

3. Situations and Trends of Population, Family and Migration

3.1 Population Structure Changing to Be an Elderly Society

The success in Thailand's family planning campaigns has led to an increase in the contraceptive prevalence rate from 14.4% in 1970 to 81.1% in 2006, resulting in a drastic reduction in the total fertility rate to below the replacement level (a couple having two children, only enough to replace themselves). And as a result, the population growth has continuously dropped from 3.2% prior to 1970 to 0.41% in 2006, below the level of 0.53% projected for 2020 (Figure 4.11). Such a decrease in the population growth has affected the number and age structure of population. Thailand will have a population of 72.3 million in 2025 (Figure 4.12), while the proportion of children aged 0-14 tends to drop whereas the working-age and elderly proportions are likely to escalate (Figure 4.13). This describes the phenomenon of declining dependency ratio for children but rising for the elderly. Though the overall dependency ratio keeps falling until 2010, it will rise again due to a greater proportion of the elderly (Figure 4.14). This will result in a change in Thailand's population pyramid from an expansive or wide-base to a constrictive or narrow-base one, similar to those in developed countries (Figure 4.15). Thailand thus has a tendency to very rapidly become an elderly society within 20 years (from 2010 to 2030). In 2010, Thailand will begin to become an elderly society,² only four years from now, while other developed countries except Japan spent more than 60 years to be so (Table 4.7), resulting in the working-age population bearing a higher burden in taking care of the elderly.

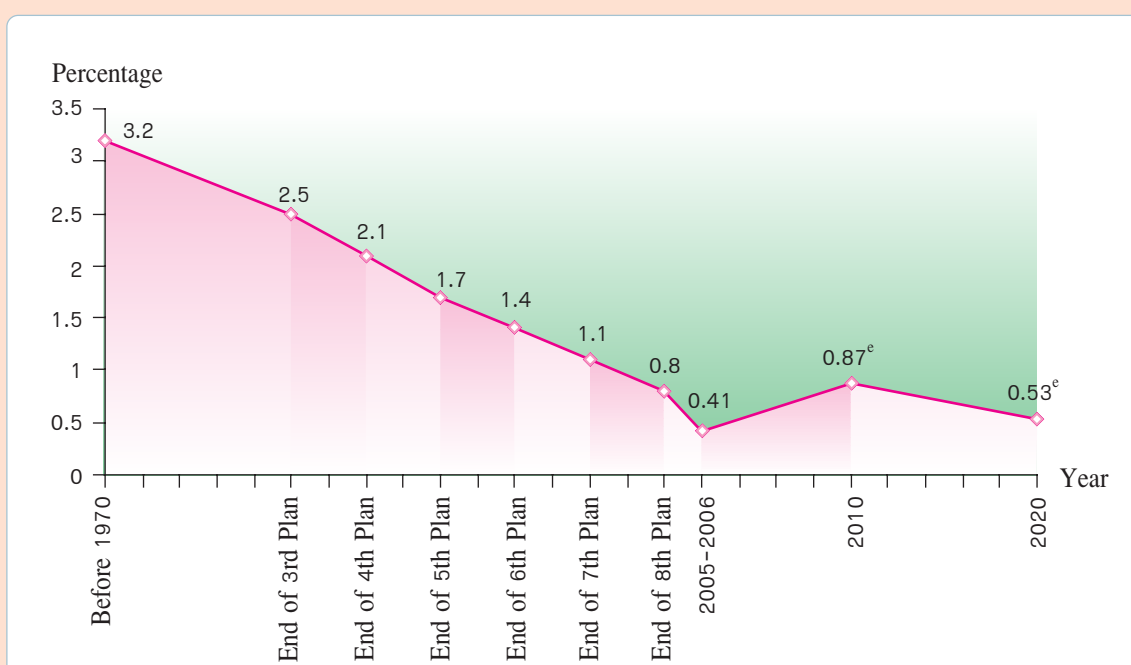
² The United Nations has defined that, for a country to become an elderly society, its ratio of population aged 65 years or over to the entire population ranges from 7% to 14% and it fully becomes an elderly society when the ratio exceeds 14%.



So the government has to develop a plan and strategy preparing to enter an elderly society, preparing young people to become active ageing people. Moreover, the health care system has to be prepared to cope with chronic diseases and illnesses of the elderly, which are more and more prevalent, such as hypertension, diabetes and heart disease. Studies are to be carried out to forecast the budget required for elderly health care, particularly under the universal health security scheme, due to the fact that the elderly tend to be sick and disabled in need of institutional-based long-term care with a greater proportion of budget, compared to that for other age groups. This is to ensure that it will not pose a budgetary burden for the country in the long run.

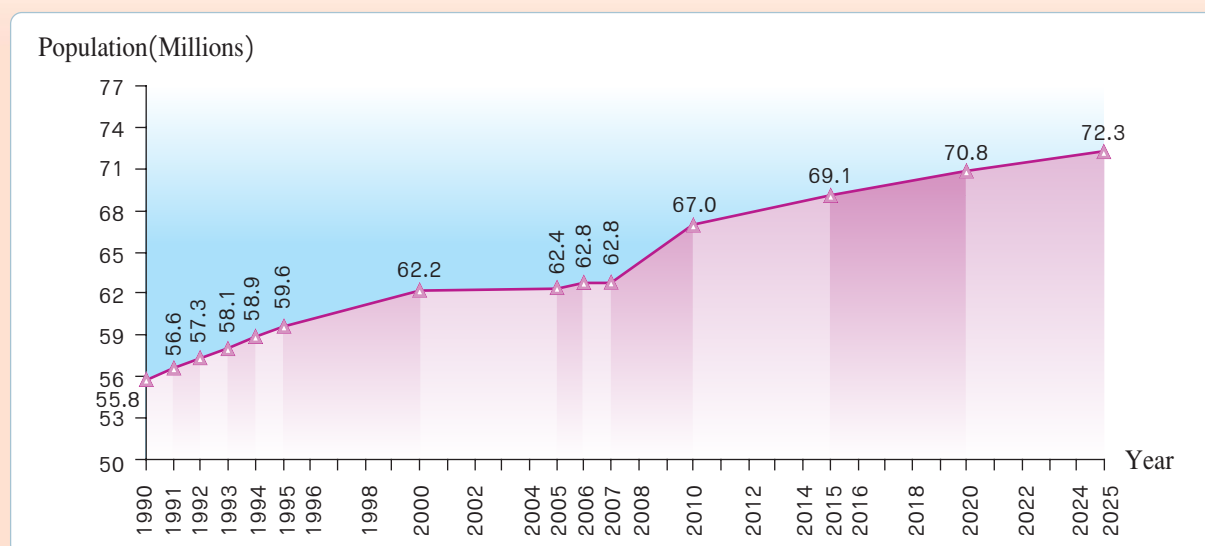
Besides, as Thailand is becoming an elderly society, there will be an opportunity for expansion of market for health-food supplements, herbal medicines and indigenous medicine as the elderly with deteriorating physical conditions will require more supplementary products or tonics for promoting health, maintaining memory and relieving problems related to the bones and joints. So the government has to formulate measures to control such products which tend to become more widespread in the future.

Figure 4.11 Population growth rate and projection, Thailand, 1970-2020



- Sources:** (1) Data before 1970 were derived from Niphon Debavalya, Before Getting the 1970 Population Policy.
- (2) Data for end of the 3rd-8th Plans were derived from the Department of Health, MoPH.
- (3) Data for 2005/2006 were derived from the Population Change Survey, National Statistical Office.
- (4) Data for 2010-2020 were derived from Population Projections, Thailand, 1990-2020, NESDB.

Figure 4.12 Projection of population, Thailand, 1990-2025

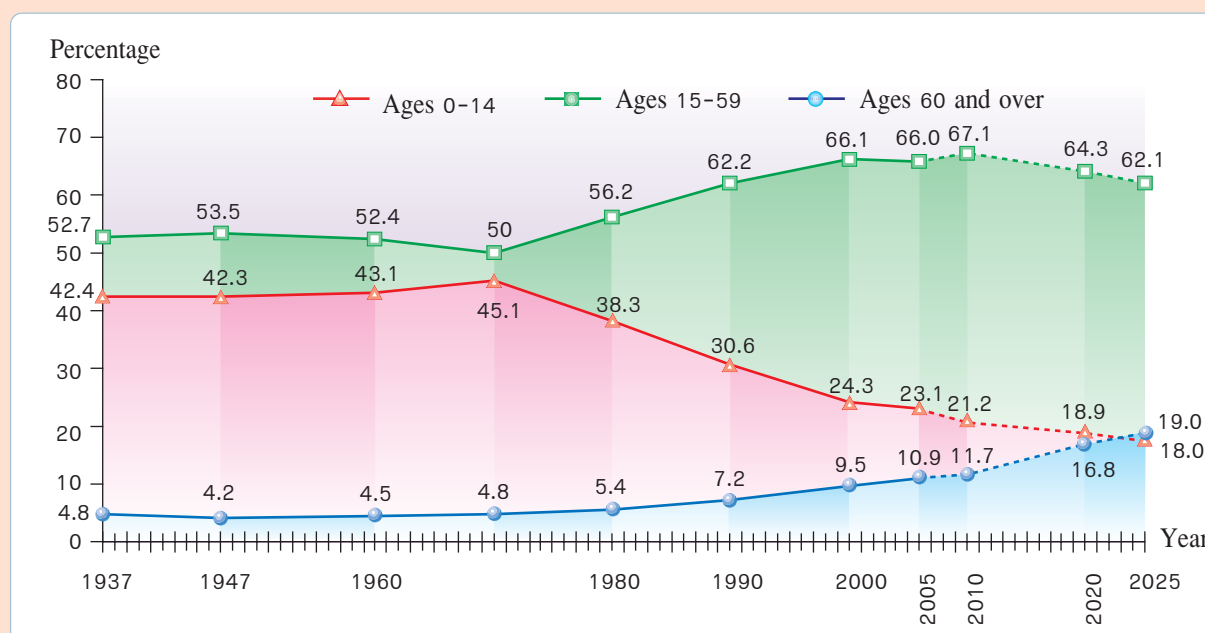


Source: Population Projections, Thailand, 2000-2025, NESDB.

Note: For 2005 and 2006 data were derived from the Bureau of Registration Administration, Ministry of Interior.

For 2007, data were derived from mid-2007 population estimate (1 July) of the Institute of Population and Social Research, Mahidol University.

Figure 4.13 Proportion of population by major age group, 1937-2025



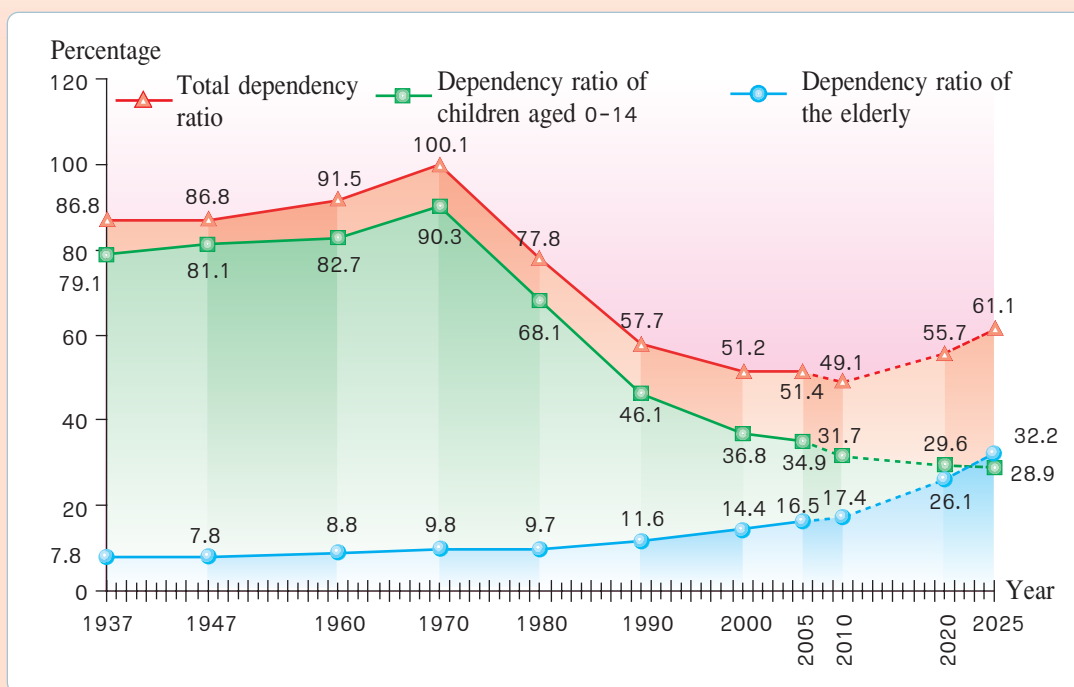
Sources: (1) Data for 1937, 1947, 1960, 1970, 1980, 1990 and 2000 were derived from the Population and Housing Censuses. National Statistical Office.

(2) Data for 2005 were derived from the Population Change Survey 2005/2006, National Statistical Office.

(3) Data for 2010, 2020 and 2025 were derived from Population Projections, Thailand, 2000-2025, NESDB.



Figure 4.14 Population dependency ratio, 1937-2025



- Sources:** (1) Data for 1937, 1947, 1960, 1970, 1980 and 1990 were derived from the Population and Housing Censuses. National Statistical Office.
- (2) Data for 2005 were derived from the Population Change Survey 2005/2006, National Statistical Office.
- (3) Data for 2010-2025 were derived from Population Projections. Thailand, 2000-2025, NESDB.

Figure 4.15 Proportions pyramids of Thailand in 1960, 1990, 2000, 2010, 2020 and 2025 compared to those at present in Sweden, Denmark, and Japan

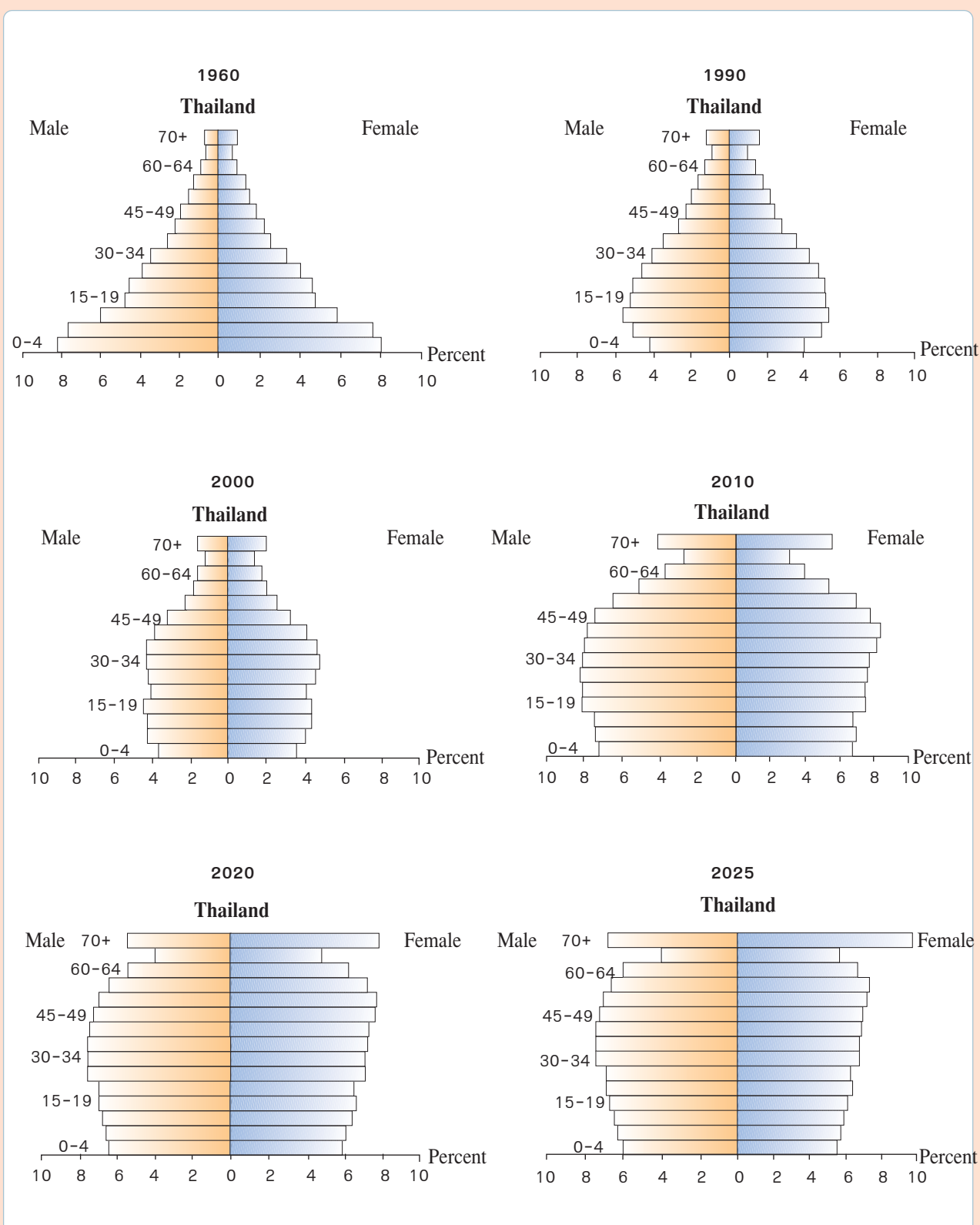
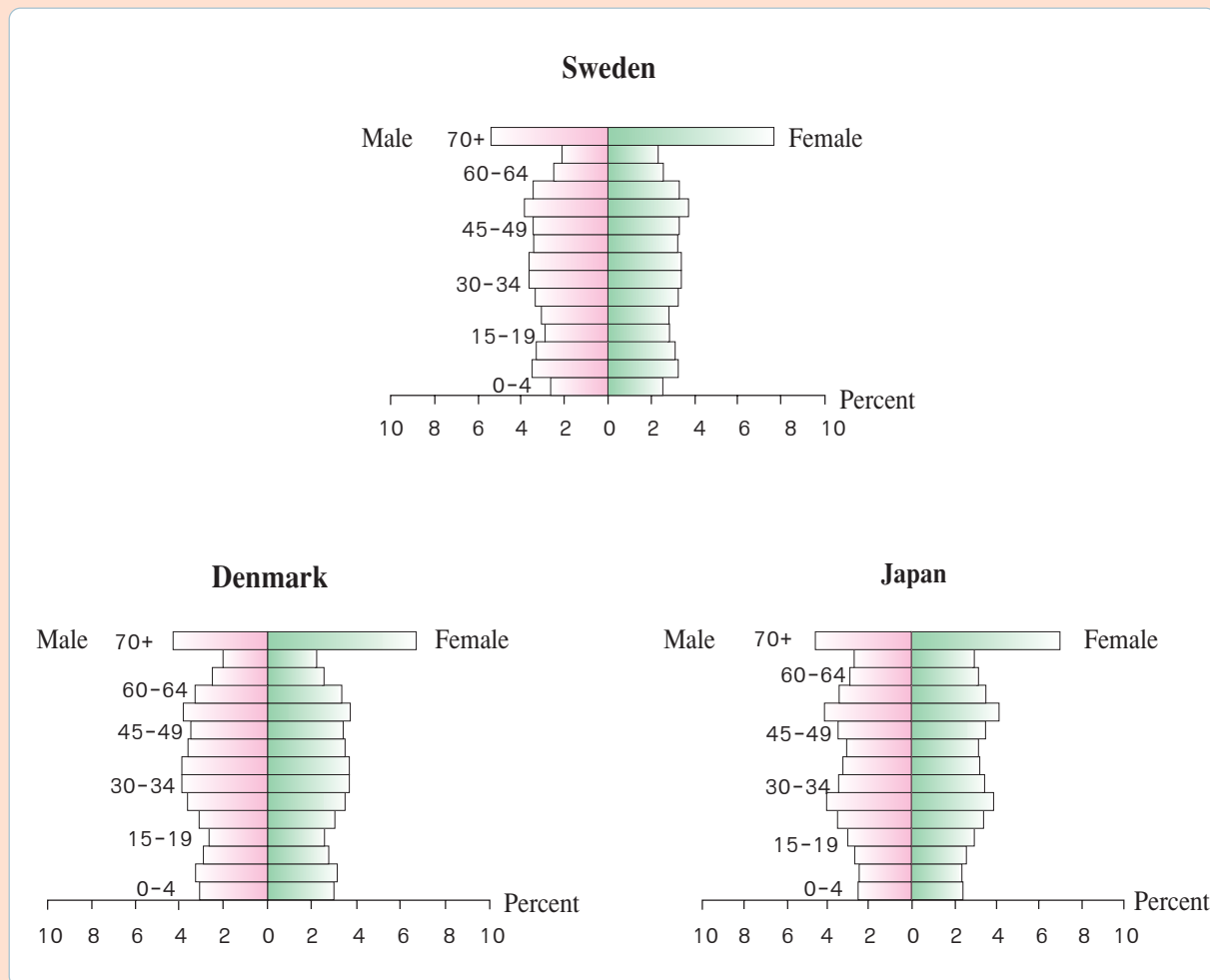


Figure 4.15 Proportions pyramids of Thailand in 1960,1990, 2000, 2010, 2020 and 2025 compared to those at present in Sweden, Denmark, and Japan (cont'd)



- Sources:** (1) Data for 1960, 1990 and 2000 were derived from the Population and Housing Censuses. National Statistical Office.
- (2) Data for 2010, 2020 and 2025 were derived from the Population Projections for Thailand, 2000-2025 NESDB.
- (3) United Nations (1999) World Population Prospects: 1998 Revision, Volume II: Sex and Age.

Table 4.7 Years in which the proportions of people aged 65 and over were or will be 7% and 14%, respectively, in developed and developing countries

Group of countries	Year for 7%	Year for 14%	Years to become an elderly society
Developed countries			
- France	1865	1980	115
- Sweden	1886	1971	85
- U.S.A.	1941	2013	72
- Italy	1924	1987	63
- Japan	1969	1994	26
Developing Countries			
- Korea	2000	2020	20
- Singapore	2000	2017	17
- Thailand	2010	2030	20
- China	2002	2027	25

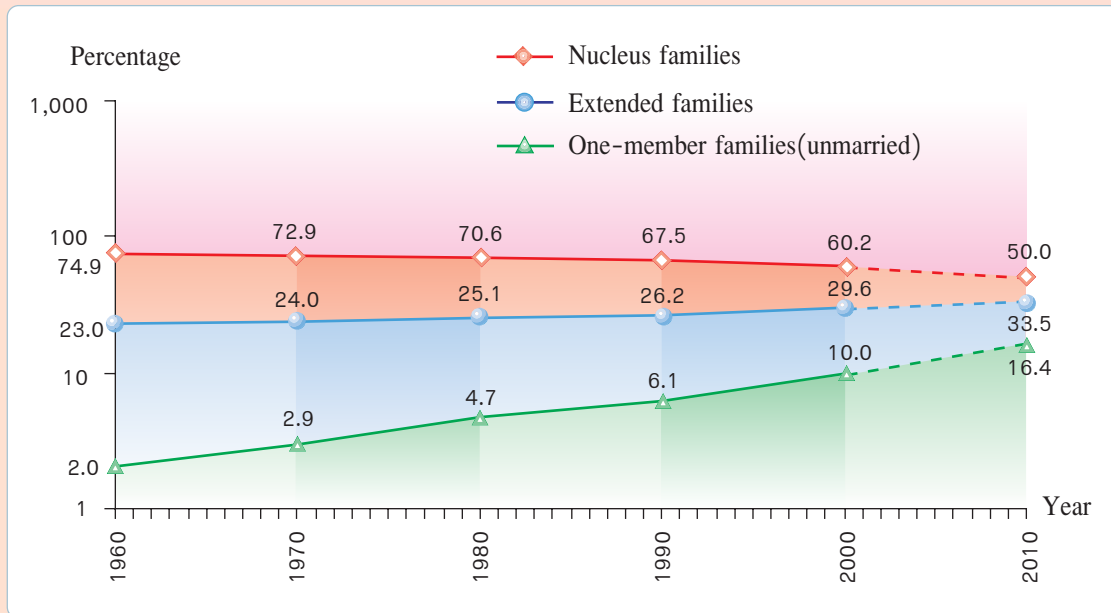
Source: World Population Prospects, The 2002 Revision Volume I: Comprehensive Table, United Nations. In Suwannee Khamman, "Last Chance for Thailand: Six Golden Years of Sustainable Development of Thai People", NESDB.

3.2 Thai Families

3.2.1 Family Structure

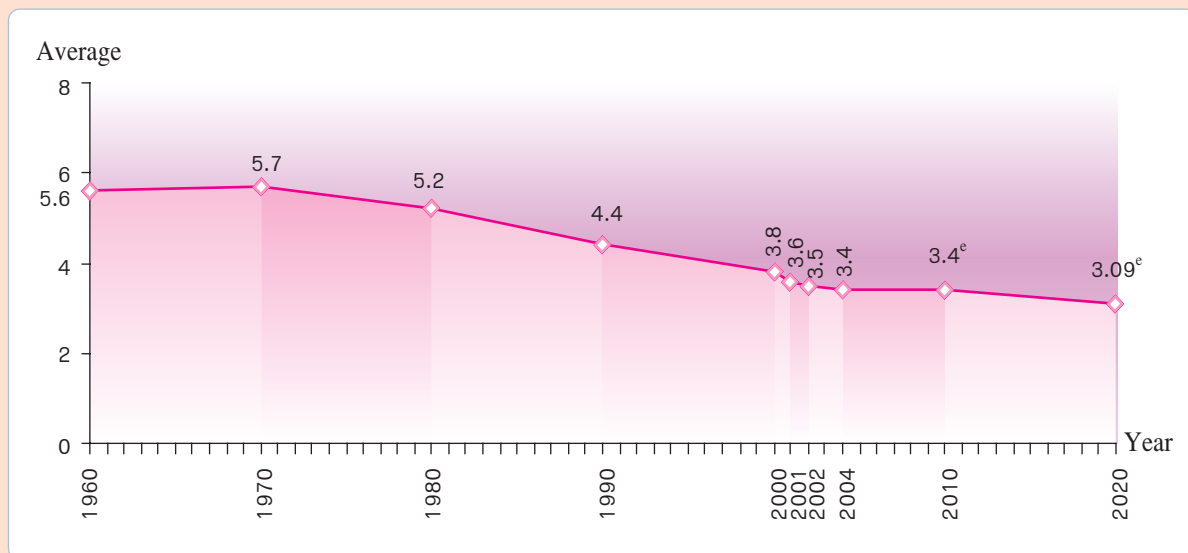
The family structure has become diverse and complex mostly being a nucleus family rather than extended family and there are more and more one-member families (Figure 4.16). The average family size has dropped to 3.4 persons in 2004 and expected to drop further to 3.09 persons in 2020 (Figure 4.17).

Figure 4.16 Proportions of families by type, 1960-2010



Source: Yothin Sawangdee, Change in Population Structure in Thai Households. Population and Development Bulletin, Vol. 25, No. 4, Apr.-May 2005.

Figure 4.17 Average family size and projections, Thailand, 1960-2020



Sources: (1) For 1960-2000, Population and Housing Censuses, National Statistical Office.
 (2) For 2001-2004, Household Socio-Economic Surveys, National Statistical Office.
 (3) For 2010-2020, Reports on Trends in Thailand's Economic and Social Status. Thailand Development Research Institute.

3.2.2 Family Relationship

The national development under the capitalism focussing on industrial development as well as consumerism and competition has changed the Thai family livelihood. More and more women have to work outside the home to financially support the family, resulting in family members having less time for living together and helping each other. A survey on parents in 1,066 families in Bangkok reveals that most parents work for 7-9 hours a day and 43% of the parents feel estranged from their children as they spend only 1 to 3 hours undertaking activities together.³ Thus, there is a lack of family warmth and the family relationship has become weakened as evidenced by the rising rate of divorces, from 10.5% in 1994 to 25.1% in 2006. It is noteworthy that even though the population is growing, the number of marriages each year has fallen from 492,683 couples in 1994 to 355,460 couples in 2006 (Bureau of Registration Administration, Ministry of Interior). This is due to rising numbers of delayed marriages and cohabitation without wedding registration. Such a change in the family structure and relationship has an impact on the Thai health system as follows:

1) Rising numbers of abandoned children and elders have negatively affected their physical and mental health. The problems of divorce have caused broken homes resulting in more and more children and elders being abandoned particularly during the 1998/99 economic crisis and there was no declining trend after the crisis (Table 4.8). In fact, there are a lot more abandoned children and elders and they cannot have access to health care, which negatively affects their physical and mental health conditions.

³ Report from the Families Network Foundation and the Referendum Centre, Institute of Research and Development, Ramkhamhaeng University, 2003.

Table 4.8 Numbers and proportions of abandoned children and elders, 1993-2006

Year	Children abandoned		Elders abandoned	
	Number	Proportion per 100,000 children	Number	Proportion per 100,000 elders
1993	5,605	30.33	2,141	51.30
1994	5,748	31.19	2,200	49.11
1995	5,736	31.22	2,311	51.60
1996	5,896	32.25	2,504	53.50
1997	6,049	33.38	2,624	53.83
1998	6,341	35.15	2,619	51.47
1999	6,262	35.00	2,652	50.33
2000	6,096	34.42	2,896	53.41
2001	6,151	35.11	2,804	49.94
2002	6,110	35.24	2,884	49.33
2003	6,192	35.71	2,991	51.16
2004	6,035	35.43	2,860	49.75
2005	6,102	36.05	2,497	42.00
2006	4,366	25.92	1,390	22.78

Source: Ministry of Social Development and Human Security.

Note: Since 2005, the Ministry of Social Development and Human Security has transferred some welfare institutions to local administration organizations, resulting in difficulties in collecting such data.

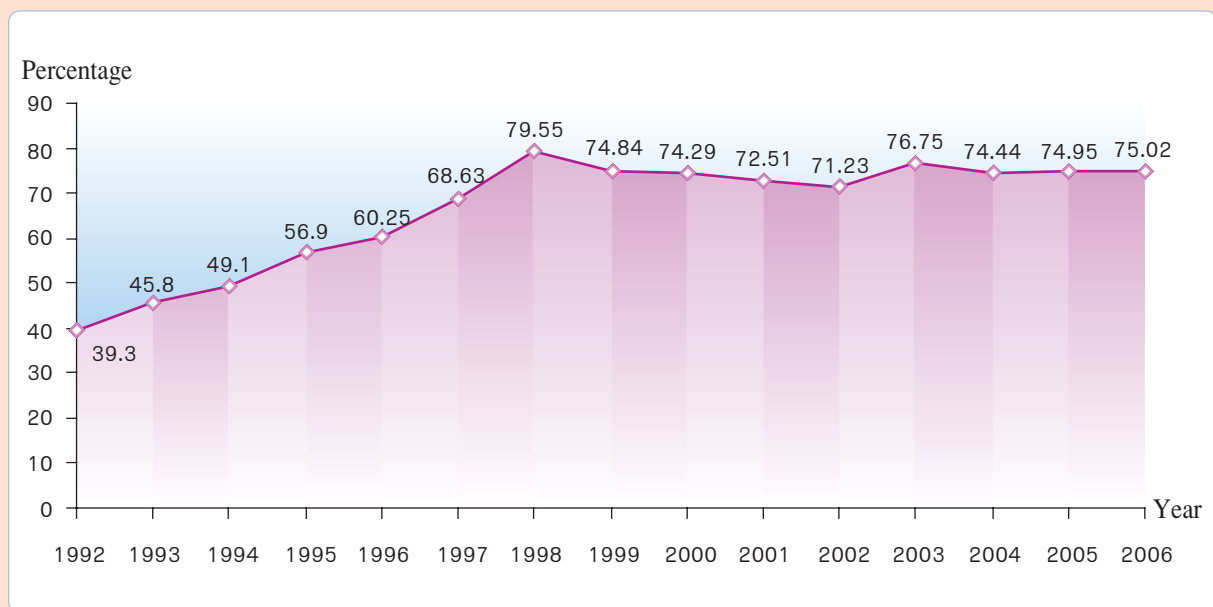
2) More family violence deteriorating women and children's physical and mental health status. As a lot of people cohabiting without marriage registration or traditional wedding, they are not prepared to live a marriage life, lacking family-life and problem-solving skills. Whenever a problem arises, more people tend to end up with physical or mental assaults and sexual abuse. A survey on 2,279 male and female householders in Bangkok, Suphan Buri, Chiang Mai, Nakhon Ratchasima and Nakhon Si Thammarat in 2004 revealed that as many as one-fifth of housewives (20.9%) were physically assaulted, and 8.7% of housewives were seriously assaulted (mentally abused and physically and sexually harassed). The impact was that most seriously assaulted women felt irritated, frustrated, depressed and frightened; some were physically injured. Interestingly, 6.5% of the women had suicidal ideation. For factors contributing to domestic violence, it was found that that almost half or 47.1% of the families with parents drinking alcohol would have domestic violence.

Therefore, the government should develop a medical service system to help more and more women and children who are domestically assaulted and carry out measures for effective campaigns in a continuous and serious manner for the families to stop drinking.

3.2.3 Child-Rearing Pattern in Family

The child-rearing pattern has also changed; parents do not take care of their children as they have no time. So more and more parents would take their children to be under the care of non-family members. A survey in 2002 on children and youths of the National Statistical Office revealed that among children aged 3-5 years 53.3% were reared at a nursery, a child development centre, or a school, and 28.6% by parents. And another survey conducted on 388 parents aged 21-40 years with children aged 2-12 years in Bangkok by Real Parenting in 2006 found similar results: 30.2% of parents raised children by themselves.⁴ The results corresponded to the pre-elementary school attendance rate among children aged 3-5 years, rising steadily from 39.3% in 1992 to 75.0% in 2006 (Figure 4.18).

Figure 4.18 Rate of children aged 3-5 years attending pre-elementary school, 1992-2006



Source: Education Statistics in the Schooling System. Ministry of Education.

⁴ Research and development report of Amarin Printing and Publishing Public Limited Company. Real Parenting Magazine, July 2006.

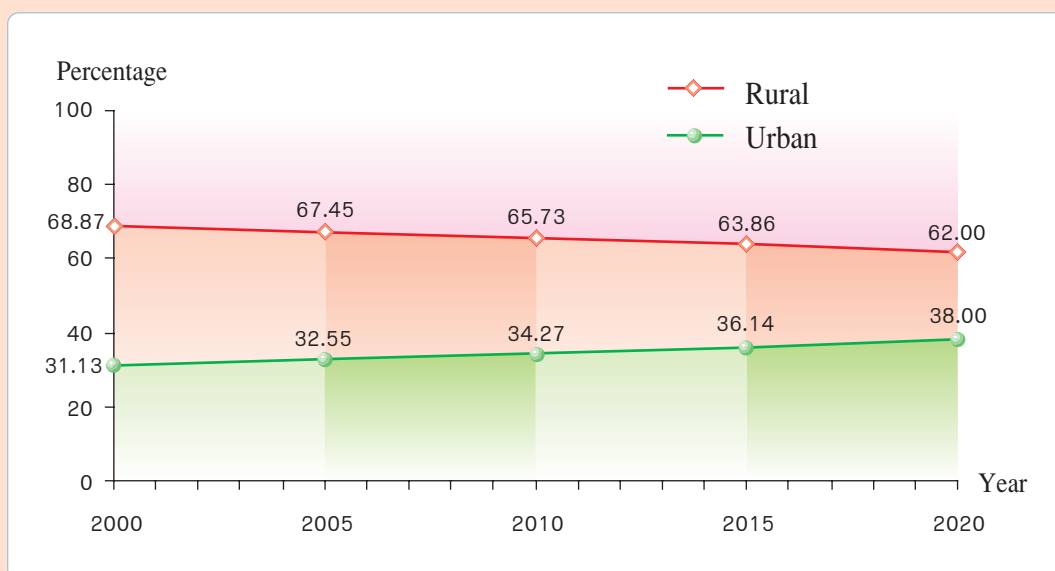
As most parents have no time to closely look after their children, they have to take children to the educational system with teachers taking care of them while parents are at work. Some have to leave their children at a child-care centre, which might be substandard; and some child caregivers have no spiritual linkages with the children, having an adverse effect on the level of development and intelligence of Thai children and youths. A cross-sectional study on 9,488 children aged 1-18 years in 2001, using a development screening test and an intelligence quotient test by age group, revealed that for children under 6 only 63% had normal and faster-than-normal development levels and most of children aged 6-18 had a rather low IQ (Chanpen Choprapawan, Holistic Child Development Research Project. A document distributed at the 10th Anniversary of Exhibition of the Thai Research Fund, 2003). That is why there are a lot of health problems such as homosexuality, HIV/AIDS, drug abuse in adolescents, and mental health.

3.3 Migration

3.3.1 Rural-to-Urban Migration

The national development with industrialization emphasis plays a major role in causing rural people to migrate to cities to seek jobs in the industrial and service sectors. The proportion of rural-to-urban migrants was 31.13% of all migrants in 2000; and it has been forecasted that, in 2020, 38% of the total population will reside in urban areas (Figure 4.19). Most of the migrants will move to Bangkok, followed by to Bangkok's vicinity, as well as to the eastern seaboard area.

Figure 4.19 Projection of urban and rural populations, Thailand, 2000-2020



Source: Population Projections, Thailand, 2000-2025, NESDB.

The 1997 economic crisis resulted in the shutdown or downsizing of a lot of business operations, leading to a reverse of labour migration from urban to rural domiciles, particularly to the Northeast and the North. In 1997, the migration of Thai population from urban to rural areas was as high as 37.2% of all migrants, while only 13.4% migrated from rural to urban areas. After the economic expansion in 2002, the proportion of urban-to-rural migration dropped to only 33.0% while the rural-to-urban migration rose to 19.2%. But in 2006, the urban-to-rural migration was as high as 35.6% while the rural-to-urban migration was only 14.4% (Table 4.9).

Table 4.9 Percentage of migrants by type of migration and current residential region, 1992-2006

Type of migration	Total	Current residential region				
		Bangkok	Central	North	Northeast	South
All migrants						
Urban to urban	100.0	100.0	100.0	100.0	100.0	100.0
Rural to urban	17.6	33.6	26.8	12.4	11.8	13.6
1992	15.5	NA	NA	NA	NA	NA
1994	15.0	78.4	9.8	10.0	6.9	14.4
1997	13.4	74.1	10.5	8.8	5.9	15.9
2002	19.2	67.0	21.1	14.1	9.6	18.6
2005	11.7	67.5	13.4	9.5	5.8	14.8
2006	14.4	64.9	18.2	10.7	6.3	15.2
Unknown ¹ to urban	0.6	1.5	0.5	0.6	0.5	0.5
Rural to rural	29.7	-	31.2	28.8	26.9	43.5
Urban to rural						
1992	32.2	NA	NA	NA	NA	NA
1994	33.4	-	28.2	38.1	47.0	20.9
1997	37.2	-	32.0	39.6	55.5	20.3
2002	33.0	-	24.9	38.0	47.2	24.3
2005	39.1	-	24.6	42.0	55.5	23.7
2006	35.6	-	22.9	44.5	50.3	26.8
Unknown ¹ to rural	2.1	-	0.4	3.0	4.2	0.4

Sources: Data for 1992, 1994, 1997, 2002, 2005 and 2006 were derived from the Reports on Surveys of Population Migration, 1992, 1994, 1997, 2002, 2005, and 2006. National Statistical Office.

Note: ¹ Including immigrants from foreign countries.



Due to more rural-to-urban migration, the migrants have to change their rural lifestyles and adopt urban lifestyles. This has led to health problems in some workers who cannot properly adjust themselves to the changing conditions; such problems are mental disorders, peptic ulcer, hypertension, and certain diseases or conditions commonly found in urban slums, i.e. child malnutrition, diarrhoea and tuberculosis. In addition, most of the migrant workers working in factories are more likely to be exposed to occupational diseases related to industrial chemicals, such as cancer and chemical poisoning. A number of them have to live in an unhygienic environment and some of those who are involved in commercial sex are at increased risk of contracting and spreading HIV/AIDS.

The increasing rural-to-urban migration has created problems of mega-cities requiring a suitable urban development planning approach; and health services have to be provided to cover all target groups.

3.3.2 Transnational Labour Migration

At present, there is more transnational labour migration than in the past. More Thai workers tend to seek jobs overseas; the number of workers rose from 61,056 in 1990 to 202,296 in 1995, but dropped to only 160,846 in 2006 (Bureau of Overseas Workers Administration, Department of Employment). The number would be much greater if illegal workers were taken into account. Recently, they are more likely to go to work in Taiwan, Singapore, Malaysia, and the Middle East. Nevertheless, a lot of foreign workers have migrated to work in Thailand, both legally and illegally, especially low-wage labourers from neighbouring countries such as Myanmar, Laos, China and Cambodia. Since 2003, the government has allowed the registration of alien workers. In 2006, there were 705,293 registered foreign workers; 539,416 (76.5%) from Myanmar; 90,073 (12.8%) from Laos; and 75,804 (10.7%) from Cambodia. The provinces with the highest numbers of workers from Myanmar are Bangkok, Tak, Samut Sakhon, Chiang Mai, and Ranong, each having 20,000 to 90,000 workers (Department of Employment). The number of registered foreign workers has dropped to about one half and it is estimated that there are a lot of unregistered workers.

As Thailand has had more and more alien workers particularly along the borders, several infectious diseases are widespread such as malaria, diarrhoea, HIV/AIDS, poliomyelitis, and anthrax. Certain diseases that Thailand could once be able to control have re-emerged, such as filariasis; it was reported that 3% of Myanmar workers along the border were carriers of such a disease.

