

## วิจารณ์และแนะนำหนังสือ

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วารสารพัฒนบริหารศาสตร์ ปีที่ 34 ฉบับที่ 4 และปีที่ 35 ฉบับที่ 2 วิจารณ์และแนะนำหนังสือ ได้แนะนำวิทยานิพนธ์ระดับปริญญาเอกของคณะรัฐประศาสนศาสตร์ และคณะสถิติประยุกต์ สถาบันบัณฑิตพัฒนบริหารศาสตร์ ในรูปบทความย่อเฉพาะปีและบรรณานุกรมทั้งหมดไปแล้ว ฉบับนี้ขอแนะนำวิทยานิพนธ์ระดับปริญญาเอก คณะสถิติประยุกต์พร้อมบทความย่อเพิ่มเติมอีก 6 เรื่อง คือ

Jintana Pompilaipun. 1995. Determinants and Consequences of Early Marriage Among Adolescent Women in the Rural Northeast of Thailand. Ph. D. Thesis (Population and Development), The National Institute of Development Administration. 228 pp. Assoc. Prof. Dr. Pichit Pitaktepsombati, Chairman. (NID.HQ 799.2. M 3- J 564T)

This research examined determinants of the early marriage of rural Thai adolescent women aged 15-19 in the northeastern part of Thailand and its economic, social and demographic consequences. The data were analyzed both quantitatively and qualitatively.

The quantitative data were collected from 850 rural Thai women aged 15-19 in the Northeast. The study consisted of two parts. The data for the first part, which dealt with determinants of early marriage, were elicited from 577 adolescent women aged 15-19--280 single adolescent women and 277 married. The data for the second part, which was concerned with consequences of early marriage, were gathered from 570 married women--277 women aged 15-19 and 293 women aged 20-29. The qualitative data were collected by discussion with 5 focus groups--3 married adolescent groups and 2 single adolescent groups.

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Logistic Regression Analysis was employed to analyze the determinants and the  $X^2$ -test and/or F-test was used to compare the consequences of early marriage between and among the sample groups. The information from focus group discussion was analyzed qualitatively.

It was found that the determinants of early marriage ranking from the most important to the least were sexual orientation, number of family members, household income, parity, education and house ownership respectively. The factors that had no influence on the early marriage of rural Thai adolescent women were occupation, child-rearing pattern, personality, possession of some types of household belongings, educational orientation, career orientation and future orientation.

The consequences of early marriage could be summarized as follows:

**Economic consequences.** No significant difference was found in occupation and household income between the married adolescent women aged 15-19 and the married women aged 20-29. However, a significant difference was found in house ownership between the married adolescent group and the two groups of women aged 20-29 who were married at different ages. In addition, the types of household belongings possessed by the married adolescent group were different from those of the two groups of women aged 20-29.

When the two groups of women aged 20-29 who were married at different ages were compared, no significant difference was found in occupation. On the contrary, the two groups were found to be significantly different in household income, house ownership and possession of some types of household belongings.

**Social and demographic consequences.** It was found that the married adolescent women had lower education, fewer number of children born, and less knowledge of birth control methods than the two groups of married women aged 20-29, but the former group's number of dead children and birth control practice were not different from those of the latter group. But when the two groups of women aged 20-29 who were first married at different ages were compared, they were found to be significantly different only in education and the number of children born. In other words, the women who were married young had lower education, but the larger number of children born.

Regarding the health consequences for the mother and the child and the rearing of the youngest child, it was found that the proportion of the adolescent mothers who sought clinical pre-natal care, raised their own children and realized the usefulness of breast feeding was lower than that of older mothers. There was no significant difference between the two groups in child delivery at health institutions, normality of delivery, delivery on schedule, breast feeding, maternal health after delivery and child's health at present. A difference was found only in their own present health. When the two groups of women aged 20-29 who had different ages at first marriage were compared, the proportion of those married at younger ages who sought clinical pre-natal care and gave birth to babies at hospitals or health centers was lower than that of the women married at older ages. However, no significant difference was found between the two groups in delivery on schedule, birth weight, raising children by themselves, breast feeding, knowledge of the usefulness of breast milk, and mother and child health. Most babies in all the groups had normal birth weight. Among the mothers with low birth weight babies, it was found that the adolescent mothers outnumbered the older mothers who were married young. Finally, no significant difference was found among the three groups in happiness in family life and married life. Most were happy at an average level.

The qualitative study revealed that there were several factors that caused the adolescent women to be married at young ages. These were, for instance, pre-marital sexual intercourse, availability of mates, fun-seeking, economic and family problems. Some adolescent women remained single because they were studying and others did so because they wanted to be economically secure first. It was found that the early marriage of female adolescents in rural society in the Northeast of Thailand had no impact on their social and economic status, gainful employment, further education, happiness in married life and family life, child-rearing and health, as well as their children's health, but adversely affected their freedom in finding jobs elsewhere and traveling.

Jiraporn Khiewyoo. 1995. *The Role of the Family in Supporting the Elderly: a Comparative Study Between Urban and Rural Areas*. Ph. D. Thesis (Population and Development), The National Institute of Development Administration. 326 pp. Prof. Dr. Suchart Prasith-rathsint, Chairman. (NID.HV 1484, T52 J566T)

The number and proportion of the elderly in Thailand have increased rapidly with socio-economic transition, challenging the traditional supportive role of the family.

The present study describes the nature, extent and determinants of support the elderly get from and give to the family, the caregivers' needs, and ways stakeholders can help optimize the family's role in both the short and long term.

A cross-sectional study was conducted using quantitative and qualitative methods. The qualitative component involved in-depth validated interview of 14 experts. Quantitative data came from surveys of 638 elderly and 694 caregivers in the metropolis (235 elderly, 262 caregivers), municipal areas (200 elderly, 200 caregivers) and rural areas (200 elderly, 232 caregivers) in Phetchaburi province, based on the sampling frame of the National Statistics Office of Thailand. A multi-stage sampling identified study villages and population blocks while a systematic random sampling helped select the elderly and caregivers. The interviews were done by trained personnel using valid and reliable questionnaires. Factor analysis helped generate dependent variables reflecting the multiple dimensions of support. Appropriate analyses were carried out to describe the nature and extent of support and the two-stage least square method (2SLS) was employed to demonstrate the predictors of dependent variables.

More than 97% of the elderly in all study areas reported getting support from the family in five categories: money, materials, daily care, care during illness and periodic visits. Most support was a combination of many categories. The majority of the elderly in all study areas (more than 75%) reported giving support to the family in the same five categories and in combination.

Two-stage least square analysis of a full empirical model involving 21 possible predictors of support received by the elderly showed that about 16%-37% of the variation of the dependent variable was significantly explained by the equation. The two-stage least square equations were all significant for specific study areas. Health status of the elderly was a common predictor of support given to the elderly in all study areas. Unique significant factors in specific study areas included: Municipal - (1) household income, (2) relationship between the elderly and caregivers, and (3) whether the elderly

and caregivers lived in the same household; Rural - (1) size of household of the elderly, (2) number of children under six in the household of the elderly, and (3) the perception of the elderly towards the support they got from the family; Metropolis - (1) household income, (2) respect for the elderly, (3) migration of family members, (4) sex and education of the elderly, (5) adequacy of income, and (6) the perception of the elderly towards the level of support they received from the family.

Predictors of support given by the elderly were similarly analyzed using all 21 independent variables. The 2SLS equation was significant and all 21 variables explained about 41% of the dependent variables. The 2SLS equations were all significant for specific study areas. Factors significantly associated with such support were: (1) the relationship between the elderly and caregivers, and (2) the perception of the elderly towards the support they gave to the family. Unique significant factors were: Rural - (1) age of the elderly, and (2) their perception towards the support they gave to the family; Metropolis - (1) the proportion of household members in non-agricultural jobs, (2) sex, (3) age, and (4) the perception of the elderly towards the support they gave to the family.

Further analysis was done to find models with fewer independent variables, i.e. compact models. Fewer variables were selected from the full model using stepwise regression and then the 2SLS analysis was conducted by standard methods. All equations were significant. Despite fewer independent variables, the equations could explain the variation of the dependent variables similarly to the full model.

The caregivers desired to obtain assistance to: (1) reduce the financial burden, (2) reduce the burden of caring, and (3) provide education and recreation to the elderly.

Most experts believed that the promotion of family support for the elderly must involve many institutions: family, community, the private sector, the government and the elderly themselves. The role of each institution can vary according to circumstances.

Piyavadee Viriyachati. 1993. Training and Training Needs of Women Workers: a Critical Review. Ph. D. Thesis (Population and Development), The National Institute

of Development Administration. 186 pp. Assoc. Prof. Dr. Pichit Pitaktepsombati, Chairman. (NID.HD 6259.6' T5 P688T)

The main objective of this research was to study training and training needs of women workers in the food, textile, and garment industries in Thailand. The analysis consisted of quantitative and qualitative sections. The quantitative analysis was based on the interview of 270 women workers from nine factories. The qualitative analysis was based on in-depth interviews of 27 women workers and 9 factory managers from these factories.

From the study, most women workers had only six years of school. To support their families, they migrated to Bangkok and became wage-earners in factories. Working conditions of daily workers consume time and affect health without much opportunity for career development. Besides on-the-job training, opportunities for further development of workers' skills and abilities existed only in factories that invested in human capital.

The research found that, in the factories, production techniques, division of labor, and personnel management policies are interrelated and affect the training and qualifications of women workers. The factories which employ Tayloristic production techniques and provide minimal on-the-job training, require unskilled women workers. When comparing Tayloristic techniques to post-Tayloristic production techniques, the latter invest more in human capital and therefore require more highly skilled and qualified women workers in all levels of employment. However, technological changes, and competition in the quality product market, will further increase needs for highly qualified women workers in every industry.

Besides these institutional factors, the analysis also finds that workers' training experience is determined by their working experience in the factories. One year of working experience entitles the worker to only three days of training, which is inadequate. Furthermore, the study found that one day of training increased women's earnings by 19.79 Baht.

In order to develop women workers' skills and abilities, and prepare higher skilled workers for the labor market in the near future, an effective training system, for example the dual system, should be considered. Cooperation between apprenticeship

schemes in industry and government training centers is necessary. In this new training system, training programs have to meet employer needs and also workers' needs. Furthermore, training systems require processes to increase workers' abilities in real life working situations, both in the workplace and in training centers. For example, women workers should have opportunities to discuss problems, plan for the future and make decisions.

Sasithorn Tamarak. 1996. *Alternative Types of Care and Their Impact on the Bangkok Metropolitan Area*. Ph. D. Thesis (Population and Development), The National Institute of Development Administration. 258 pp. Assoc. Prof. Dr. Somboonwan Satyarakwit and M.D. Vitura Sangsingkeo, Chairman. (NID. HV1484. T55B3 Sa 78 T)

In order to deal with an aging population increasing rapidly in numbers and proportion, a study of present care provision, existing needs, and the quality of life of the Thai elderly is needed.

Two research methods employed are documentary research and survey research. Documentary research into the demographic profile of the Thai elderly is presented on data obtained from the National Statistical Office, which focuses on the transition of population structure and socioeconomic characteristics of the aging population. A decline in the proportion of extended families and an increase in the number of nuclear families issues a warning of a weakening capacity to care for the elderly. Alternative care support (by government and non-government organizations) is also documented.

The survey was conducted by interviewing 447 elderly people, both those in private households and in nursing homes, within the Bangkok Metropolis and its periphery, in 1992. One hundred and eighty of the sample (40.3% of the total) are living with their families. There are equal gender and age group numbers and three socioeconomic statuses (high-middle-low) covering three zones of Bangkok (inner bound, outer bound, and peripheral). The household sampling lists were randomly selected from data from the Central Office of the Registrar. For those samples living in nursing homes, equal age and gender groups were preferred; however, the type of nursing home itself classified the socio-economic status of its residents. There are 192 of the

sample (43% of the total) living in free-of-charge nursing homes, and 75 of the sample (16.8%) living in one profit-making hospital-based nursing home.

In determining the factors that affect the elderly person's decision to either remain with the family or enter an institution, discriminant analysis is used. It is found that characteristics of family structure are good indicators of differentiating these two groups of elderly. Those without a solid family core or permanent residence or fewer living children are more likely to be institutionalized. Thus, building up strong family ties is important, as family problems are a cause for entering an institution. Especially when family size is reduced, or for those who are childless, support from siblings, nieces or nephews can be a reliable resource of support in later life. Encouraging the low-income population to own their own living units before retirement can also prevent institutionalization in the future.

When comparing assessments for care, the issues raised are of a different nature. Those in institutions are less negative because their previous problems have been relieved; however, they have a lower sense of security than those in families, and have less care support available to them.

When assessing the needs of the elderly, many are found to be physiological and preventable. Financial problems are reported by a high percentage of those in private free-of-charge nursing homes. The institutionalized experience more loneliness and isolation than those in families. The use of a checklist increases the reported needs expressed by the elderly. Factor analysis helps to clarify the types of underlying needs, based on a 24 item checklist, and also provides factor scores for need factor analysis.

Multivariate analysis of variance is used to examine the main effect of being in different types of care versus six assessment scales of quality of life. Quality of life is defined as a multi-dimensional measurement of life satisfaction, self-esteem, general health, functional ability, and living environment. The institutionalized elderly report lower self-esteem. This is explained by the fact that the majority have little outer social life, have lost family contact, or have no children. On the contrary, the elderly living with the family report a poorer living environment. The environmental surroundings of most nursing homes are clean and quiet compared to the environment



of the Metro-Bangkok area as a whole.

To distinguish factors that affect the elderly's quality of life, an analysis of six direct discriminant functions is performed. Each function uses 29 variables as predictors of membership in two groups of respondents. The three most reliable indicators in distinguishing an elderly person's quality of life assessment are: 1. remaining socially active, 2. self-reported financial security and 3. health. Based on this evidence, organizing elderly clubs in communities, giving elderly people prominent roles in the family and the society, and providing information on remaining healthy could be key strategies for promoting their quality of life.

It is noted that chronological age should not be used solely in assessing eligibility for benefit programmes. It is not a factor that determines people's needs nor does it reflect the quality of life in a broader sense. Age itself only affects the ability to function independently in daily life. As found in this study, financial security and health are important factors in enhancing an elderly person's quality of life. The Thai government's medical care and monthly subsistence allowance for the destitute are viewed as heading in the right direction.

Suparath Hongmanee. 1995. Determinants and Consequences of Legal Marriage Dissolution Among Thai Women. Ph. D. Thesis (Population and Development), The National Institute of Development Administration. 207 pp. Assoc. Prof. Dr. Suwanlee Piampiti, Chairman. (NID HQ 802 Su 76 T)

This study investigated the levels and trends of marriage dissolution and analyzed the factors affecting legal marriage dissolution and duration of marriage among Thai women. In addition, the study identified and evaluated the consequences of marriage dissolution among divorced women.

Multi-stage sampling was used to select a sample of 463 legally divorced and 926 non-divorced women who were still living with their spouses in various regions of Thailand. By using a standardized questionnaire, data about marriage history, attitudes, socioeconomic status, demographic factors, situation within marriage, and characteristics of the women were collected.

Discriminant function and multiple regression analysis were used in analyzing the factors affecting legal marriage dissolution and duration of marriage among

the divorced Thai women, while descriptive methods consisting of frequency tables, graphs, percentages and proportions were used in analyzing the levels, trends, and consequences of marriage dissolution.

The results of the analysis of marriage dissolution tendency indicate that 17 variables emerge as important factors that affect legal marriage dissolution. There were attitudinal differences between the spouses, beliefs and motivation to comply with social norms about divorce, love and understanding between the spouses, husband's adultery, beliefs and values about divorce, family structure, time spent together with spouse, place of residence, husband's selfishness, husband's cruelty, husband's gambling, marriage patterns, number of children, age of youngest child, husband's neglect of wife, relation with spouse's kin, and educational differences between spouses.

The results of the analysis of duration of marriage among divorced women revealed that 8 variables are statistically significant. These are the number of children, the age of youngest child, husband's cruelty, sexual relations, love and understanding between spouses, husband's rudeness, family income, and family structure.

The results of marriage and divorce trend analysis indicate that marriages are likely to decrease, while divorces are likely to increase in every region of Thailand, with the Bangkok metropolis having the highest rate, followed by Central, Northern, Southern, and Northeastern regions, in that order. In addition, rates of divorce are likely to increase more rapidly in urban regions than rural regions. Furthermore, the divorces are likely to double in fast growing provinces serving as regional centers for economic, industrial and tourist activities.

Also, the analyses of the consequences of marriage dissolution reveal that a divorce is likely to have varying degrees of psychological, economic, social environment, and child-care impact on divorced women.

The findings of this study suggest a number of possible government policies and measures to cope with the fast growing divorces and marital breakdowns among Thai women. First, improvements in marriage and divorce registration and record systems should be devised to include more information and details about married or divorced couples. Second, appropriate publicity and educational efforts should be initiated to promote public awareness of the importance of registering marriage and

divorce to assist those preparing to get married or re-married, to promote family life, to promote in-school and out-of-school sex education, and to promote the preservation of traditional Thai cultural values, customs, and ways of life among the population. Third, existing marriage laws should be revised to cover more comprehensive aspects of marriage dissolution. Lastly, a government unit solely responsible for handling marriage and divorce matters should be set up. Also, those intending to get married or re-married should personally select their own mate, absolutely avoid sexual dishonesty, avoid gambling, avoid physical violence, spend more time with the family, maintain good relations with in-laws, and maintain an atmosphere where love and affection can grow.

Tuangtip Chantra. 1995. Levels, Trends, Determinants and Demographic Consequences of Contraceptive Sterilization in Thailand. Ph.D. Thesis (Population and Development), The National Institute of Development Administration. 234 pp. Assoc. Prof. Dr. Pichit Pitaktepsombati, Chairman. (NID. HQ 767.7 T 79 T)

The purpose of this study is to find out levels and trends of contraceptive sterilization in Thailand during the past decade by using data collected from the Family Planning Unit, Dept. of Health as indicators. The findings indicate an increasing trend in female contraceptive sterilization but a decreasing trend in male contraceptive sterilization.

The study on determinants of contraceptive sterilization used the data from the survey of "Contraceptive Use Patterns in Thailand", by the Institute for Population and Social Research, Mahidol University. The survey was conducted by random sampling of all population in the country, using multi-stage sampling with probability proportional to size, in 25 provinces, i.e. Bangkok, 9 provinces in the Central Region, 5 provinces in the Northern Region, 5 provinces in the Northeastern Region, and 5 provinces in the Southern Region. The total sample of 6,835 was interviewed during April-August 1987 on the topic of all contraceptive methods used by women. There are 12 contraceptive methods, and the conclusion of the study is as follows:

The study was of the relationship of 10 independent variables, consisting of Woman's Age, Woman's Education, Husband's Occupation, Age at First Marriage, Annual Family Income, Children's Deaths, Living Sons, Living Children, Desired Number of Children, and Contraceptive Methods Known, towards contraceptive

sterilization.

The study was conducted separately in 4 areas, i.e. the whole Kingdom, Bangkok, Urban, and Rural areas. The study controlling Number of Living Children found that Woman's Age had a strong positive relationship with contraceptive sterilization in all areas; Woman's Education had a relationship with contraceptive sterilization in all areas but was only of specific significance in the whole Kingdom and the Rural area; Number of Children's Deaths and Number of Living Sons had more relationship in the whole Kingdom and Rural area than in Bangkok and the Urban area. The second most significant relationships with contraceptive sterilization after Woman's Age were those of Number of Living Sons, and Desired Number of Children.

On analysis of all 10 variables to find out the most significant influence on contraceptive sterilization, using the Logistic Multiple Regression Model, it was found that in Bangkok the most influential variable was Woman's Age, followed by Number of Living Children, and Age at First Marriage. All variables had a positive relationship except that Age at First Marriage had a negative relationship. In the Urban area the finding was the same as in Bangkok which was for Woman's Age and Age at First Marriage. In the Rural area the most influential variables were the same as for the whole Kingdom. In all areas the most influential variables having a positive relationship with contraceptive sterilization, were Woman's Age, Number of Living Children, Desired Number of Children, and Number of Living Sons.

The study by path analysis of all 10 variables found that Number of Living Children was the most influential variable for contraceptive sterilization in all areas.

The study of side effects after use of contraceptive sterilization was gathered from samples of 239 in Bangkok, 137 in the Urban area, and 1,595 in the Rural area. The findings summarised are that there were no side effects in general on most people and health was normal; sexual behavior was mostly unchanged. In conclusion there were side effects of contraceptive sterilization on some people but most people were unaffected.

In the study by indepth interview of 17 specialists, doctors and experts on contraceptive sterilization, most confirmed that there were no side effects of contraceptive sterilization either physical or mental.

Therefore this study concludes that the most significant determinant of contraceptive sterilization is Number of Living Children. There can be some side effects of contraceptive sterilization but usually there are none. Contraceptive sterilization should be encouraged for those couples who have had the desired number of children because it is the most effective birth control method.