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FAMILY PLANNING IS THE FIRST AND MOST IMPORTANT STEP FOR RURAL DEVELOPMENT

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INTRODUCTION

One of the major policy initiatives the present Government is pursuing lies in the area of rural development. Rural population increase stands out as one of the most obvious causes of poverty. It has adversely affected the socio-economic climate, national security and has also caused many political problems. Yet, no one single government body has been set up to deal with this problem. It is essential, therefore, that all government sectors pay serious attention to this problem.

Previously, different government sectors approached rural development separately, each trying to improve the quality of life of the people it served. Many community development projects have been undertaken, including road repair and improvement, pond and canal excavation, school gate and fence repairs, construction of village council centres, etc. Such programs improve many aspects of life in the community including better communications, safer drinking water, and larger recreational areas.

The landless jobless farmers, however, many of whom have large families to support, rarely benefit from such projects. While population continuously increases, total arable land area remains constant and crop productivity increases only marginally. More mouths to feed results in less food per person. A bad situation becomes increasingly worse.

Rural development projects emphasizing increased agricultural productivity, health care, and road and school repair are not sufficient to combat the ever-increasing poverty.

Mahasarakham's provincial administration has taken a new directive in the fight against poverty. The present government's rural development program is plagued by many problems. Some of the major problems include government mismanagement and corruption, deterioration of natural resources such as deforestation, careless use of shallow rivers and canals, illegal mining, unpredictable weather,

droughts, floods, and improper farming practices. In the light of these considerations, Mahasarakham province has adopted family planning as its primary development policy. Family planning is not a new issue but until now it has been largely ignored by most government sectors. Most feel that it is the sole responsibility of the Ministry of Public Health (MOPH). This is why family planning has not been as successful as it should be.

GENERAL PROBLEM

1) Rapid Population Increase

Thailand's rapid population growth is evident in census population records. For example, in 1932, 1944, 1962 and at present the population was 12, 18, 32, and 49 million people respectively, In 1978 the growth rate of the Northeast (Mahasarakham included) was 2.7%. Since Mahasarakham's adoption of a serious family planning policy in October 1981 the growth rate has been reduced to 1.8% Although improving, this rate is still high and must be reduced further.

2) Limited Arable Land

While rural farmers who own land usually own very little, the majority of the rural population do not own land at all. They pay most of their income as rent to rich landlords, leaving little to buy food. Living standards are degrading. Approximately 90.5% of the Northeasterners are farmers. Arable land in the NE totals 50 million rai (20 million acres), in Thailand, 115 million rai. Although each NE family has an average of 18–19 rai as compared to 8–9 rai per family in the North (recommended minimum arable land is 30 rai per family), NE people are generally poorer because of the dryness and low fertility of this region. As much as one third of the soil in the NE is salty, Also farmers are at the mercy of highly unpredictable natural conditions (floods and droughts). As a result, average crop yields are very low. The per capita income in the NE is around ฿ 3,900 (North = ฿ 6,000; South = ฿ 10,000; Central = ฿ 14,000). From this data one can easily see that the NE is the poorest regional segment of the population.

3) Productivity

Food and other agricultural production cannot keep pace with the ever increasing population. New technologies to increase productivity are still not enough. The majority of rural people lack many of the basic necessities for life. Outdated production techniques result in low crop yields. This coupled with low market prices keeps the rural farmers poor.

4) Social and Economic

Rapid population increase directly affects many socio-economic aspects of people's lives. As the poor families become larger, they become poorer. This poverty has many adverse affects.

In order to implement a proper rural development program, one must set a priority of eliminating poverty. The poor must have enough to eat. In order to ensure this, family planning must be undertaken. Without this program, other rural development programs cannot succeed.

Rural poverty results in many social problems such as malnourishment and crime. Prostitution, theft and drugs are often a direct result. Many poor rural families sell their puberty-aged daughters into prostitution. Sons may become thieves or perform other unlawful acts. Because they come from poor families, they have no capital to acquire land or begin small shops. They are unable to find decent jobs because of their minimum educational level.

Large families have large labour potential but limited capital resources. It is not surprising to find rural people migrating to large cities such as Bangkok.

All of these problems affect Thailand both socially and economically. Shouldn't we reconsider past development practices and concentrate on solving present problems?

The National Economic and Social Development Plan (NESDP) No. 5 has targeted decrersing population growth to 1.5% by 1986. Whether we will reach this goal is yet uncertain. Even if we can achieve this target, economic and social disaster will still occur in the next 1-2 decades. By that time, Thailand will have a total population of 80 million. Where can we find arable land or jobs for these people when land is so limited and technology far behind other countries?

5) Deforestation

Forests, once a major source of livelihood for many rural people, have been all but depleted. This is largely a result of illegal poaching by many landless poor. Deforestation causes meteorological changes in rainfall, resulting in droughts and floods. It also negatively affects soil fertility. Official statistics show Mahasarakham with 320 thousand rai of forest. In fact, we have approximately 80 thousand rai only, and with unchecked population increase, we can expect all to disappear within 2-3 years.

Public land which has long been used by farmers at large for animal raising is often encroached by influential people or desperate landless farmers who seek new land for crop growing.

The best rural development approach lies in reducing population growth to less than 1% in 1-2 years, and to zero population growth within 3-4 years.

The social and economic welfare of this nation depends on this, as does political stability and national security. Population increase while the nation remains poor result in malnourished children, many with impeded brain development. This in turn will lead to increased crime and prostitution which the government

will be in no position to handle or alleviate. Lessons can be learned from recent Chinese history in which economic, social and political havoc precipitated the Communist Party takeover.

It has been irresponsibly stated that family planning will result in a proportional increase of Chinese over Thai population. This was said to have been stated from the point of view of patriotism. These Chinese children, however, are now legalized Thais that accept Thai language and customs. Those who make those statements are ignorant of actual Chinese population levels and are more afraid of the higher economic status and education of the Chinese people.

The Chinese join the economically middle to upper class people in the acceptance and usage of family planning methods. Most Chinese families, numbering about 300,000 people in total, now are not as large as previous generations. The Chinese population has assimilated well into Thai society unlike many other Southeast Asian nations. One can easily see that this argument against the Chinese is groundless.

PROBLEMS OF FAMILY PLANNING IN THE PAST

1) Trained Personnel and Accessibility

Physicians have heavy workloads and hence are unable to spend time promoting family planning. The few who receive family planning services are generally well informed and/or from a higher socio-economic status.

District Health personnel have regular office duties and cannot go out to meet the people's needs. Those wanting family planning services must come to the district office. This severely restricts the program's success. Most rural people are concerned only with immediate needs such as food and survival. They are unaware and uninformed of the usefulness of contraception. In addition, most cannot afford time and money to travel to the city for this service. Because of this, family planning is usually ignored, and hence there is rapid population growth.

2) Government Sector Responsibility

Previously most government sectors ignored or hindered family planning programs, hence the programs had little success. The programs lacked the enthusiasm and motivation characteristic of private and government sectors. Some private sector organizations such as the Thai Voluntary Sterilization and Population and Community Development Association have promoted family planning but as of yet the Ministry of Public Health (MOPH) is the only government sector involved. Private sector interests generally operate on a small scale with few workers when compared with the government, which has officials at every level down to the village.

Still, government sectors remain largely uninterested in this issue. On occasion, mobile medical teams do provide family planning services to rural areas, but as more of an experimental program, not on a continual basis.

Family planning is accessible in urban areas. Few people in rural areas understand its importance. One source of information is from prostitutes. Many of Thailand's reported 500,000 prostitutes come from the rural poor. Upon revisiting hometowns, many will pass on useful contraceptive information to relatives,

Government has not taken serious steps to motivate family planning in the rural areas. This job has been left solely to the Family Health Division (FHD). The Department of Forests, while concerned about poaching and deforestation, does not realize that one of the underlying causes of deforestation is population increase. The Department of Agriculture looks to increased productivity to bring about higher income levels. Increased productivity alone will never be enough. Population steadily increases while arable land remains constant. Ministry of Interior officials continually promote infrastructure development under the false premise that poverty has been eliminated. They don't realize that poverty has worsened as a result of the population increase. The Department of Welfare continually distributes clothing, rice and other necessary items to many needy people but still only a small portion of the poor receive anything. They are proud of the accomplishments but do not realize the ever-increasing magnitude of the problem. The Department of Community Development is anxious to introduce development training in simple water purification methods, using anchovies for fish sauce, composting and day-care centre constructing, etc. They also feel they have solved the rural poverty problem.

The Ministry of Commerce enjoys subsidizing rice and sugar prices, which they believe will help solve poverty. In the end the poor still remain poor from this. Instead of helping the poor as originally intended, the subsidy has only succeeded in enriching merchants and corrupt government officials. In carrying out this project, merchants and government officials became rich by corrupting several thousand million baht.

These examples go to show that poverty will not be solved in the air-conditioned rooms of the Capital city. These people never get out to see the rural areas.

Strangely enough, those making the decisions about the direction of rural development programs have little actual experience in the rural atmosphere. They are familiar only with the concrete jungle of the big city. Occasionally some visit rural areas to attend seminars or routine governmental inspections. Experiences gained are very superficial. They stay in first class hotels and never come to appreciate what the real life of the rural communities is like.

Although some Government Departments do a good job, the overall effect only partly improves the quality of life of the poor. The government has overlooked one key aspect of rural development : family planning. Without it, develop-

ment efforts are doomed to failure. Even though the total responsibility for family planning is on MOPH, they do not complain. Either they feel they can resolve this problem alone or they fail to realize the urgency of the matter. They may not see the extreme negative impact that population increase is having. It may be felt that only limited resources are necessary to cope with the problem. It is tragic to see the NESDP board not interested in family planning as part of their rural development plan. This is reflected in their targeted growth rate decrease to 1.5 % by 1986. No national policy integrating government sectors in the fight for family planning exists because everyone believes existing programs will solve rural poverty. So long as this attitude continues, little hope exists for the success of family planning and rural development as a whole.

INTEGRATED RURAL DEVELOPMENT

Mahasarakham Province uses an integrated rural development approach. It emphasizes nine developmental components as follows : family planning, fisheries development, vegetable growing, water purification, rice banks, soy beans, using anchovies for natural fish sauce, insect extermination by electricity, and fuel from rice husks. The above nine components all contribute to the development of a better quality of rural life.

As stated previously, the major problem is population growth, which at 1.8 % is still high. Mahasarakham will promote the family planning program as the top priority. This service will be brought to the people.

1) Motivation

Poor people realize the value of cash incentives. Blood is often sold to hospitals for 100–200 baht by people badly in need of money regardless of their health condition. House of Representatives candidates can easily buy votes at election time for 30–50 baht a piece. Many voters wait for money before casting ballots. Because people are poor and living conditions are difficult, incentives become important to them. Welfare recipients usually far exceed items to be handed out. Mahasarakham provincial administration realizes the value of incentives, especially in such a poor province.

For the sake of clarity the meaning of the term "economic incentives" should be explained. By economic incentives I mean direct economic gains to be given to the IUD acceptors. I wish to emphasize the fact that family planning is a necessary precondition to the success of rural development, but rural development projects as a whole cannot be used as an inducement for people to accept family planning. Certainly, a woman cannot be persuaded to accept an IUD contraceptive just because the community will benefit from such rural development projects as

road repairs, irrigation works or school gate repairs, etc. In other words we cannot really expect individuals to submit to such a program in which benefits are received only indirectly. Can we expect a family not owning any vehicles to submit to family planning just in order to receive a new road through their village? Only those rural development projects resulting in direct economic gains to the individuals can be used as incentives. Such incentives in Mahasarakham province include distribution of agricultural implements such as plows, fertilizers, insecticides or household utensils such as water jars, cooking utensils, etc. These articles which directly benefit poor individuals are a far better incentive for family planning than any rural development projects that benefit the community as a whole. Incentives usually induce greater turnouts to the family planning service.

Funding for incentives (totalling 6–7 million baht for 30,000 acceptors in the previous fiscal year 1982–1983 came from the limited provincial budget only. The total provincial budget of 19–20 million baht is derived from local taxes and is usually insufficient for rural development projects in the province as a whole. Money appropriated from this budget for family planning is at the expense of other rural development projects such as infrastructure.

Many government divisions operating in the province have been allocated budgets from the central government for distributing articles similar to those distributed as incentives under the family planning program. The Agriculture division gives out fertilizer, insecticides, seeds and saplings as part of their development projects. The Animal Husbandry and Fisheries divisions give out buffaloes and cows under a livestock loan program. The Home Affairs Administrative and Public Health divisions have a budget to distribute water containers to rural poor. The Social Welfare division gives out blankets, rice, and canned foods to poor farmers. All of these development programs distribute articles to those in need but do not require the poor recipients to submit to family planning. The budgets allocated to these divisions for such purposes should be channelled through the provincial administration into the family planning program in which the acceptance of IUD's would be made a precondition for the distribution of such articles.

2) Mobilizing Teamwork

Cooperation and teamwork is a key factor influencing the success of the family planning program. In Mahasarakham, responsibility for the program has been delegated to the Amphur level, with the Nai Amphur acting as the overseer. The Nai Amphur, as the head of all district officers, is responsible for recruiting and motivating local officers including merchants, community development officers, agricultural officers, tambon and village headmen and other local leaders. All government units have officers involved in the program. These teams of officials promote and provide such services as family planning, occupational promotion, animal husbandry and agriculture, etc.

3) Integrated Approach

The family planning program does not only aim at controlling population growth rates. Together with this, occupational promotion will help improve living standards and educational levels among the general public. This, in Mahasarakham, is viewed as the correct initial approach to rural development. Thus, all development programs will be brought to work in concern with the family planning program.

4) Mobile Medical Team

A mobile medical team will be utilized to set up clinics at appropriate places within the district (i.e. town halls).

5) Family Planning for Both Rich and Poor

The family planning program will aim at encouraging all economic levels of society from the poor to the upper class to accept birth control through intrauterine device insertion or vasectomy. This program will pay attention to members of every social class but especially the poor who are badly in need of family planning.

6) Family Planning Methods

Special emphasis will be given to two methods, namely vasectomy and IUD (intrauterine device) insertion. Other methods such as female sterilization or oral and injectable contraceptives will not be stressed. Mahasarakham has only limited resources, and female sterilization programs are time consuming and costly. The lack of qualified physicians limits what can be done. The number of babies delivered in hospitals is low compared to those delivered at home or local health centres. Midwives and Trained Birth Assistants who help deliver these babies are insufficiently trained to perform the female sterilization operation.

People in Thailand have not yet accepted this method as they have in developed countries in North America and Europe. Moreover, in these countries, health care facilities are more widely accessible. In these countries, many women with one or two children undergo sterilization in the hospital immediately after delivery of their new babies.

We must also consider the time element. In one day, two physicians can perform only three female sterilization operations while seven to eight nurses can insert IUD's in 300–400 acceptors. If we do not implement family planning quickly, the program will be too late. IUD insertion is quick, easy and painless. After insertion, those wanting future children can easily have the IUD removed. The sterilization operation, on the other hand, is irreversible. Some possible side effects of IUD insertion including pain and vaginal discharge can be successfully treated symptomatically.

As for oral and injectable contraceptives, both are viewed as temporary methods requiring continuous monthly attention, often impossible in remote villages.

Family Planning in Mahasarakham faces some problems including supplementary perdiem payments for officers assigned to the projects. Mahasarakham province does not have a budget for such expenses. Among those assigned include physicians, health officers, village health volunteers, community development officers, family health officers, and other administrative officials. According to regulations, officials who go out to work in the field are not entitled to receive perdiem if working less than twelve hours. To give them financial incentive, physicians will be alloted about 400–500 baht per day, with lesser officers given less accordingly, even if they work less than twelve hours. Through such steps as above it is expected that family planning will reach its goal both effectively and efficiently.

OBJECTIVES OF THE FAMILY PLANNING PROGRAM

1) Reduction of the population growth rate in Mahasarakham to 0% or zero growth within 2–3 years.

2) To provide access to family planning services to all people in Mahasarakham.

3) To educate people about family planning to increase its acceptance, consequently leading to a better quality of life.

4) To initiate a proper rural development program in Mahasarakham.

5) Promoting inter-governmental cooperation by means of the integrated approach, which will have good results in later rural development programs.

Mahasarakham province has a population of 779, 752 people with 18, 182 births last year, and now has 92,453 married women of reproductive age. Mahasarakham has 9 districts and one subdistrict as follows :

City district of Mahasarakham
Borabue district
Nachuak district
Payakapoompisai district
Wapipatoom district
Gosoompisai district
Gantarawichai district
Chiangyeun district
Nadoon district
Subdistrict Gaedam

In fiscal year 1983 family planning in Mahasarakham will put a new emphasis on vasectomy and IUD insertion. The program expects to reach a target of not less than 30,000 acceptors. A monthly family planning service in each district must have a minimum of 300 IUD acceptors.

IMPLEMENTATION

Provincial Level

1) Appoint a family planning subcommittee at the provincial level comprised of the provincial chief medical officer (PCMO), directors of provincial and district hospitals, Nai Amphur, Deputy Nai Amphur of Gaedam Subdistrict, district health officer, local government inspector and other responsible officials as members. This family planning subcommittee is responsible to set family planning targets, motivation strategies to promote family planning services, coordinate and consult on FP matters, and also monitor, evaluate and regularly report results to the Governor.

2) Motivate other involved personnel in the FP program. Good work performance by every governmental sector will receive recognition by higher ranked officials. The Governor of Mahasarakham province has coordinated the working policy of every Nai Amphur in all districts and subdistrict to correspond with the development policy of the province. In the mean time, the performance of each district will be kept on record for the yearly performance appraisal. The provincial government has set awards for best district performance as follows :

(1) 1st place receives 10,000 baht
(2) 2nd place receives 8,000 baht
(3) 3rd place receives 6,000 baht
(4) Honourary mention receives plaque

3) The provincial administration will act as coordinator for all districts.

4) Aside from the duty of all districts to motivate and recruit officials to work on local public relations, the provincial level will take responsibility for large scale public relations through various mass media channels.

5) The provincial level will arrange a mobile medical team to provide family planning services at a pre-arranged site in all districts.

Recruiting health personnel for the mobile teams will be the direct responsibility of the PCMO including recruiting physicians from other nearby sources.

6) Follow-up evaluation in order to lessen the consequent work of the district. Provincial level will also follow up and evaluate the work performance of each district monthly.

District Level

1) Arrange meeting for all involved government officials. Clearly explain policy and implementation strategy in order to ensure that this policy will reach the target group in all villages.

2) Set yearly programs and targets. Each district must have its target specified in total numbers of expected vasectomies and IUD acceptors (i.e. each district must have at least 3,000 acceptors).

3) Organize teams in all districts to promote family planning.

4) Each district must select the sites where the service for about 300 acceptors once a month will take place.

5) Performance reports on a monthly basis.

6) Other than family planning, the district can provide other mobile services suitable for the community.

7) Arrange an integrated development program to include occupational promotion, medical and other services which will help people in all villages and districts.

PLACE AND DURATION OF SERVICE

It will operate in all villages of all districts of Mahasarakham province by the beginning of the 1983 fiscal year. Sites in all districts will be selected by district personnel.

IMPLEMENTATION UNIT

Family planning is the main thrust of the Mahasarakham rural development program. All government sectors will be involved and responsible for this program. The administrative committee for this project is comprised of :

1) Chairman – Governor
2) Deputy chairman – Deputy Governor
3) Members – Undersecretary of Governor
– Government department heads
– Provincial chief medical officer
– Provincial hospital director
– Nai Amphur of all districts including Chief of Gaedam subdistrict
– Administrative office chief
– All district hospital directors
– All district health officers
– Local Government inspector of Mahasarakham

BUDGET

This project will be financed by the provincial budget and other sources including MOPH, Local Administrative Office of Mahasarakham, Ministries of Agriculture and Interior, the Community Development unit and others. The budget will be arranged at the provincial level.

EXPECTED RESULTS

1) Decrease in population growth rate to less than 1% by the end of the fiscal year 1983.

2) Corresponding increase in quality of life of the people.

3) Induce proper climate to increase productivity, income and living standards of the people.

4) Educate all levels as to importance of family planning.

5) Mobile units will offer not only family planning, but other important services, especially mobile medical units.

This approach will help induce greater communication among government personnel and enhance inter-government cooperation. In conclusion, I wish to emphasize the fact that the new integrated approach to control population growth rates is the most important step to be undertaken in order to ensure the success of the present Government's rural development policy. Without an effective Family Planning program, any attempt to alleviate rural poverty is doomed to failure.

Note :

1. Thailand has reached a crucial stage in which the economic well-being of the people depends on the success of the family planning program. I would like to point out some significant statistical data regarding rice production and consumption. In 1981, Thailand's 48 million people consumed 12.8 million tons of rice (approximately 2.7 million tons per 10 million people). Under ideal conditions, Thailand's maximum possible annual production level is 18 million tons. On average though, the present annual production level is 16 million tons. This lower figure is due to a number of factors including the expansion of urbanization and industrialization and such unpredictable weather conditions as droughts and floods resulting largely from deforestation

These statistics show that rice production remains largely unaffected by attempts of Government agencies to improve farming techniques, irrigation works, better seeds, etc. It is wishful thinking to beleive the country can increase rice production in order to take care of the increased population.

Of the 16 million tons of rice produced this year, 3.6 million tons were left for export. The Ministry of Interior census figures indicate a population increase of 880,000 people this year. This is, I beleive, a conservative estimate considering the many remote villages where births go unrecorded. Actual figures should be in the order of not less than one million per year.

In the next decade, if the population is allowed to increase from 50 to 65 million people, all rice previously left over for export will be required to feed

the domestic population. Population increase over 65 million people will require that Thailand become a net importer of rice. At present, Thailand has a balance-of-trade deficit. If exports dwindled and imports became necessary, Thailand would not only lose a major source of export revenue, but would be forced to import rice at world prices 3–4 times higher than domestic prices. It would not be long before Thailand faced bankruptcy. Even at the present price, the poor barely survive.

If the problem was allowed to reach such proportions, Thailand would face widespread famine among the rural poor similar to that experienced by the Chinese before the present Communist government came to power.

It is of paramount importance that we realize that increased population cannot be offset by increased productivity alone.

2. After the launching of this program in October 1982, the monthly performance reports confirm that every district has achieved spectacular success far beyond previous expectations. In the past six months (October 1982–March 1983) the number of IUD acceptors has totalled 19,575 compared with only 1,891 completed in the previous fiscal year. It should be noted that the Ministry of Public Health has targeted 56,433 IUD acceptors nationwide in 1983–1984, while Mahasarakham province aims at not less than 30,000 IUD acceptors. This obvious great success can be achived if we enhance proper cooperation and coordinate good teamwork who understand the approach of integrated rural development correctly. This will prove to be the key factor in the success of the family planning program.

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