

FAMILY INTERVENTIONS, LIFE CYCLE, AND REPRODUCTIVE BEHAVIOR OF MARRIED COUPLES IN THAILAND

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I. INTRODUCTION

In recent years, there has been a growing awareness of the need to understand the role of family in affecting fertility and contraceptive behavior. However, little has been done with regard to a systematic investigation of the relationship between fertility behavior, and the size, structure and functions of the family. Realizing the importance of adopting the "family" as a unit of analysis for a better understanding of reproductive behavior and evaluating the impact of family planning programs, a special committee organized by Population Division at United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) took an initiative in guiding field studies on this subject in several countries within the region. The purpose is to examine the hypothesized relationship in each selected cultural context as well as to make plans for future cross-national comparisons.

Taking advantage of the availability of data from Thailand, the present study attempts to identify factors leading to the practice of family planning and the results this had on the size, structure, and functions of the family. It is also possible to test the model of the family of obligations, since this data set contains detailed information relating to family interventions and interactions, life cycle, fertility history, as well as family planning practice. According to this model, the reference unit for analysis is the married couple within the family framework. The concept of "family" to be utilized in this research is that of couples within families of obligations, defined as "people affected immediately by any couple's decision or behavior, or who directly influence such decisions or behavior." By definition, the family of obligations may include both kinsmen and non-related relatives. In other words, the factor of kinship is not indispensable. It should also be added that co-residence is not an essential prerequisite for the family of obligations. Although it is difficult to formulate a precise definition of the family of obligations, the explanation

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mentioned above could be conveniently used for the present analysis.

Various theoretical approaches have been used in attempting to understand the role of the family in determining fertility. By associating with the "wealth flows theory", Caldwell, for example, explains that fertility is determined by the net direction of parent-child transfers in wealth, income, and labor. His conceptualization of the process of fertility transition has much to do with transformation of the family as with economic costs and benefits of children to parents. Caldwell's thesis has been elaborated in three major articles (Caldwell, 1976; 1978; 1980). His emphasis on the centrality of the family can be illustrated by the following quotations:

"It will be posited that the movement from a society characterized by economically unrestricted fertility to a society characterized by economically restricted fertility is essentially the product of social rather than economic change. — The social revolution — one of familial relationships particularly one of the direction of intrafamilial flows of wealth dictated by familial obligations — need not by its nature accompany economic modernization" (Caldwell, 1976:322).

"... The conditions of stable high fertility, and of subsequent destabilization, lie largely in the nature of economic relations within the family. The family that determines economic advantage ... encompasses those groups of close relatives who share economic activities and obligations. Within this larger and demographically more significant entity, the locus of economic and fertility decisions is of prime importance..." (Caldwell, 1978:553-554).

"It is argued that the primary determinant of the timing of the onset of fertility transition is the effect of mass education on the family economy. The direction of the wealth flow between generations is changed with the introduction of mass education, at least partly because the relationships between members of the family are transformed as the morality governing those relationships changes." (Caldwell, 1980:225).

Unlike some conventional measures, Caldwell firmly rejects the residential household as the appropriate unit of analysis for fertility research. Instead, he is in favor of the concept of the family defined as "mutual obligations." According to his explanations,

"... family residence arrangements have little or nothing to do with the true extended

family of mutual obligations it is the size and ramifications of this family of obligations that may well help to determine fertility." (Caldwell, 1976:329).

For Caldwell, extended family systems are associated with high fertility. There seems to be two main elements in his argument. The first is that the decision makers in an extended family, those with power and those who benefit most from situational advantage, are often not the conjugal pair, but rather members of an older generation. The second is that, in the extended family, an individual's orientation is toward the larger group rather than the immediate nuclear family. A man may be more committed economically and emotionally to his brother, for example, than to his wife and children. This emotional and economic extension, and the mechanism of control that support it, preclude heavy investments in children and perpetuate a net flow of wealth from children to parents.

A major impediment to the elaboration of theories of family and fertility in developing countries is the lack of sufficient empirical evidence. Although various attempts were made in recent years to investigate the postulated direct relationship between family extension and fertility, there remained no conclusive results. In some cases, the extended family structure or length of co-residence appeared to link with high fertility (Freedman et. al., 1982; Rodriguez, 1981). On the contrary, a spurious correlation was also discovered between the nuclear family and low fertility (Smith, 1981).

The existence of conflicting results calls for further consideration of the concept, measurement and analysis in the study of family and fertility (Burch and Gendell, 1970; Casterline, 1981; Cain, 1981). Guided by the framework of the family of obligations, the present study hopes to provide new insights into the complex relationship between family and fertility. Specifically, this research hypothesizes that members of the family of obligations (as classified into three separate categories, namely, parents, other relatives, and non-relatives) have a significant influence upon the married couple's way of life including their fertility behavior.

II. DATA

In attempting to test the proposed model, the data were drawn from a survey

conducted in Thailand in 1982. In this survey, the household interview method for data collection was used. The interviews were done by employing a structured questionnaire which covered a wide range of questions including household characteristics, socioeconomic status of married couples, family planning practice, fertility history, as well as family values and interactions. The sample population eligible for providing information were married women in childbearing ages of approximately 20-44 years old.

Two study sites were selected for the sampling frame. One is Chiengrai province, located in the North of Thailand. The other is Roi Et, a province in the Northeastern Region of the country. Except for the ethnic culture, these two provinces are not far different regarding their socioeconomic characteristics. However, it is suspected that cultural dissimilarities between the two areas may have some impact upon patterns of kinship and interactions among family members.

The total sample size comprises 611 cases of which 307 respondents were drawn from Roi Et province and 304 interviewees resided in Chieng Rai province. For the two provinces combined, the urban sample constitutes 146 cases while the number of respondents for the rural sample was 465 cases. Since this sample is not nationally representative, this study does not intend to make some generalizations about Thailand as a whole. Rather, it is a pioneer effort to investigate the hypothesized relationship between family interventions, life cycle, and reproductive behavior of married couples.

III. RESULTS

The subsequent analysis will be divided into two parts. First, there will be an investigation of interventions exerted by the family towards the married couple with regard to various behaviors, namely, marriage, fertility, contraceptive practice, and the attitude of sex preference for children. Secondly, efforts will be made to assess the influence of the family upon the use of birth control and actual fertility of the couple.

A. Interventions by Family Towards the Couple

As mentioned above, four specific types of interventions will be examined. Since levels of interventions are hypothesized to be related to life cycle, this variable will therefore be controlled in the analysis. It will be possible for the study to assess whether there are province differences in family interventions, holding the effects of life cycle constant. The term "family" will be measured by dividing members into three separate categories, namely, parents, other relatives, and nonkin. It should be noted here again that this framework of family of obligations includes both kinsmen and non-related individuals who have significant influence upon the conjugal pair.

Marriage Interventions To examine the extent of marriage interventions by the family toward the couple, each female respondent was asked: "Prior to your marriage, did the following people (i.e., parents, other relatives, friends or neighbors) talk to you about the marriage matter?" Interviewers recorded the answers in one of the following categories: 1) Yes, they encouraged the respondent to get married, 2) Yes, they discouraged the respondent to get married, 3) No, they never talked about the marriage matter with the respondent. The data were cross-tabulated by sources and types of interventions and by urban-rural residence for Roi Et and Chiengrai provinces.

As shown in Table 1, approximately half of the women in Roi Et and Chiengrai revealed that their parents intervened their marriages. Of this number, only small minorities reported that their parents exercised interventions by discouraging them to get married (i.e., 2% for Roi Et and 5% for Chiengrai). Rural-urban differentials in marriage interventions by parents appeared more marked in the Northern province. That is, rural women in Chiengrai were more intervened by parents regarding the marriage matter than their urban counterparts (53% as compared with 39%). However, in Roi Et, the difference was not striking.

The influence of other relatives upon marriages of respondents was also investigated. The data indicate that in the Northeastern province, the extent of marriage interventions by relatives was equal to that by parents. However, in Chiengrai, the influence of relatives upon the marriage matter appeared much less than that of parents (39% vs. 50%). A rural-urban contrast in relatives' influence was observed for only Chiengrai. Relatives in rural Chiengrai were found to intervene on the marriage behavior more than their counterparts in urban places of this province.

Table 1 Marriage interventions by parents, relatives, and friends, by rural-urban residence for Roi Et and Chiengrai provinces

Sources and types of interventions	Roi Et			Chiengrai		
	Urban	Rural	Total	Urban	Rural	Total
Parents						
Encourage	45.8	47.8	47.4	33.8	47.8	44.4
Discourage	5.6*	1.3*	2.3*	5.4*	5.2	5.3
Did not say	48.6	50.9	50.3	60.8	47.0	50.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	72	232	304	74	230	304
Relatives						
Encourage	44.4	47.9	47.1	25.7	38.7	35.5
Discourage	4.2*	2.1*	2.6*	2.7*	4.3	3.9
Did not say	51.4	50.0	50.3	71.6	57.0	60.6
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	72	234	306	74	230	304
Friends/neighbours						
Encourage	36.1	48.5	45.6	23.0	39.5	35.5
Discourage	5.6	4.3	4.6	2.7*	3.5*	3.3
Did not say	58.3	47.2	49.8	74.3	57.0	61.2
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	72	233	305	74	230	304

* Number of cases less than 10

Another source of interventions is the category of friends and neighbors. In Roi Et, marriage interventions by this group of people resemble the pattern found for parents and other relatives. However, in Chiengrai, the influence of friends or neighbors upon respondents' marriage appeared much less than that of parents, but equal to the extent of interventions by relatives. For both provinces, the influence of friends and neighbors seemed to be greater in the rural setting. This is not surprising, since most people in rural Thailand have close relationship among neighbors and friends.

Fertility Interventions In addition to marriage, interventions by parents, other relatives, friends and neighbors towards the couple's fertility behavior were explored. Each respondent was asked about birth interventions at three different stages of life cycle, namely, prior to marriage, marriage to first birth, and birth one to the last birth. Interviewers recorded the answers in the following categories: 1) Yes, they encouraged the respondent to get pregnant, 2) Yes, they discouraged the respondent to get pregnant, 3) No, they never talked about the fertility matter with the respondent. The data were cross-tabulated by sources and types of interventions and by stages of life cycle for Roi Et and Chiengrai provinces.

The data on birth interventions by the family towards the couple were presented in Table 2. It appears that the family's influence upon the couple's fertility varies positively with the stages of life cycle. Prior to marriage (LC1), only 27 percent of respondents in Roi Et reported that they were intervened about their childbearing behavior by parents. The proportions increased to 48 percent and 52 percent as they reached the second and the third stages of life cycle. The extent of parental interventions upon the couple's reproductive behavior appeared slightly less for Chiengrai. As one can observe from the same table, the corresponding figures for the Northern province are 19 percent, 56 percent and 51 percent for the three different life cycle stages.

With regard to types of interventions, the data show a direct association between fertility discouragement and life cycle stages. Prior to the couple's marriage (LC1) parental negative influence upon births appeared less than the interventions at later stages of life cycle (from marriage to first birth (LC2), and from first birth to last

Table 2 Birth interventions by parents, relatives, and friends at three stages in life cycles for Roi Et and Chiengrai provinces.

Sources and types of interventions	Birth interventions					
	Roi Et			Chiengrai		
	LC ₁	LC ₂	LC ₃	LC ₁	LC ₂	LC ₃
Parents						
Encourage	23.7	39.3	27.6	18.3	43.1	31.1
Discourage	3.6	8.5	24.0	1.0*	12.7	19.4
Did not say	72.7	52.2	48.4	80.7	44.2	49.5
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	304	295	246	300	299	196
Relatives						
Encourage	20.4	32.6	20.4	13.3	32.8	28.0
Discourage	2.6*	7.5	22.9	33.3	9.0	18.4
Did not say	77.0	59.9	56.7	85.3	58.2	53.6
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	304	294	245	300	299	196
Friends/neighbours						
Encourage	21.1	31.4	22.4	16.0	30.4	23.5
Discourage	1.6*	7.2	22.4	0.7*	6.7	15.8
Did not say	77.3	61.4	55.2	83.3	62.9	60.7
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	304	293	245	300	299	196

* Number of cases less than 10

LC₁ = Life cycle stage: prior to marriage

LC₂ = Life cycle stage: marriage to first birth

LC₃ = Life cycle stage: birth one to birth n

birth (LC3.) This pattern exists for both provinces. The data additionally reveal that the percentage of respondents being intervened by parents to have more births appeared highest during the second stage of life cycle (i.e., 39% for Roi Et and 43 for Chiengrai).

An examination of birth influence by other relatives, friends or neighbors, reveals a similar pattern. That is, interventions appeared lowest in the first life cycle stage and highest in the final stage of life cycle defined in this study. It was also observed that other relatives, friends or neighbors exerted less influence upon the couple's fertility behavior than parents. This is true for both provinces. This finding points to the evidence that parents are the most intimate persons who are likely to intervene the couple about the fertility performance.

A comparison between the two provinces shows differences in the extent of birth interventions by parents, relatives, and friends or neighbors at all three stages of life cycle. Prior to marriage, the influence of the family upon the married couple on the fertility matter is stronger in Roi Et than Chiengrai. However, the reverse is observed for family interventions at the second and third stage of life cycle. This result suggests that family interventions are more likely occur earlier in the Northeastern province, while such practice has a tendency to appear much later in the Northern setting.

Family Planning Interventions Similar to the question on fertility interventions, each respondent was asked whether she and her husband were intervened by the family about contraceptive practice at three different stages of life cycle. The results were presented in Table 3.

A comparison of interventions on birth control practice at three various stages of life cycle yields interesting results. The data show a pattern of increasing family planning interventions towards the couple as they pass through stages of life cycle. The relationship exists for both Roi Et and Chiengrai provinces. When source of intervention is controlled, the same pattern persists. That is, parents, other relatives, friends and neighbors, are more likely to influence the couple's contraceptive behavior at later life cycle stages.

Taking type of interventions into consideration, it is found that the percentages

Table 3 Family planning interventions by parents, relatives, and friends at three stages in life cycles for Roi Et and Chiengrai Provinces

Sources and types of interventions	Family planning interventions					
	Roi Et			Chiengrai		
	LC ₁	LC ₂	LC ₃	LC ₁	LC ₂	LC ₃
Parents						
Encourage	11.5	20.9	33.6	10.0	25.1	30.6
Discourage	2.0*	3.8	7.3	1.3*	9.4	8.7
Did not say	86.5	75.3	59.1	88.7	65.5	60.7
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	304	292	247	301	299	196
Relatives						
Encourage	12.1	19.4	37.8	9.3	21.7	31.8
Discourage	1.6*	4.4	4.1	1.0*	9.0	7.7
Did not say	86.3	76.2	58.1	89.7	69.3	60.5
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	306	293	246	301	299	195
Friends/neighbours						
Encourage	12.1	24.0	46.1	12.3	29.8	35.2
Discourage	2.3*	4.1	3.7*	2.3*	6.0	6.6
Did not say	85.6	71.9	50.2	85.4	64.2	58.2
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	305	292	247	302	299	196

* Number of cases less than 10

LC₁ = Life cycle stage: prior to marriage

LC₂ = Life cycle stage: marriage to first birth

LC₃ = Life cycle stage: birth one to birth n

of encouraging the use of birth control vary positively with life cycle. For Roi Et, the proportion of respondent being intervened by parents about family planning is 12 percent at the first stage of life cycle. The proportions rose to 21 percent and 34 percent at the second and the third life cycle stage, respectively. The figures for Chiengrai show a similar pattern. This result may imply that at the third life cycle stage, the number of desired family size has been reached. Hence, the couples were mostly encouraged by their parents, other relatives, friends and neighbors, to practice family planning.

The statistics in Table 3 additionally point out that among the three sources of interventions, friends play the most important role in encouraging the couples to use contraceptive methods at every stage of life cycle. This pattern is observed for both provinces under study. Parents and other relatives seemed to exert much less influence upon the couple's contraceptive behavior. Lastly, it should be noted that there is a difference in the extent of family interventions regarding the practice of family planning between the two settings. Larger proportions of women in Chiengrai were encouraged by their families to use birth control at the early stage of life cycle. Conversely, Roi Et women exhibited higher percentages of family influence upon their contraceptive practice at the later stage of life cycle.

Interventions on Sex Preference for Children In this paper, efforts were also made to examine whether the family had interventions toward the couple regarding sex preference for children. The questions were asked repeatedly for the three stages of life cycle. Interviewers recorded the answers in the following categories: 1) preference for sons, 2) preference for daughters, 3) no preference or never discuss the matter with the couple. The data on sex preference for children intervened by the family were cross-tabulated for each province, controlling for life cycle stages. Although the number and sex of children ever born may affect interventions by the family, these two variables will not be taken into consideration in the present analysis due to the following reasons: (1) during the first life cycle stage, the couple has not yet given birth; (2) there will not be enough cases to control for both sex and number of children ever born during the second and third stage of life cycle. Nevertheless, the analysis aims at showing the gross effects of family interventions on the sex preference of children.

From Table 4, the figures indicate that interventions on sex preference for

Table 4 Sex preference for children interventions by parents, relatives, and friends at three stages in life cycles for Roi Et and Chiengrai provinces

Sources and types of interventions	Interventions on sex preference for children					
	Roi Et			Chiengrai		
	LC ₁	LC ₂	LC ₃	LC ₁	LC ₂	LC ₃
Parents						
Male	15.1	34.5	21.7	11.8	30.6	21.0
Female	3.6	14.2	18.7	2.8*	16.2	19.9
Never say	81.3	51.3	59.6	85.4	53.2	59.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	278	267	230	289	304	186
Relatives						
Male	13.0	28.5	19.1	9.2	23.4	16.1
Female	2.2*	10.9	16.6	2.7*	13.8	18.3
Never say	84.8	60.6	64.3	88.1	62.8	65.6
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	277	274	235	294	282	186
Friends/neighbours						
Male	15.0	24.4	19.9	9.2	21.0	12.1
Female	2.9*	10.6	14.4	3.1*	9.4	15.8
Never say	82.1	65.0	65.7	87.7	69.6	72.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	280	274	236	294	286	190

* Number of cases less than 10

LC₁ = Life cycle stage: prior to marriage

LC₂ = Life cycle stage: marriage to first birth

LC₃ = Life cycle stage: birth one to birth n

children which the family exerted upon the couple occurred most frequently from marriage to first birth. During this life cycle stage (LC2), almost half of respondents (49%) in Roi Et reported that they were intervened by parents while only 19 percent and 40 percent of women did so during the first and the third stages of life cycle. This pattern of intervention made by parents, other relatives, friends, or neighbors is also observed for the Northern province.

With regard to type of interventions, the data reveal that preference for sons appeared more frequently than that for daughters. This is particularly true for the Northeastern province even when controlling for source of interventions and life cycle stages. A comparison between the two provinces shows a stronger preference for male children in Roi Et than Chiangrai. This evidence of intervention on sex preference for sons contradicts to the findings that such attitude is not prevalent in Thailand.

When sources of interventions were compared, it appeared that parents exerted most influence upon the couple regarding sex preference for children as compared with other relatives, friends or neighbors. This pattern persists for both provinces, and even when life cycle stages were held constant. Such result reflects the importance of parents in affecting fertility-related behaviors of the couple.

B. Relationship Between Family Interventions, Fertility and Family Planning Practice

In this section, the relationship between the independent and dependent variables will be tested. The independent variable is family interventions, while family planning practice and fertility of the couples are defined as dependent variables. The analysis includes the variable of life cycle as a control factor.

Interventions and Family Planning The association between interventions made by the family and the couple's contraceptive behavior was investigated. The purpose was to assess the influence of the family upon the couple's birth control practice. If family interventions have any significant effects upon the couple's acceptance of family planning, there should be a large proportion of couples who ever used or currently used contraceptive methods reported that they were encouraged by their families to practice family planning.

The percentages of couples who ever used contraception by sources and types of interventions at various stages of life cycle were presented in Table 5. Among couples who ever practiced birth control, small proportions stated that they were encouraged by their families prior to their marriages (8%, 9%, and 10% for Roi Et). The percentages of couples ever used contraception who were influenced by the families increased for later life cycle periods (i.e., after marriage to first birth, and from birth one to birth n). This pattern is noticed for both Roi Et and Chiengrai.

The data from Table 5 additionally reveal that non-kin played the most important role (as compared with parents and other relatives) in affecting the couple's adoption of family planning. This is true for all life cycle stages. In Roi Et, 47 percent of couples who ever practiced contraception reported that they were encouraged by friends or neighbors during their third stage of life cycle. The corresponding figures for other sources of family planning interventions were 33 percent and 39 percent. In Chiengrai, a similar pattern was also found.

A comparison of the effects of family interventions upon the couple's contraceptive practice between the two provinces shows some differences. During the two beginning stages of life cycle, larger proportions of couples in Chiengrai who ever used family planning as compared with those in Roi Et stated that they were influenced by their families. The result is reverse for the third stage of life cycle. Lastly, it should be noted that substantial proportions of couples ever used contraception revealed that they were not at all intervened by their families during the life cycle stages under study. This evidence exists for both provinces.

The percentage of couples who currently used contraception was employed as another indicator of family planning practice. It was discovered that the extent of interventions by the family varies positively with stages in the life cycle. The statistics from Table 6 indicate that in both provinces, sizable proportions of couples who presently used birth control were encouraged by their parents (35% and 34%) other relatives (39% and 34%) and non-kin (48% and 37%) during the third stage of life cycle.

When sources of interventions were considered, the data pointed out that non-kin exerted most influence upon the couples as compared with parents and other relatives. The differences are more marked in Roi Et than in Chiengrai. The finding

on the influence of non-kin upon many couples' contraceptive behavior bears important policy implications. The significant role of the non-kin group should not be overlooked in an attempt to increase acceptance of family planning among villagers.

Table 5 Percentage of couples who ever used contraception by sources and types of contraceptive interventions by life cycle stages for Roi Et and Chiengrai Provinces

Sources and types of interventions	Roi Et			Chiengrai		
	LC ₁	LC ₂	LC ₃	LC ₁	LC ₂	LC ₃
Parents						
Encourage	8.3	18.0	33.3	10.3	25.8	27.6
Discourage	1.5*	3.5*	8.2	1.2*	7.7	8.1
No intervention	90.2	78.5	58.5	88.5	66.5	64.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	204	200	183	262	260	221
Other relatives						
Encourage	8.8	18.4	39.0	9.2	22.3	22.6
Discourage	1.5*	5.0	4.9*	0.8*	7.7	8.2
No intervention	89.7	76.6	56.1	90.0	70.7	69.2
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	205	201	182	262	260	221
Non-kin						
Encourage	9.8	23.0	46.5	12.2	31.9	31.2
Discourage	2.5*	5.0	3.8*	2.7*	6.5	6.8
No intervention	87.7	72.0	49.7	85.1	61.6	62.0
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	204	200	183	263	260	221

* Number of cases less than 10

LC₁ = Life cycle stage: prior to marriage

LC₂ = Life cycle stage: marriage to first birth

LC₃ = Life cycle stage: birth one to birth n

Table 6 Percentage of couples who currently used contraception by sources and types of contraceptive interventions by life cycle stages for Roi Et and Chiangrai provinces

Sources and Types of interventions	Roi Et			Chiangrai		
	LC ₁	LC ₂	LC ₃	LC ₁	LC ₂	LC ₃
Parents						
Encourage	9.6	19.6	35.0	11.3	27.6	34.2
Discourage	1.7*	3.5*	7.5	0.5*	8.1	8.7
No intervention	88.7	76.9	57.5	88.2	64.3	57.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	177	173	160	222	221	161
Other relatives						
Encourage	9.6	19.0	39.0	9.5	22.6	34.1
Discourage	1.7*	5.2*	4.4*	0.0*	8.2	8.1
No intervention	88.7	75.8	56.6	90.5	69.2	57.8
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	178	174	159	222	221	161
Non-kin						
Encourage	10.2	24.9	48.1	12.6	31.2	36.6
Discourage	2.8*	5.2*	3.8*	2.2	6.8	7.5
No intervention	87.0	69.9	48.1	85.2	62.0	55.9
Total %	100.0	100.0	100.0	100.0	100.0	100.0
N	177	173	160	223	221	161

* Number of cases less than 10

LC₁ = Life cycle stage: prior to marriage

LC₂ = Life cycle stage: marriage to first birth

LC₃ = Life cycle stage: birth one to birth n

The effects of interventions by the family upon the couple's use of birth control were compared between the two provinces. The data show no consistent pattern after holding life cycle stages and sources of interventions constant. For example, during the second stage of life cycle, the consequences of interventions by parents upon family planning practice of the couple appeared greater in Chiengrai than in Roi Et (36% vs. 23%). However, the opposite direction was seen for the interventions by non-kin during the third life cycle stage (52% vs. 44%).

Interventions and Fertility In assessing the consequences of interventions by the family upon fertility of the couple, it was hypothesized that the family exerted some influence upon the couple's reproductive behavior. The couple which was encouraged by the family to have more children should exhibit a larger family size than that of the couple which was discouraged. The couple receiving no intervention was expected to have moderate fertility.

Since age of women was frequently found to be positively related to the number of children, this variable was therefore held constant. The data on average children ever born by sources and types of interventions and by age of women were presented in Table 7. For both provinces, the mean number of live births of women who were encouraged by their families to have more children appeared lower than that of women whose families exerted discouraging interventions. This is true for all sources of interventions. The findings certainly suggest that the fertility outcomes of the couples affected interventions by the family rather than the reverse. This result calls for a reconsideration of the research design, and a revision of some questions in the questionnaire in order to further understand the mechanism of this relationship.

When the average number of children ever born of women who received no intervention was investigated, dissimilar patterns were observed for Roi Et and Chiengrai. In the Northeastern province, the completed fertility of this group of women (i.e., no intervention) appeared highest. The relationship persists for all sources of interventions (i.e., parents, other relatives, and non-kin). However, in the Northern province, women aged 35-44 who were not intervened by parents or relatives had the lowest family size. For those respondents who were intervened by the family, the data clearly suggest that fertility outcomes affect interventions rather than the opposite direction. In other words, the family would encourage the married couple to have more children when their family size was small. Conversely, the

Table 7 Average number of children ever born by sources and types of birth interventions, by age of women for Roi Et and Chiengrai provinces

Sources and types of interventions	Roi Et			Chiengrai		
	Under 25	25-34	35-44	Under 25	25-34	35-44
<u>Average number of children ever born</u>						
<u>Parents</u>						
Encourage	2.21	2.52	3.91	2.00	2.35	3.90
Discourage	2.50	3.14	4.47	2.00	2.67	4.63
No intervention	2.00	3.15	5.39	1.75	2.50	3.56
<u>Other relatives</u>						
Encourage	2.33	2.44	3.95	2.00	2.33	3.92
Discourage	2.40	3.07	4.29	2.00	2.62	4.42
No intervention	2.05	3.15	5.48	1.83	2.50	3.68
<u>Non-kin</u>						
Encourage	2.11	2.48	3.90	2.00	2.46	3.29
Discourage	2.20	3.32	4.56	2.00	2.64	4.13
No intervention	2.17	3.04	5.45	1.90	2.42	3.96
<u>Number of cases</u>						
<u>Parents</u>						
Encourage	14	31	23	11	40	10
Discourage	4	36	19	4	18	16
No intervention	14	54	51	4	48	45
<u>Other relatives</u>						
Encourage	6	25	19	10	33	12
Discourage	5	27	24	3	21	12
No intervention	21	68	50	6	52	47
<u>Non-kin</u>						
Encourage	9	25	21	8	24	14
Discourage	5	25	25	1	22	8
No intervention	18	70	47	10	60	49

conjugal pair would receive discouragement from the family to have additional offspring if they already experienced high fertility. Hence, family interventions appears not to be an antecedent factor affecting reproductive behavior.

IV. CONCLUSIONS

In this paper, the relationships between family interventions, life cycle, and reproductive behavior of married couples were investigated. The concept of the family utilized in this research was that of couples within families of obligations. It was argued that this newly introduced concept of the family might have advantages over the conventional measure which simply restricts to residential units of individuals. The term "family" in the present analysis has a broader meaning as it includes both kinsmen and non-relatives who have significant relationships with each married couple.

The hypothesized model of the family of obligations was tested by using data from a survey conducted in Thailand. The result reveals some interventions exerted by the family towards the married couple. It was also observed that the patterns of interventions on fertility and contraceptive practice closely relate to life cycle stages, namely, prior to marriage, period of low parities, and period of high parities. However, with regard to interventions on sex preference for children, there appeared to be a less distinguishable life cycle profile.

When the term family was classified into separate categories: parents, other relatives, and friends or neighbors, interesting patterns emerged concerning interventions on various behaviors of the married couples. The data indicated that parents exercised the most influence upon the couples' fertility performances as compared to the other two categories of family members. However, friends and neighbors played a major role in intervening the couples on the contraceptive matter. Hence, any attempt towards dissemination of family planning in Thailand should take the factor of peer groups into consideration.

An assessment of the impact of family interventions upon married couples' contraceptive practice and actual fertility was additionally made. The results were unexpected. The data did not support the hypothesis that married couples who were

intervened by their families were more prone to practice birth control. Instead, family planning practice appeared to be a direct function of life cycle. In other words, there was a tendency for married couples to use birth control methods at later stages of life cycle. This finding may imply that married couples in Thailand are more likely to use contraception for the reason of family limitation rather than for the purpose of child-spacing (Kammuanilpa and Chamratrithirong, 1982; 1985; IPSR, 1983).

The relationship between family interventions and actual fertility of married couples was additionally tested in this study. The result showed an opposite direction of the hypothesized relationship. That is, the number of live births of couples who were encouraged by their families to have more children appeared lower than that of couples whose families exerted negative interventions or no intervention at all. Such finding suggests that the fertility outcomes of the couples affect interventions by the family rather than the reverse.

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家庭干預、生命週期、與泰國夫婦之生育行爲

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(中文摘要)

本文旨在探討家庭對夫婦避孕及生育行爲之影響，分析時採用一般所泛稱之「責任家庭」(Family of Obligations) 的理念架構，其家庭成員包括親人和無親屬關係之個人，因為彼此在生活上互負責任而可能左右家庭中之夫婦行爲。上述關係經以 1982 年在泰國收集的調查資料加以驗證，結果顯示家庭對結婚、家庭計劃之實行、生育、以及子女性別偏好等都有某些干預，但家庭對避孕方法及生育行爲之干預型態顯示和夫婦之生命週期階段有密切關聯。進一步分析得知，家庭干預對夫婦之施行避孕和實際生育水準的影響，並不支持「責任家庭」臆說。使用避孕方法只受生命週期的影響，當家庭已達希望子女數時，夫婦就實施家庭計劃。至於家庭干預與生育行爲的關係，資料顯示生育結果影響家庭干預，而不是家庭干預影響生育結果。

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FAMILY INTERVENTIONS, LIFE CYCLE, AND REPRODUCTIVE
BEHAVIOR OF MARRIED COUPLES IN THAILAND

(ABSTRACT)

This paper assessed the role of family in affecting contraceptive and reproductive behavior of married couples. The analysis lied in the broad conceptual framework of the "family of obligations," which included both kinsmen and non-relatives. It was hypothesized that members of the family of obligations had a significant influence upon the married couple's way of life including their fertility behavior. The hypothesized model was tested by using survey data collected in Thailand. The results revealed some interventions exerted by the family on the following matters: marriage, family planning practice, fertility, and sex preference for children. It was observed that the patterns of interventions on contraceptive use and fertility appeared to relate closely to life cycle stages. Additional examination of the impact of family interventions upon married couples' contraceptive practice and actual fertility did not lend support to the hypothesis. Use of contraception was shown to be a direct function of life cycle, implying that practice of family planning was likely to occur when the number of desired family size had been reached. With regard to the influence of family interventions upon fertility, the data indicated that fertility outcomes of married couples affect interventions by the family rather than the reverse.