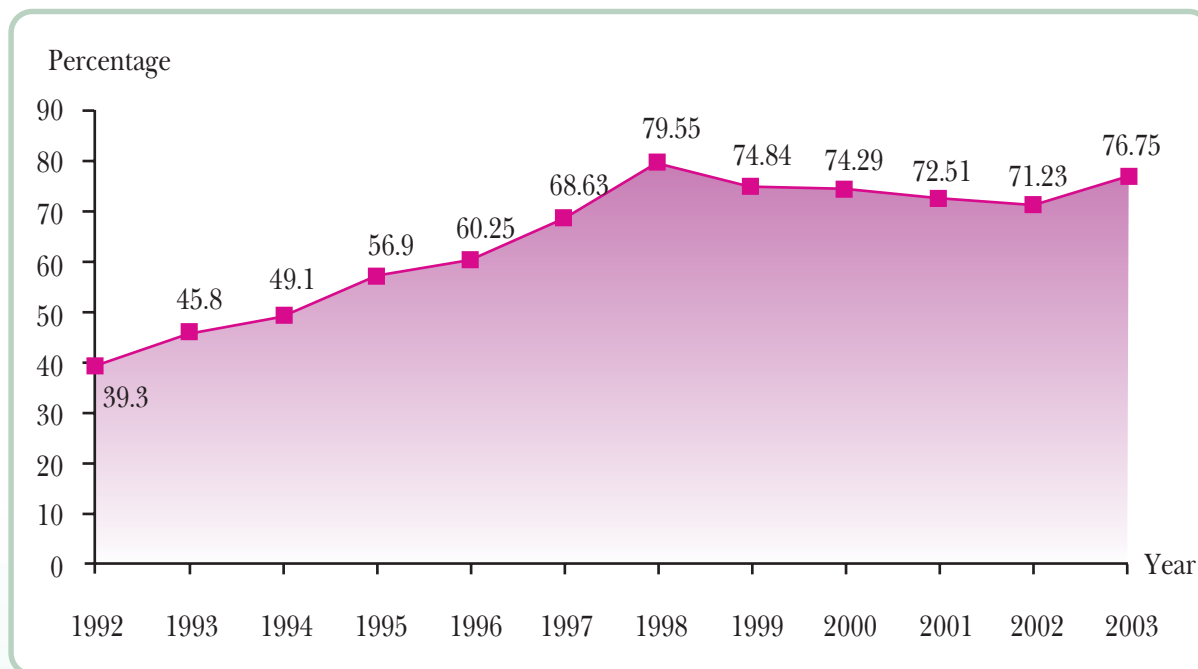
Figure 4.24 Average Family Size and Projections, Thailand, 1960-2020



Sources: (1) For 1960-2000, Population and Housing Censuses. National Statistical Office.
 (2) For 2001-2002, Household Socio-Economic Surveys. National Statistical Office.
 (3) For 2010-2020, Reports on Trends in Thailand's Economic and Social Status. Thailand Development Research Institute.

The national development under the capitalist economy focussing on industrial development as well as materialistic development and competition has changed the Thai family livelihood. More and more women have to work outside the home to financially support the family, resulting in family members having less time for talking and helping each other. Thus, the family relationship has become weakened as evidenced by the higher rate of divorces, in relation to new marriages, rising from 10.5% in 1994 to 24.6% in 2003. It is noteworthy that even though the population is growing, the number of marriages each year has fallen to 328,356 couples in 2003 (Bureau of Registration Administration, Ministry of Interior). This is due to rising numbers of delayed marriages and cohabitation without wedding registration. Besides, child-rearing patterns have also changed; more pre-school-age children are raised outside the family. A study conducted by NSO in 2002 revealed that as high as 53.3% of children aged 3-5 years were looked after at nurseries, day-care centres, or schools and only 28.6% of them were raised by their own parents. This is consistent with the rising rate of 3-5-year-olds attending pre-elementary school from 39.3% in 1992 to 76.75% in 2003 (Figure 4.25).

Figure 4.25 Rate of Children Aged 3-5 Years Attending Pre-elementary School, 1992-2003



Source: Education Statistics in the Schooling System. Ministry of Education.

Such a change in the family structure and relationship has an impact on the Thai health system as follows:

3.2.1 More family violence deteriorating women and children’s physical and mental health status. As a lot of people cohabiting without any marriage registration or traditional wedding, they are not prepared to live a marriage life, lacking family-life and problem-solving skills. Whenever a problem arises, more people tend to end up with physical or mental assaults and sexual abuse. A survey on 2,408 women and children in Bangkok and its vicinity and in another 14 provinces across the country conducted by the Rajabhat Institute at Suan Dusit in 2002 revealed that among the women and children who were assaulted, 62.8% were inflicted by their own family members. Among women, 47.9% were sexually abused and 23.0% were mentally oppressed. For children, 36.1% were physically assaulted, 32.7% were sexually abused and 27.3% were forced to do hard work. Another study, conducted by the Institute of Population and Social Research of Mahidol University in 2000, on 2,816 women aged 15-49 years in Bangkok and a province (province B) in the upper part of the nation’s central region, revealed that 23% and 34% of women in Bangkok and province B, respectively, had ever been assaulted by their spouses. This has resulted in a poor physical and mental health condition and a high rate of women taking analgesics (Table 4.18).

Table 4.18 Percentage of Women with Health Problems When Assaulted, 2000

Health problem	Assaults, Bangkok		Assaults, Province B	
	Sexual or physical (percent)	Sexual and physical (percent)	Sexual or physical (percent)	Sexual and physical (percent)
1. Health problems during the past four weeks				
- Problem of walking	20	25	16	14
- Problem with daily routines	17	25	21	25
- Illness or uneasiness	25	29	27	31
- Problem with memory and concentration	32	35	30	36
2. Use of medication during the past four weeks				
- Sleeping pills	6	7	11	15
- Analgesics	35	49	52	63
3. Hospital care during the past year				
- Hospitalization	12	15	10	10

Source: Kritaya Archavanitkul et al. Report on Violence in Marriage Life and Women's Health. Institute of Population and Social Research, Mahidol University, 2003.

3.2.2 Lack of appropriate child-rearing practices leading to a rather low level of development and intelligence and health problems. This is because most parents have no time to closely look after their children; and they have to take children to the educational system with teachers taking care of them while parents are at work. Some have to leave their children at a child-care centre, which might be substandard; and some child caregivers have no spiritual linkages with the children, having an adverse effect on the level of development and intelligence of Thai children and youths. A cross-sectional study on 9,488 children aged 1-18 years in 2001, using a development screening test and an intelligence quotient test by age group, revealed that for children under 6 only 63% had normal and faster-than-normal development levels and most of children aged 6-18 had a rather low IQ (Table 4.19). This is why there are a lot of health problems such as homosexuality, HIV/AIDS, drug abuse in adolescents, and mental health. The 2002 report of the Department of Mental Health on mental health services for children aged 0-15 years revealed that 25,871 children/adolescents had mental health and psychiatric problems; among them, as high as 36.8% (9,523 cases) had a behavioural abnormality of mental development.

Table 4.19 Levels of Development and Intelligence of Thai Children and Youths, 2001

Development level		Intelligence quotient		
Level	Children aged 1-<6 yrs. (percent)	Level	Children aged 6-<13 yrs. (percent)	Children aged 13-18 yrs. (percent)
- Slower than normal	7.1	- Lower than normal	4.6	7.5
- Rather slow	29.9	- Rather low	62.9	58.7
- Normal	43.1	- Normal	28.3	27.2
- Rather fast	15.1	- Rather high	3.7	6.1
- Faster than normal	4.8	- Higher than normal	0.5	0.5

Source: Chanpen Choprapawon. Prospective Cohort Study in Thai Children Project. A document distributed in the 10th Anniversary Exhibition of the Thai Research Fund, 2003

Note: Figures were estimated using the weighting technique based on the population of each region.

3.2.3 More children and elders are abandoned.

Due to a lack of family warmth and a rising rate of divorces as well as an economic hardship, more children and elderly people are abandoned, particularly during the 1998-1999 economic crisis and even during the post-crisis period, there has been no declining trend (Table 4.20). In actuality, there have been more and period, there has been more children and elders abandoned as evidenced by the rising numbers of street children and orphans.

Table 4.20 Numbers and Proportions of Abandoned Children and Elders, 1993-2003

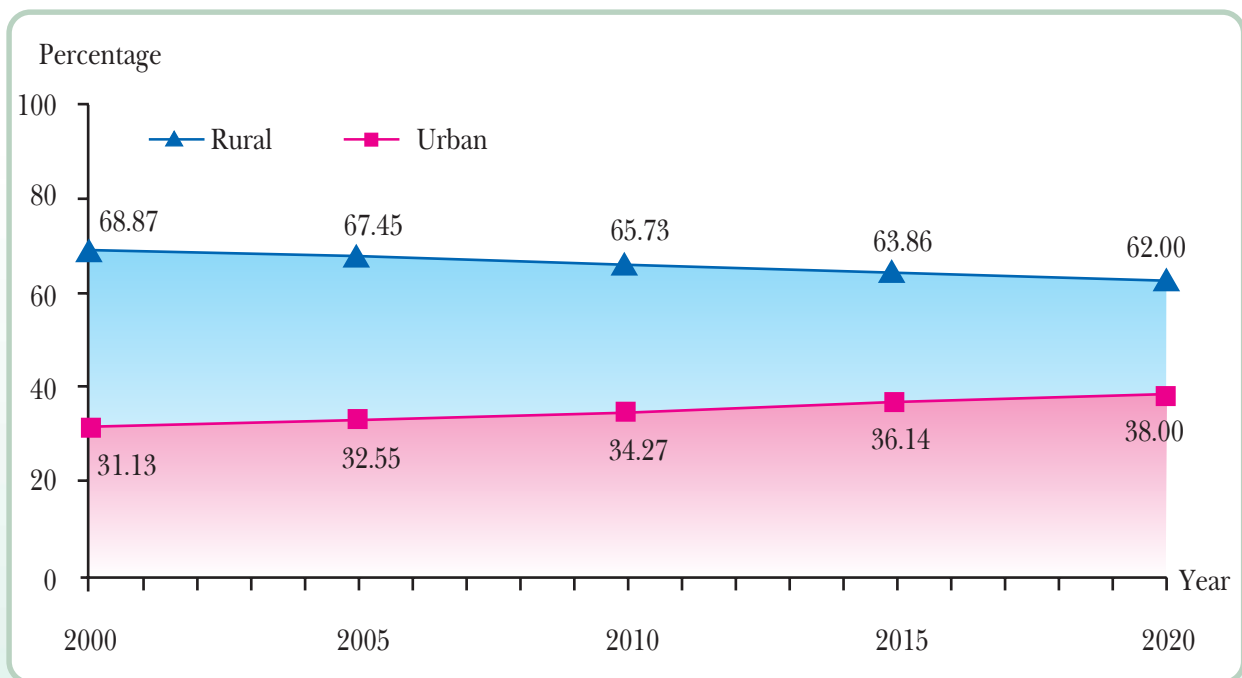
Year	Children abandoned		Elders abandoned	
	Number	Proportion per 100,000 children	Number	Proportion per 100,000 elders
1993	5,605	30.33	2,141	51.30
1994	5,748	31.19	2,200	49.11
1995	5,736	31.22	2,311	51.60
1996	5,896	32.25	2,504	53.50
1997	6,049	33.38	2,624	53.83
1998	6,341	35.15	2,619	51.47
1999	6,262	35.00	2,652	50.33
2000	6,096	34.42	2,896	53.41
2001	6,151	35.11	2,804	49.94
2002	6,110	35.24	2,884	49.33
2003	6,192	35.71	2,991	51.16

Source: Central Affairs Division, Department of Social Development and Welfare.

3.3 Rural-to-Urban Migration

The national development with industrialization emphasis plays a major role in causing rural people to migrate to cities to seek jobs in the industrial and service sectors. The proportion of rural-to-urban migrants was 31.13% of all migrants in 2000; and it has been forecast that, in 2020, 38% of the total population will reside in urban areas (Figure 4.26). Most of the migrants will move to Bangkok, followed by to Bangkok's vicinity, as well as to the eastern seaboard area.

Figure 4.26 Projection of Urban and Rural Populations, Thailand, 2000-2020



Source: Population Projections, Thailand, 2000-2025, NESDB.

The 1997 economic crisis resulted in the shutdown or downsizing of a lot of business operations. This led to a reverse of labour force mobilization from urban to rural domiciles, particularly to the Northeast and the North. In 1997, the migration of Thai population from urban to rural areas was as high as 37.2% of all migrants, while only 13.4% migrated from rural to urban areas. After the economic expansion in 2002, the proportion of urban-to-rural migration dropped to only 33.0% but the rural-to-urban migration rose to 19.2%, particularly from the Central Plains, the North and the Northeast (Table 4.21).

Table 4.21 Percentage of Migrants by Type of Migration and Current Residential Region, 1992-2002

Type of migration	Total	Current residential region				
		Bangkok	Central	North	Northeast	South
All migrants	100.0	100.0	100.0	100.0	100.0	100.0
Urban → urban	16.6	30.3	23.1	13.2	10.9	14.7
Rural → urban						
1992	15.5	n.a.	n.a.	n.a.	n.a.	n.a.
1994	15.0	78.4	9.8	10.0	6.9	14.4
1997	13.4	74.1	10.5	8.8	5.9	15.9
2002	19.2	67.0	21.1	14.1	9.6	18.6
Unknown ¹ → urban	0.7	2.7	0.5	0.9	0.3	0.6
Rural → rural	28.4	-	29.8	31.4	28.2	40.5
Urban → rural						
1992	32.2	n.a.	n.a.	n.a.	n.a.	n.a.
1994	33.4	-	28.2	38.1	47.0	20.9
1997	37.2	-	32.0	39.6	55.5	20.3
2002	33.0	-	24.9	38.0	47.2	24.3
Unknown ¹ → rural	2.1	-	0.6	2.4	3.8	1.4

Sources: Data for 1992, 1994, 1997 and 2002 were derived from the Reports on Surveys of Population Migration, 1992, 1994, 1997 and 2002. National Statistical Office.

Note: ¹ Including immigrants from foreign countries

Due to more rural-to-urban migration, the migrants have to change their rural lifestyles and adopt urban lifestyles. This has led to health problems in some workers who cannot properly adjust themselves to the changing conditions; such problems are mental disorders, peptic ulcer, hypertension, and certain diseases or conditions commonly found in urban slums, i.e., child malnutrition, diarrhoea and tuberculosis. In addition, most of the migrant workers working in factories are more likely to be exposed to occupational diseases related to industrial chemicals, such as cancer and chemical poisoning. A number of them have to live in an unhygienic environment and some of those who are involved in commercial sex are at increased risk of contracting and spreading HIV/AIDS.

The increasing rural-to-urban migration has created problems of mega-cities requiring a suitable urban development planning approach; health services have to be provided to cover all target groups of population.

3.4 Transnational Labour Migration

Recently, there has been more transnational labour migration. More Thai workers tend to seek jobs overseas; the number of workers ring from 61,056 in 1990 to 202,296 in 1995, but dropping to only 147,769 after the economic crisis in 2003 (Bureau of Overseas Workers Administration, Department of Employment; the number would be much greater if illegal workers were taken into account). At present, they are more likely to go to work in Taiwan, Singapore, Malaysia, and the Middle East. Nevertheless, a lot of foreign workers have migrated to work in Thailand, both legally and illegally, especially low-wage labourers from neighbouring countries such as Myanmar, Laos, China and Cambodia. Since 2003, the government has allowed the registration of alien workers. As of 31 July 2004, there were 1,269,074 registered workers: 905,881 (71.4%) from Myanmar; 181,614 (14.3%) from Laos; and 181,579 (14.3%) from Cambodia. The provinces with the highest numbers of workers from Myanmar are Bangkok, Tak, Samut Sakhon, Chiang Mai, and Ranong, each having 55,000 to 127,000 workers (Department of Employment).

As Thailand has had more and more alien workers, particularly along the borders, several infectious diseases are widespread such as malaria, diarrhoea, HIV/AIDS, poliomyelitis, and anthrax. Certain diseases that Thailand could once be able to control have re-emerged, such as filariasis; it was reported that 3% of Myanmar workers along the border were carriers of such a disease.