Family planning and attitudes concerning family planning among the Hill tribes: Case study in Samoeng District, Chiang Mai Province

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ABSTRACT

The hilltribal population is a minority group of people living in the mountain in the northern part of Thailand. The latest figure of population gathered during 1979-1987 by the Tribal Research Center is about five thousand which approximates one percent of total population. They are the multitethnic group, in which Karen and Hmong are the majority. Due to the different cultures and living areas, their fertility level is high and the acceptability of family planning is so low that they are called "hard core group" Some tribes have as high a natural growth rate as 4% anually. The government has the policy to reduce the number of birth of the hilltribes. However, more than ten years of working has not been successful-the government family planning programme cannot reach the target. The reason behind that may be the distributing operation. This project has studied the attitudes and belief concerning fertility behaviours and family planning among the hilltribes in Thailand with its aim to gain the answer answer about the acceptability of the hilltribal family planning. This paper presents a part of the project belifes and attitudes, concerning fertility behaviour among the hill tribes in Thailand was funded byWHO in 1987. The date was collected from the major tribes, that is Karen and the Hmong as compared to the Thai in the same area where they could recieved the same family planning programme. Besides that it could be compared Hmong, the patricineal to the matrilineal, Karen. The samples live in the vinicity in Samoeng District, Chiang Mai Province. Total samples are 162 Hmong at Pa-Kia village and 137 Karen at Pa-Kia and Pa-kuluay villages and 64 Thai at Mae-Khan village. It is found that the rate of current birth control is between 37.8% to 69.4% Among these, 32% of Hmong, 60% of Karen and 48% Thai were sterilized. Remarkably, the majority of Hmong started using birth control after they had five or more children while the Karen started using contraception after they had three children and the Thai started using contraception right after their marriage. The reasons of acceptability concerned more about the economic and cultural factors than social factors. All the groups of samples would rather have more children if their economic status were high. Culture is another factor for the Hmong and Karen effecting the number of children, for example, the Hmong prefer sons to daughters to continue their clans while some Karen especially women prefer daughters because a last daughter and her

hasband have to take care of them when they are old. Although the gevernment provides contraception, it is found that many of them adopted the mehtods without understanding. They still beleive in bad rumours. Even though some Thai seem to understand family planning, they still deny to have sterillization by pushing the respossibility to their spouses. Noticably the hilltribal population do not understand and hold bad attitudes against family planning. The family planning programme will be efficient if the number of acceptability is ignored. There should be enough notivation and more explaination from the health personnel. Moreover, the understanding of their culture should be put into consideration to change their attitudes concerning family planning. These activities need time to work out properly. After that the family planning programme will reach its target in the future.

Key words: Hill tribes, Family planning

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