Beliefs and attitudes concerning fertility behaviours among the hilltribes in Thailand

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ABSTRACT

To summarise, Pa Kia, Pa Kluay and Mae Khan, included in our samples of H'mong, Karen and Thai are unique communities. Although the village are remote , there is a public health station, a school and other basic facilities in the villages itself. Moreover, they have been motivated to accept family planning for a considerable number of time. However, the average number of living children per married woman in reproductive age is different among tribes. The H'mong have an average of about 4 children, the Karen between 3-4 and the Thai 2. If the figure are compared to the hilltribe census (National statistic office 1986 : 89), H'mong and Karen have almost the same number.

It appears that the number of H'mong children is still too high but if the ideal figure of the young generation (aged lowed than 30) is compared to the older generation (aged 30 years and over), the ideal number of H'mong have reduced from 6 to 4-5 children. The decreased number of ideal is more marked in the Karen because the young generation family size would prefer the number of 2 or 3 to t, However the H'mong who live in particular families exhibit a strong preference for boys while the matrilineal Karen show no particular preference of either six.

Traditional midwives assisting with child birth are still popular among the H'mong, Karen and Thai. This could indicate that the villagers do not trust the health workers and/or the hospital is too far away from the villages.

H'mong sons and Karen daughters are encouraged to marry before 20 years of age while the Thai will wait until the children are over 20 years and can live independently. For H'mong and Karen, the reasons of different family culture and the need of manpower in the family could be explained the result. However the educated H'mong and Karen have changed their attitude

Breastfeeding is still popular because there is no alternative. The H'mong and Karen usually breasfed their children for more than 19 moths while the Thai breasfed about 12 months. The important finding is the hilltribe do not really know the advantage finding is the hilltribe do not really know the advantage of breastmilk, they will feed the babies until the next pregnancy.

Generally, H'mong, Karen and Thai accept birth control. The percentage of Thai using contraception is the highest, followed by the Karen and then the H'mong. More than half of the H'mong will consider contraception after having 5 children but the Karen and Thai started earlier.

Some Thai families use temporary contraceptive methods such as pills and injection after marriage. The Karen has the high-test figures of sterilization. The rate of using contraception varies with according to socio-economic factors. Economic status status and the frequent of contact with outsiders are important factors in maintaining the acceptance of birth control methods while the education does not appear to have an effect.

All these villagers know at least one contraceptive method even the H'mong and Karen women who never have a contract with outsider. Most of their knowledge came from the health workers. They also learn from friends, accept rumour and are interested in mainly in the method that they use. The bad rumour of vasectomy is well discussed among men. It can be proved that some of non-current contraceptive users especially the H'mong and the Thai do not appreciate with sterilization as they push the responsibility to their spouses.

Eventhough our samples are not many, from the whole results could show the different attitudes and beliefs towards fertility behaviours among the three groups in these communities. The H'mong have the strong culture belief, and seem to deny sterilization. However, it appears that education, social interaction and economic status could change the younger generation.

On the other hand, it is found that it is easier to change the Karen attitudes as far as family planning is concerned. For the Thai, most of them seem to accept family planning but they lack knowledge and understanding—the unacceptability of sterilization is an example.

Key words: Belifes, Attitudes, Fertility behaviours, Hilltribes, Thailand.

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