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Determinants of Childbearing among Thai-Muslim Generation Y in Thailand

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Abstract

The purpose of this study was to investigate the determinants of childbearing among Thai-Muslim Generation Y (those who were born between 1982 and 1997) in the southernmost provinces of Thailand. The data were collected from 1,200 respondents using structured questionnaires. A logistic regression analysis was used to analyze the relationship of various factors on childbearing. The findings revealed that the factors inducing an increase of childbearing were age, living in municipal area, having a household income of at least 30,000 baht, prospective job opportunities, family financial status, and feeling secure about having assistance in taking care of the children. And as much as these factors had a substantial bearing, the most salient factor on having children were cultural considerations. Conversely, the factors that decreased the opportunities of childbearing were being in common law marriages without legal marriage registration, having at least a secondary education, gaining adequate income, having access to contraception, the parents, company, and also being concerned about whether maternal leave with pay is possible. All of these have had a statistically significant relationship.

Keywords

Thai-Muslims; demographic factors; social and economic factors; health status; pro-natalist policy

Introduction

The rate of fertility in Thailand has been decreasing while the aging population has dramatically increased. The population of individuals still of a working age, despite its gradual decline, remains the largest group in Thai society (Office of the National Economic and Social Development Board, 2013). Asisonthisakul (2006) stated that the majority of the Thai population consists of working aged individuals often referred to Generation Y. These individuals are of ages between 20-40 years old, and born between 1980 and 1997. This group has become a primary focus of the world today since they are in the labor market or will soon take part in it. These individuals, therefore, provide the greatest spending power and exert the most impact on the economy by being the largest group of consumers. In addition, people aged 15 to 49 are also in the reproductive age. This means that in terms of reproduction they are a significant demographic reality not only in Thai Society but throughout the world. 30% of individuals throughout the world are in this age bracket, which is higher than that of baby boomers who were born between 1946 and 1964, and Generation X which was born between 1965 and 1979. These groups account for 17% and 19% of the world population respectively.

Over 30% of Generation Y in Thailand reside in the southern provinces which include Krabi, Trang, Narathiwas, Pattani, Yala, Songkhla, and Satun. Apart from those southern provinces,

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only Ubonratchathani Province has more than 30% of this age group. As for large cities like Bangkok, Khonkaen, Nakornratchasrima, and Chiangmai, 26-28% of this age bracket is in each of these provinces. Although this group of the population is already of a working age and ready for childbearing, the fact is that childbearing for people in this generation continues to fall due to the economic conditions of respective households according to the findings of Lesthaeghe and Surkyn (1988); Hoem (2000); Jalovaara (2013); and Kanchanachitra, Tadee and Suttikasem (2017). Moreover, Samutachak, Konkaew and Uden (2017) reported that economic situations, as well as government policy affect decisions about whether or not to have children. These are related to the sociological observations witnessed by Wongboonsin of as Dual Income No Kid or DINK, which states that dual income couples prefer to spend their lives being childless. This change in family type may soon lead to an approach, or fad, of the Single Income No Kid (SINK) stance, meaning that people may enjoy remaining without any children (Thaireform, 2016). This, however, has only been a trend with a limited population of people so far. (Thaireform, 2016, as quoted in Smuseneto, Tongsamsi, Benrit & Useng, 2017).

In relation to this issue, Prasartkul and Vapattanawong (2011) suggest that instead of focusing on birthrate control or a quantitative number of children, the government should put its primary concern on quality reproduction and seriously promote reproductive healthcare especially among adolescents. However, there seems to be a difficulty in that kind of advocacy since a decline in the numbers of population is not only a result of birth control policy, but also of a change in the concept of family among Thai people. For some couples, children are considered a burden in terms of additional financial expenses. Financial factors, in addition, seem to influence the number of children in a family.

Despite the decrease in the fertility rate in Thailand, the total fertility rate (TFR) in the southernmost provinces is higher than the replacement levels. According to the 2010 census (National Statistical Office, 2018), TFRs in Pattani and Narathiwas provinces were 2.33 and 2.10 respectively, whereas those in Yala and Satun were 1.93 and 1.83 respectively. This is the first census showing that the total fertility rate is below the replacement levels in Yala and Satun. However, compared to the 1.52 nationwide fertility rates of the same year (National Statistical Office, 2016), a proportion of newborn babies in the southernmost provinces were higher than those recorded in other parts of the country. This may be due to the fact that Islamic principles held by the local population encourage people to have children.

With the unique characteristics of Thai-Muslim society, in which 80% of the population is Muslim, ways of life, beliefs, and culture conform to Islamic jurisprudence; thus, the fertility rate in the southernmost area is higher than that in the rest of Thailand. Having children, as stated in the Quran, is a precious gift from Allah that brings prosperity and fulfillment of life to parents (Smuseneto et al., 2017). This belief, as a result, motivates Thai-Muslim couples to have babies.

Ideally, newborn babies are rightly construed as "gifts from God" in such communities; and yet, uncontrolled birthrates are clearly economic burdens that retard standard of living. However, some Muslims, particularly in rural areas, fail to realize this fact. This might be because the religious belief of Thai Muslim people in rural areas is stricter than that in urban areas, in which there is more variety and flexibility, as well as higher economic competition. This could be a reason why the fertility rates in the southernmost provinces are higher than those in other areas. This notwithstanding, the fertility rates in the southernmost provinces have gradually declined. The total rates in Pattani and Narathiwas, according to National Statistical Office (2018), are now below the replacement levels.

Being aware of these circumstances, the government has revised the Thai Revenue Code and stated that from 2019 onward taxpayers, or each of the spouses having a second legitimate

child born since 2018, will have an annual 30,000 baht tax deduction. According to this ministerial regulation, from January 1, 2018 onward, prenatal care or childbirth expenses not exceeding 60,000 baht are tax-deductible. This deduction, however, is effective when taxpayers do not disburse any money from other sources related to their social security or government coverage. This policy encourages taxpayers to have children as well as to support quality child raising so that the nation will have competent human resources and can prepare itself for an aging society (Laotaweesub, 2018).

Thus, the Thai government, aware of the decrease in fertility in Thailand, announced a tax deduction policy to encourage individuals of this age bracket to get married and have children. Although Generation Y is of those who were born between 1980 and 1997, the study selected as samples those who were born between 1982 and 1997 due to the fact that they were more prone to be fertile. This study, therefore, examined the determinants of childbearing among Thai Muslims born from 1982 to 1997 in the southernmost provinces of Thailand. The results, it is hoped, will be used as additional information in shaping reproduction policies to promote childbearing among Generation Y.

Objectives

The goal is to examine the determinants of childbearing among Thai-Muslims born between 1982 and 1997 in the southernmost provinces of Thailand.

Literature Review

Davis and Blake (1956) indicate that fecundity is an important variable affecting fertility levels. The desired number of children was used as a dependent variable to measure childbearing in the study. The most commonly used metric is the total fertility rate (TFR) which compares the figures for the average number of children that would be born per woman if all women were to live to the end of their childbearing years and bear children according to a given fertility rate at each age. TFR is a more direct measure of the level of fertility. An average woman in Thailand now bears just 1.5 children despite the fact that it should be 2.1 to achieve replacement levels.

This decline in fertility rates can affect economic fluctuations and family planning; and especially now as the number of children and family size of Thai people has changed so significantly from the past when parents used to have a lot of children and were part of an extended family. As research of Kanchanachitra et al. (2017), and Kravdal (1994) suggest, economic conditions, salary, and household income are important factors for the decision on whether or not to have children. Moreover, Samutachak and Darawuttimaprakorn (2014) found that the changes in social and economic situations, politics, and technology, as well as governmental policies, had both direct and indirect effects on the lifestyle, life plans, and the decision whether or not to have children among individuals of Generation Y. In addition, successful careers and other opportunities were highly sought after among people of this generation. Likewise, the studies of Liefbroer (2005); Surkyn and Lesthaeghe (2004) concur with these findings. This changing importance of childbearing corresponds with the study of Sobotka, Skirbekk and Philipov (2010) which found that economic depression could affect marriage and childbearing. In addition, this was confirmed by the study of Chang (2006), and reiterated in the study of Matsukura, Retherford and Ogawa (2007) which reveal that

countries in East and South-East Asia have experienced a marked postponement and decline in marriages, which account for a large portion of their fertility decline in recent decades. This suggests that couples, in not being able to guarantee their children's quality of life defer or forego having children.

This particular study has focused on economic factors which affect childbearing. Most people with higher levels of education are concerned about adequate household income, job opportunities, financial status, and increasing expenses. They are also concerned about raising children, and worrying about their children's behavior. While Generation Y people has more privacy and freedom to live life as they think best, such variables may also be factors in declined childbearing.

Conversely, as social conditions might be considered important factors, the study examined this issue and found it as having a bearing on whether or not to have children, with some people reporting having a child in the hope of having company when they become older, others wanting a legacy from which to bequeath to a son or daughter, and some wanting children from which to nurture and a sense of meaning in what would to them be a drab existence without children. Also, as Jitmoud (1992) explains, having children in some societies result in being treated with higher esteem in society and labor productivity.

In Muslim society, (Jitmoud, 1992) childbearing is considered a gift from God (Allah) and propagates both religion and religious adherents. Above all, Muslims believe that children are a treasure (riski) given by God (Allah), and that every birth will be rewarded by Allah. In addition, marriage, according to adherents, has a much stronger foundation when thought of as a sacred responsibility involving children; and being widows, divorcees, and separated spouses for the most part decreases childbearing, in accordance with the conceptual fertility framework of Davis and Blake (1956) in which three intermediate factors are mentioned as supporting fertility levels.

The obvious factors for the genesis of human life are intercourse, conception, gestation, and parturition; and sexual intercourse, fertilization, and gestation have effects on the fertility levels. Regarding sexual intercourse, two sub-factors that enhance fertility levels are formation and dissolution of unions and their exposure to intercourse during the reproductive period. The age of entry in sexual unions, permanent celibacy, time spent during the reproductive period involved in union formation and dissolution, voluntary abstinence, involuntary abstinence and impotence, illness, unavoidable but temporary separation, and coital frequency can all affect intercourse exposure. The variables affecting fertilization include voluntary and involuntary causes of failing at fecundity, and the factors influencing gestation and parturition are fetal mortality from miscarriage and abortion. According to Prasartkul (2000), all of these variables have an impact on the decreased levels of fertility.

Thus, economic and social factors, including religious principles, are important factors affecting childbearing. Factors such as time spent during the reproductive period involving union formation, dissolution of the union of the couple, health problems, and income and work, affect fertility levels.

Although, recently, there has been a slight decline in the fertility rate in the southernmost area of Thailand, overall it has been higher than in other parts of the country. Islamic beliefs, traditions, and culture encourage childbearing and probably have a different impact on the determinants of childbearing decisions. Hence, during this study all variables were expected to have a bearing on having children, and were employed to analyze the data.

Methodology

Population and sample

The data presented in this study were taken from a childbearing survey of Thai Muslims born during the years of 1982 to1997 in the southernmost provinces of Thailand, conducted in 2018. The population included 608,103 Muslims, aged 20 to 35, who were born between the years 1982 to 1997, and lived in Pattani, Yala, Narathiwas, and Satun. The respondents were recruited from 4 provinces to represent the population in the further regions of southern Thailand. Snowball sampling was employed in this research due to local restrictions. The sample size was determined using the formula recommended by Fisher, Laing and Stoeckel (1983), in which the population is unknown and the sample must be taken in an area that has a population of at least 10,000 people. The T drawing of the sample was done using the formula of n=Z2(pq)/d2, in which "n" is the number of subjects, "Z2" is the standard deviation so as to specify a level of 1.96 and a confidential interval of 95%, and "P" is the proportion in the target population estimated to have particular characteristics (in this case 608,103 population in the target area born from 1982 to 1997, equal to 25% of 2,353,030 population in the 4 provinces). An abbreviation of "q" = 1-P, and "d" = degree of accuracy desired. This is usually set at 0.05 or, as in this case, occasionally at 0.02 assuming that the target population, which would be aware of married Muslim samples, multiplied by the prevalence rate of married people by 0.10.

With the z statistic being 1.96 and the desired accuracy at 0.05%, then the sample size of "*n*" would equal [1.962(0.25*0.75)] / [(0.10*0.25)2]. The minimum sample size for this study was 1,153 participants. However, the data were increased up to 1,200 Thai Muslims aged 20 to 35 years in order to attain a reliable and appropriate representative sample. Subjects were chosen from four provinces and were randomly selected from each sex and based on years that they indicated as their dates of birth. The number of subjects for each sex and year of birth was determined by probability proportional to size sampling. After editing, the complete representative sample in this study was 1,200 persons.

Data collection and tools

This research was a cross-sectional study conducted in September of 2018. Ethical clearance for this study was approved by the Ethics Board of Prince of Songkla University, Pattani Campus, as number psu.pn.2-011/61. Research was conducted only when the respondents gave their consent. All the participants who agreed to answer the questionnaires received and signed consent forms which provided information about the purpose and methodology of the study. A test, prior to the sample, was conducted on 30 random individuals of the sampling area to ensure that the questionnaires were understandable and appropriate.

The questionnaire was divided into 5 parts: a) information related to demographics, b) factors that might have an economic basis, c) health status, d) information on the family, and e) whether childbearing promotion strategies had any bearing on the family. The Cronbach's alpha was shown as 0.75 of the reasons for the desire to have children, and thus having a bearing on part d), and the childbearing promotion policy of the government was shown as 0.72 of the reasons for the desire to have children, and thus having a bearing on part e).

Revised questionnaires were made based on the feedback of individuals considered to be Generation Y, and then individuals of this age bracket completed these questionnaires during the weekend with the presence of staff. The duration of the data collection was three months.

Apart from the questionnaires, observations and interviews were also conducted. The inclination toward having children was measured and recorded by trained staff after the complete questionnaires were submitted.

Definition of terms and measurements

The number of children was the dependent variable which was determined by the use of childbearing as a measurement of fertility. The information about the actual number of children in families was obtained from a survey which asked general questions such as "How many children do you have?" The number of children the respondents had reflected the number of children respondents recorded as having had on the questionnaire. The childbearing variables were of two groups: 1 = having at least one child, and 0 = having no children.

The independent variables consisted of 44 variables. Two of these were numerical age and age when first married, while the rest were nominal and ordinal variables of sex, age, marital status, level of education, residential areas, monthly income, adequacy of income, physical health assessment, congenital disease, health insurance coverage, premarital relationships, and mate selection. Moreover, contraception was taken into account, and were comprised of five variables: contraception due to economic problems, contraception due to health problems, contraception due to conflicts with educational goals, contraception due to having no assistance in taking care of children, and contraception due to no desire to have children. These variables were coded as 1 = the reason for contraception, and 0 = no contraception.

In addition, the various reasons for having or not having children were included as independent variables. As for the positive impetus, they included having children who were biological descendants, having children to keep as company, having them as a means of showing love, having them to relieve boredom, having them as a source of pride, having them either from a belief that they are gifts from god or due to religious doctrine over the importance of having children. As for the animus to not have them, they included a wish to reduce workload, reduce health problems, a wish not to worry about children's behavior, increased expenses, the loss of job opportunities, and a decrease of privacy. These variables were divided into two groups: one that agreed which was recorded as 1, and one that disagreed which was given 0. Finally, different matters that respondents considered when thinking about having children were included as independent variables, including parent's health, availability of an assistant to help care for the child, the family's financial status, the extent of paternal leave with pay, the availability of day care service, the possibility of tax reduction for parents, medical expenditures and exemptions from compulsory vaccine requirements, increase in grants for newborns, free antenatal and childbirth care, and tuition fees exemptions. These variables were coded as 0 = no (meaning that respondents do not consider that matter), and 1 = yes (meaning that respondents do consider that matter).

Data analysis

Descriptive statistics were reported in percentages to describe the characteristics of the sample, and simple binary logistic regression was employed to investigate the association between childbearing and other variables. A simple binary logistic regression analysis was assessed in a binary analysis to test various hypotheses, to demonstrate a cumulative explanatory effect, and to examine the most viable explanations of the dependent variable. To investigate the decreased fertility due to having less children each family and the factors affecting childbearing among Thai Muslims aged 20-35 years, the dependent variable was

childbearing which was divided into 2 groups: 0 = having no children, and 1 = having children. Hence, the total sample for analysis was 1,200 subjects. All of them were the age bracket of Generation Y. Odd ratio was used to examine the magnitude of association and to investigate whether the association was positive or negative. Statistical significance was measured as $p \leq 0.05$. Data were entered and analyzed by using SPSS for Windows, Version 19.0. After analyzing the relationship between each pair of independent variables, there was an assessment of these variables to determine their independence or relationship to each other. Thus, all variables were employed for the analysis in the study.

Results

Characteristics of the respondents

The sample included 1,200 respondents who belong to the age bracket commonly referred to as Generation Y. There were more females than males (68.7% vs. 31.3%). About 40% of the samples were of the ages between 25-29 years old, 32.9% were of the ages between 30-34 years old, 16.7% were of the ages between 20-24, and 10.8% were 35 years old. The mean age of the samples was 29 years old. 75.7% of the sample lived with their spouse and children, while 15.2% lived only with their spouse and were childless. 5.3% of the samples lived alone or with other persons rather than with their respective spouses and children, whereas 3.8% lived only with their children. Over 70% of them had common law marriages while only 23.5% of the samples had been legally married, and the other 5.2% were widowed, divorced, or separated.

Over 40% of the respondents were individuals who had more than a secondary education, almost 30% had a secondary education degree, while 18.5% had only passed primary school, and 9.9% of the samples were individuals who had not obtained a primary school degree. For the information regarding the residential area, it was found that 72.7% of the informants lived in municipal areas, while the rest lived in rural or sparsely populated areas. However, in the study, which focused on the household income of the respondents, it was found that about 65.9% of the respondents received lower than 10,000 baht of household income, while 30.8% earned 10,000-19,999 baht in household income. Another 2% of the respondents earned 20,000 -29,999 baht, and only 1.3% of the respondents in the sample earned more than 30,000 baht. The samples recorded that 54.6% of respondents were satisfied with their income.

Regarding health status, about 85.5% of the respondents were healthy. Over 80% of the respondents did not have congenital diseases, while 13.9% of the samples did. About 4.3% of respondents had diabetes and high blood pressure, whereas 4.1% of the respondents had high blood fat or cholesterol. Moreover, about 72.7% of the respondents of the sample had Health Security Gold Card rights and almost 72% of the recipients received medical treatment from public hospitals, and more than 90% had health insurance coverage.

As for fertility, it was discovered that two-thirds of the respondents got married when they were 19-24 years, while 30.4% did so when they were over 25 years old. The average age of the respondents was about 23 years old when they first got married, and most of the respondents stated a belief that the appropriate age for marriage was 25. Almost half of them spent 1-2 years in a relationship before getting married, while about 36% spent less than 1 year in their respective involvements.

In terms of mate selection, it was found that about 73.3% of the respondents made their own decisions, while the rest (25.3%), had marriages that were arranged by their parents. More than 40% of the respondents did not have a family planning consultation before marriage,

close to 38.9% received consultation service from The Central Islamic Council, and about 13.8% went to hospitals or government healthcare facilities. As for contraception, two-thirds of the respondents did not use any form of birth control, 12.8% took external means to achieve ejaculations, and 7.5% took birth control pills. The reason for contraception for 43.2% of the respondents was economic problems, while the rest (24.9%) mentioned lack of dependable help in taking care of the baby as a main reason contraception.

Focusing on an actual number of children among Generation Y families, it was found that the mean of the number of children of Generation Y was 2 children (29.8%). The minimum number of children was 0 (16.5%), while the highest number of children was 7 (0.2%), and that about 84% of the respondents had children. Close to 95.6% of the respondents stated that having children brought happiness into their lives, and about 95.4% mentioned that they could express a more nurturing side of their personalities by having children. On the other hand, around 67% believed that having had children was the nexus and corollary for any anxiety that they were feeling. Almost 66% of respondents were worried about additional costs from having children such as education fees, while half of the respondents stated that having children was the loss of their occupational opportunities.

Around 92.2% of male respondents were concerned about the health of their spouses during pregnancy or childbearing. A family's financial stability was affected by such concerns as cost of living and childbearing expenses, and 86.7% of all respondents were worried about these matters. As for willingly relying on government assistance, 70% of the informants expected free antenatal and postnatal care as indicated in the Thai Revenue Code and resolution of the ministerial regulation.

Results of the binary logistic regression

Table 1 illustrates the results of a binary logistic regression analysis which reveal that 18 out of 44 independent variables showed a statistically significant relationship to childbearing. The increased opportunities for childbearing were found to be associated with older couples, those living in municipal areas, and with individuals earning a household income of at least 30,000 baht. Moreover, the findings reveal the concerns about childbearing, such as loss of job opportunities, family financial status, and childcare, which were all variables affecting choices whether or not to increase childbearing, and contrasts them with those in the other groups, such as younger individuals living in more rural areas, who received lower household incomes.

However, the factors affecting decreased childbearing were found to be as follows: common law marriages, having at least a secondary education, and inadequate income. As for the reasons for contraception, it was found to be due to economic problems, health problems, being of school age, worries on whether one will be able to hire someone to help take care of the children, and simply having no desire for children, and these concerns and attitudes significantly reduced the chances of childbearing. Moreover, reasons for having children, such as to keep parents company, and concerns about extension of maternal leave with pay, had a pronounced statistical bearing on the likelihood to have children.

Table 1: Determinants of fertility among Thai Muslims in the southernmost provinces of Thailand

Factors	Exp(B)	S.E.(B)
Sex (Female®)		
Male	1.299	0.188
Age	1.201***	0.024
Marital status (Widowed/ Divorced/ Separated®)		
With legal registration	0.906	0.211
Without legal registration	0.321*	0.558
Living arrangement (alone or cousins)		
with only spouse	0.118***	0.605
with children	0.748	0.625
with spouse and children	0.639	0.460
Levels of education (Lower than primary education®)		
Primary education	0.584	0.309
Secondary education	0.442**	0.286
Higher than secondary education	0.304***	0.322
Rural or sparsely populated area®		
Municipal area	2.159**	0.244
Household income (Below 10,000 baht®)		
10,000-19,999 baht	1.349	0.214
20,000-29,999 baht	2.443	0.663
30,000 baht and over	8.895*	0.928
Inadequate income®		
Adequate income	0.614*	0.193
Unhealthy physical assessment®		
Healthy physical assessment	1.259	0.269
Congenital disease (Yes®)		
No	0.710	0.300
Health insurance coverage (No®)		
Yes	1.820	0.349
Age at first marriage	0.977	0.035
Premarital relationships (Less than 1 year®)		
1-2 years	1.343	0.199
3-4 years	0.830	0.304
Over 5 years	0.270	0.769
Mate selection (Arranged marriage®)		
Self-decision	0.763	0.201
Contraception reasons (No contraception®)		
Economic problems	0.197***	0.298
Health problems	0.229**	0.515
Being of school age	0.039**	1.162
No assistant to help take care of the child	0.097***	0.636
No desire to have children	0.207*	0.658
Reasons for having or not having children (Disagree®)		
Offspring for legacy	1.884	0.565
Keeping parents company	0.329*	0.562
Showing love	1.678	0.717
Nurturing children	0.476	0.839
Relieving boredom	1.015	0.693
Bringing pride	1.522	0.576
Reducing workload	2.611	0.499
A gift from God	2.115	0.583
Conserving religious principles	0.573	0.509
Causing health problems	1.178	0.312
Worrying about children's behavior	0.907	0.377
Increased expenses	0.909	0.386
Loss of job opportunities	2.506**	0.312
Decreasing privacy	0.645	0.324
Matters considered when thinking of having children (No®)		
Health	1.239	0.367
Being able to hire a child care worker	0.954	0.355
Family's financial status	2.113*	0.344
Extent of maternal leave with pay	0.383**	0.327
Extent of paternal leave with pay	0.756	0.332
Daycare service	1.627*	0.234
Tax reduction for parents	1.782	0.340

Factors	Exp(B)	S.E.(B)
Medical expenditure and compulsory vaccine exemption	0.816	0.351
Increase in a grant for newborns	1.172	0.368
Free antenatal care and childbirth	0.831	0.252
Tuition fees exemption	0.984	0.233
-2 Log likelihood	**1,070.943**	
R^2	**0.395**	

Discussion and Conclusion

The results of the study reveal that the actual number of children being born has been declining in Thai Muslim society, with the mean of the number of children, based upon the respondents of this sample, at 1.91 persons. Only 29.8% of the respondents had 2 children, and it was the highest proportion of childbearing among the study. The study found that 23.9% of the respondents had 1 child, and 16.6% of them had 3 children. Moreover, 16.5% of the respondents did not have a child, 9.3% had 4 children, and 3.6% had 5 children. The highest proportions of children in the study were 6 and 7, constituting only 0.2%, and 0.3% of samples respectively. This finding is in line with the 2010 census (National Statistical Office of Thailand, 2018), which showed that TFRs in the area tended to decrease. Although some families still had up to 7 children, it was the least proportion.

The findings reveal that older individuals, living in urban areas, and making at least 30,000 baht in household income tended to have more children. According to the research by Kanchanachitra, Suttikasem and Tadee (2016), economic conditions, work, and household income are salient factors in the decisions on whether or not to have children. However, one other important point in this finding is that the group of respondents with concerns about childbearing (concerns such as loss of job opportunities, family's financial status, and rising costs of childcare service) were likely to have more children than those who did not have these concerns. The finding was different than previous research of Kanchanachitra et al. (2017), which reported that childbearing conditions were related to work and household economics. Due to the cultural mores of the area, the belief in God (Allah) is a fundamental part of everyday existence. It is believed that childbearing is a blessing (riski) granted by God. Thai Muslims in this area, therefore, tend to have more children when compared with those in other areas.

Moreover, factors shown as decreasing childbearing, such as parents being in a common law marriage, having at least a secondary education, having adequate income, concern about having a child to keep parents company, and the extent of maternal leave with pay. As Samutachak et al. (2017) explained, economic situations, politics, and government policies affect decisions to have children for Thai couples. The study of Sobotka et al. (2010) also found that the parents have fewer children when they have less income and cannot guarantee their children's quality of life. Moreover, Samutachak and Darawuttimaprakorn (2014), Montgomery and Casterline (1996), Lesthaeghe (1980), Surkyn and Lesthaeghe (2004) concluded that those of the age bracket referred to as Generation Y were more self-reliant and independent than other generations. They considered that childbearing could cause loss of job opportunities, hence, they tended to limit the number of their children. The last results of this study differed from that research.

Thus, it can be said that for the respondents who were older, concern about childbearing such as loss of job opportunities, the family's financial status, and childcare service tended to have no impact on childbearing. While, the groups of respondents who were in common law marriages and had not legally registered their marriages had higher levels of education, adequate income, and a desire of having children to keep them company, they tended to have decreased childbearing when compared with those who were widowed, divorced, or

separated, lived alone or lived with relatives, had inadequate income, and did not feel that they had to have children to keep them company.

Based on the findings of this study, it is recommended that the government and related agencies should advocate for the support of childbearing as prescribed below:

1) Day care service should be organized by every workplace to have a binary function of helping children to develop intellectually, but also to unfetter their mothers so that they are able to function more fully in their jobs. In addition, their organizations should encourage and support mothers and fathers to take care of their children. Moreover, encouraging and promoting longer breastfeeding of at least 6 months should be done, and their workplaces should have an area for this activity.

2) Government should enact policies to help with the expenditures of raising children and make childcare affordable for companies to provide for workers. It should also extend the time for maternity leave with pay.

3) As the reproductive period for older people wanes, government and related agencies should proliferate this knowledge.

4) Also, the Thai government should encourage stakeholders to foster company attitudes in which attitudes and initiatives support childbearing. The government, therefore, might hold a group discussion among academics and religious leaders in the community to figure out appropriate and agreeable ways to encourage child-bearing in various areas.

To enhance this study, more quantitative and qualitative research should be done so that it will address these issues in greater detail.

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