Five Levels of Family Planning Progress: Lessons from Thailand

A NEW framework developed by the U.S. Agency for International Development’s Office of Population divides developing nations into five stages, according to their level of modern contraceptive prevalence. Countries in each of these stages, termed “emergent,” “launch,” “growth,” “consolidation,” and “mature,” are characterized by similar fertility rates and common needs for family planning policies, programs, and services.

Thailand, a family planning success story, moved out of the emergent stage in the early 1960s and reached the mature stage in 1985. Fertility levels in Thailand declined rapidly as use of modern contraceptive methods became widespread. Thailand’s rapid family planning progress is the result of many influences, but key factors at each stage include:

- **Launch Stage:** (1963–69) Building consensus that rapid population growth threatened development and that government action was needed.
- **Growth Stage:** (1970–75) Adopting a national population policy, developing a strategy for promoting family planning, and expanding contraceptive services.
- **Consolidation Stage:** (1976–84) Extending the family planning program to include hard-to-reach groups and improving access to female sterilization services.

**Mature Stage:** (1985–present) Continued government support for and subsidy of family planning services.

William Waterfall

Though Thailand is unique in some respects, its family planning strategies and solutions contain lessons for other countries.
rest of the population. In such countries, the population is changing from primary reliance on the pill to steadily increasing use of the IUD and rapid increases in female sterilization.

**Mature Stage**: Countries reach the mature stage when modern contraceptive prevalence rises above 50 percent. In addition to Thailand, eight Latin American countries are in this final stage of family planning. (Other countries with even higher rates of contraceptive use, such as Korea and Taiwan, have moved beyond this typology altogether).

At this stage the challenge is to build upon the family planning program's considerable success, encouraging contraceptives to use the most effective methods, and improving the quality of information and services to maintain high contraceptive continuation rates. In mature Latin American countries, the private sector is the largest supplier of contraceptive methods and services, while in Asia (Thailand) the public sector continues to play the leading role.

**Thailand's Example**

THAILAND is a family planning success story. As Thailand moved from high to low fertility during the past quarter century, its family planning experience changed dramatically. In 1955-60, when the country was in the emergent stage, fertility was 6.4 children per woman, the same as the average for the emergent countries today. Availability of contraceptives was limited, and there was no national family planning policy, and the need for family planning generally went unrecognized. Women's educational levels and status, however, were well above average for the emergent stage and even for later stages.

In 1963, when modern contraceptive prevalence rose to 8 percent and Thailand entered the launch stage, the first national seminar on population was held, sounding the alert that rapid population growth could retard national development. Seven years of consensus building followed, leading to the adoption of a national family planning policy in 1970.

In the U.S.A.I.D. model modern contraceptive prevalence more than doubles during the growth stage. In Thailand it surged from 14 percent in 1970 to 34 percent in 1975. Family planning communication rapidly expanded. A 1977 study showed that over half of all Thais received their family planning information from radio or television.

Thai fertility declined rapidly primarily because of increased use of the pill, typical of countries in the growth stage. Auxiliary midwives received authority to distribute oral contraceptives, the number of outlets providing government-supplied pills rose from 250 to 3,500, and the percentage of married women using oral contraception increased from less than 4 percent in 1970 to over 15 percent in 1975.

The consolidation stage in Thailand, 1976-1984, was marked by a dramatic increase in female sterilization, which rose to 23 percent of married women in 1984. Also during this period government tried to extend information and services to such hard-to-reach groups as northeastern hill tribes and southern Muslims. Such outreach is a priority in the consolidation stage.

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THAILAND is a family planning success story. As Thailand moved from high to low fertility during the past quarter century, its family planning experience changed dramatically. In 1955-60, when the country was in the emergent stage, fertility was 64 children per woman, the same as the average for the emergent countries today. Availability of contraceptives was limited, there was no national family planning policy, and the need for family planning generally went unrecognized. Women's educational levels and status, however, were well above average for the emergent stage and even for later stages.

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day, Thailand’s fertility is remarkably low, only 2.1 children per woman versus an average of 3.4 for all countries in this stage. Two-thirds of women use modern contraception, and female sterilization is the most popular method.

As modern contraceptive prevalence becomes widespread in the mature stage, and a rising share of contraceptors choose long-lasting methods, family planning programs need to offer a wide selection of methods, avoiding promotion of a single method at the expense of others. “In Thailand the introduction of new methods has tended consistently to attract new groups of acceptors,” according to the authors of How Thailand’s Family Planning Program Reached Replacement Level Fertility: Lessons Learned.

Policy Implications

Countries in the launch stage should place priority on building consensus for family planning and consider adopting a national family planning policy. Such actions were critical to Thailand’s subsequent family planning success.

- In the growth stage, when the challenge is to expand, an effective communication program is vital. Though Thailand lacked an extensive mass media campaign for family planning and formal population education in the schools, it compensated for these weaknesses with a remarkable strength. “An idiosyncratic and uniquely Thai asset during this period was the charismatic family planning publicist, Mechai Viravaidya, who drew the attention of people both inside and outside Thailand to the cause of family planning for Thailand,” say the authors of the Thai study.
- At the consolidation stage demand for effective contraceptive methods is strong, but some groups remain relatively untouched. In this stage increasing contraceptive prevalence typically requires serious efforts to attract groups outside the mainstream, as Thailand did.
- “Although in A.I.D.’s typology the mature stage is seen as a time when responsibility for providing services should increasingly be shifted to the private sector, this transfer has not yet begun in Thailand,” the Thai study reports. The source of support for family planning, whether public or private, may be less important than the assurance of a continuing commitment to providing a broad range of quality methods and services.

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This bulletin is based on the following two reports, the first of which lists all A.I.D. recipient countries by their family planning stage:


Previous issues of Asia-Pacific Population & Policy are available upon request:
- No. 11, December 1989 “Falling Fertility in Indonesia: Success in National Family Planning”
- No. 12, March 1990 “Family Size and Well-Being: Evidence from Thailand”
- No. 13, June 1990 “The Matlab Project: Family Planning Success in Bangladesh”
- No. 14, September 1990 “Asia’s Demographic Future: The Next 20 Years”
- No. 15, December 1990 “How Female Literacy Affects Fertility: The Case of India”
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