CHAPTER IV

HEALTH-SEEKING PATTERNS OF LOW – INCOME YOUNG WOMEN WITH UNPLANNED PREGNANCIES: RESULTS OF QUANLITATIVE RESEARCH

4.1 Introduction

This chapter presents the analysis of focus group discussions and in-depth interviews undertaken among young women in the first phase of the study. The main objectives of this phase were to identify and explore factors related to the options considered by young women with unplanned pregnancies and to explore the decision-making process and health-seeking patterns of the young women who opted for abortion, for birth and keeping the child, or for birth and adoption. Thus, the main discussion focuses on individuals, partner, family, environment, and socio-demographic characteristics that affect the options considered by young women and their health-seeking patterns--abortion, parenting, or adoption.

4.2 Profile of Samples

4.2.1 Focus Group Discussions (FGDs)

Five Focus Group Discussions (FGDs) were conducted among the women with unplanned pregnancies, aged 14-24 years, between October to December, 2002. The participants were recruited from women who lived in the five selected shelters in Bangkok. The five shelters are Banpak Chukchern 2 and 3, Banpak Dek Lae Krobklua, Ban Sukruthai, and Ban Prakoon. Since the discussion topics were sensitive, dealing with feelings towards unplanned pregnancy and sexual health, and the participants were in this situation, discussion initially was difficult and it took time to "open up".

The focus group discussions were held in a room where strict privacy and a lack of interruptions could be assured. The general atmosphere in the group discussion was informal, in order to get to know each other and gain more trust among the participants. Snacks and soft drinks were served at the beginning of the group discussion. The researcher conducted the group discussion as a moderator with an assistant who was a note-taker, and was also a social worker. The number of participants in each group generally ranged from 6-10, although there was one group comprising 4 participants, which was too few due to a small number of women who fall under the inclusion criteria were limited. There were a total of 37 participants aged 14-24 years.

4.2.2 In-depth Interviews

In-depth interviews were conducted among young women with unplanned pregnancies who stayed at the shelters, and women in low-income communities in Bangkok. A total of 45 cases participated in the study during the period October 2002-end March 2003 (Table 4.1). The women who decided to raise the baby were the majority in this group, and the remainders were adoption and abortion, which were 28, 11, and 6, respectively. It was found that the proportion of the middle adolescent and late adolescence was equal (22:22), whereas one case was 14 year old with mean age of 19.7 years of the total sample. More than half (28 participants) was recruited from shelters, whereas 5 cases used the snowball technique, and the remainder was recruited through community health centers. Regarding the participants' status, 28 were single, while 17 participants were married. Seventeen participants had completed only primary education (grades 1-6), whereas 31 participants had studied beyond grade six. For living status, 14 of the participants lived in a dormitory, and 16 lived with their parents or caretakers. The remainder, or 15 lived with their partners.

Table 4.1: General Characteristics of Study Women with Unplanned Pregnancy, Phase I from October to March, 2003

No.	Age	Education	Status	Occupation	Income	Experience	Live with	P. Status	P. Occ	Remark
1	22	Teacher college, 3th years	Single	Student	5.000	1 child	Relatives	Father deceased, mother re-married	Gardener	Boy' s friend care for a child
2	23	9th grades	Married	Housewife	6.000	3 children	Husband and Aunt	Separated	House Maid	Raising a child by herself
3	24	Vocational school, 2nd yrs	Single	White collar employee	8.000	1 child	Alone with child	Separated	Construction worker	Raising a child by herself
4	18	8th grads	Married	Housewife	6.000	2nd pregnancy (7mos) 1 child	Family	Separated	Blue collar	Raising a child by herself
5	19	8th grads	Married	Singer	5.000	3rd pregnancy (8ms) 1 pregnancy termination 1 child	Family	Married	Massage parlor employee	Terminated pregnancy
6	20	9th grades	Single	Telephone operator	3.600	1st pregnancy (8mos)	Employer	Separated	Rubber harvesting	Raising a child by herself
7	15	8th grads	Single	Unemployed	-	1st pregnancy (9mos)	Aunt	Mother deceased,	Sorting recycled bottle caps	Put a child up for adoption
8	20	9th grades	Single	Unemployed	Parents 10.000	1 Abortion	Parents	Married	Father taxi driver, mother - housemaid	Terminated pregnancy
9	18	6th grades	Single	Housewife	Parents 10.000	1 child	Parents	Married	Father taxi driver, mother - housemaid	Raising a child by herself

Table 4.1: (Cont.) General Characteristics of Study Women with Unplanned Pregnancy, Phase I from October to March, 2003

No.	Age	Education	Status	Occupation	Income	Experience	Live with	P. Status	P. Occ	Remark
10	19	9th grades	Married	Blue collar employee	-	2 children	Employer	Separated	Farmer	Raising a child
11	23	6th grades	Single	Unemployed	-	1 child	Social Welfare Foundation	Separated	-	Relative cares for a child
12	20	6th grades	Married	Unemployed	3.000	2nd pregnancy (9mos) 1 still birth	Alone	Father deceased, mother re-married	-	Terminated pregnancy
13	18	6th grades	Married	Rubber harvesting	-	1 child	Husband's family	Separated	Rubber harvesting	Raising a child herself
14	20	12th grades	Single	Student/church vocational training program	2.000	1st pregnancy (8mos)	Church	Separated	-	Raising the child herself
15	20	12th grades	Single	Elderly care	4.000	1st pregnancy (9mos)	Employee	Mother deceased, father re-married	Private Driver	Give up a child for adoption
16	19	11th grades	Single	Clothing vendor	-	1 child	Orphan Foundation, Pataya	Both deceased	-	Raising a child herself
17	16	9th grades	Single	Student	5.000	1st pregnancy (5mos)	Family	Married	Guard	Raising a child herself
18	21	6th grades	Single	Unemployed	10.000	1st pregnancy (8mos)	Uncle-Aunt	Mother-Father deceased	-	Raising a child herself

Table 4.1: (Cont.) General Characteristics of Study Women with Unplanned Pregnancy, Phase I from October to March, 2003

No.	Age	Education	Status	Occupation	Income	Experience	Live with	P. Status	P. Occ	Remark
19	19	12th grades	Single	Baby sitter	-	1 child	Older rother	Married	-	Raising a child herself
20	18	Vocational, 2nd yrs	Single	Waitress	2.500	1st child	Stay at dormitory alone	Separated	Construction Work	Give up the child for adoption
21	20	Vocational, 3rd yrs	Single	Student	10.000	1st pregnancy (8mos)	Stay at dormitory alone	Married	Distributor for agriculture products	Give up the child for adoption
22	20	9th grades	Married	Unemployed	-	1st pregnancy (7mos)	Husband	Married	Gardener	Give up the child for adoption
23	19	6th grades	Married	Factory worker	6.000	2nd pregnancy (7 mos) 1 child	Husband	Separated Mother re-married	-	Raising a child herself
24	19	6th grades	Single	Food vender employee	5.000	1st pregnancy (8mos)	Alone	Father – mother deceased,	-	Raising a child herself
25	19	Vocational, 2nd yrs	Single	Student	3.500	1st pregnancy (71/2mos)	Ban Rajvithee or orpa	Father deceased, mother alone	Merchant	Give up a child for adoption
26	24	Vocational, 3rd years	Married	Housewife	10.000	1 child	Husband	Father decease, mother alone	Mother-Retired	Raising a child by herself
27	21	Vocational, 2nd years	Single	Student	-	1 child	Alone	Separate	Merchant	Raising a child herself

Table 4.1: (Cont.) General Characteristics of Study Women with Unplanned Pregnancy, Phase I from October to March, 2003

No.	Age	Education	Status	Occupation	Income	Experience	Live with	P. Status	P. Occ	Remark
28	19	9th grades	Married	Housewife	-	2nd pregnancy (4mos) 1 child	Husband	Father decease, mother alone	-	Raising a child herself
29	17	9th grades	Single	Student	-	1st pregnancy (8mos)	Parents	Married	Employee	Raising a child by parents
30	17	9th grades	Single	Traditional massage	-	1st pregnancy (9mos)	Boyfriend	Separate	Employee	Put up a child for adoption
31	21	9th grades	Married	Goods delivery	5.000	1st pregnancy (8mos)	Husband	Married	Employee	Put up a child for adoption
32	14	8th grades	Single	Student	-	1st pregnancy (8mos)	Parents	Married	-	Put up a child for adoption
33	18	9th grades	Single	Factory worker	6.000	1st pregnancy	Alone	Father deceases, mother remarried	Farmer	Put up a child for adoption
34	16	8th grades	Single	Unemployed	-	1 child	Uncle-Aunt	Separate	Dress makers	Raising a child herself
35	18	6th grades	Single	Factory worker	5.000	1st pregnancy	Family	Father deceases, mother widow	-	Put up a child for adoption
36	23	6th grades	Married	Factory workers	6.000	2nd pregnancy (8mos) 1 child	Husband	Married	-	Raising a child herself
37	18	6th grades	Married	Sugar-can juice vender	10.000	3st pregnancy (7mos) 1 child 1 abortion	Family and Husband	Separate	Sugar-can juice vender	Terminated pregnancy

Table 4.1: (Cont.) General Characteristics of Study Women with Unplanned Pregnancy, Phase I from October to March, 2003

No.	Age	Education	Status	Occupation	Income	Experience	Live with	P. Status	P. Occ	Remark
38	24	9th grades	Single	Basic supplies shop	-	1 child	Mother	Married	Merchant	Raising a child herself
39	21	Vocational, 3rd years	Single	Unemployed	4.000	Abortion	Boyfriend	Married	-	Terminated pregnancy
40	24	9th grades	Married	Construction worker	4.000	1 Abortion 2 children	Husband	Married	Construction worker	Terminated pregnancy
41	21	6th grades	Married	Construction worker	2.000	1 child	Husband	Separate	Construction worker	Raising a child herself
42	16	9th grades	Single	Student	-	1 child	Children Right Protection Foundation	Separate	-	Raising a child herself
43	24	9th grads	Single	Waitress	10.000	2nd pregnancy (8mos) 1 child	Mother	Separate	Step father-factory worker, mother – housewife	Raising a child herself
44	24	6th grades	Married	Petrol station attendant	4.000	3 children	Mother	Separate	Gardener	Raising a child herself
45	19	6th grades	Married	Factory worker	4.000	1st pregnancy (8mos)	Husband	Father-mother deceased	-	Raising a child herself

Remark: P. Status = parental status
P. Occ. = Parental occupation

4.3 Experiences of Young Women with Unplanned Pregnancies

In Thai culture, men and women are not treated equally. The biases start from when the baby is born. Gender biases are clearly shown regarding sexuality. For men, pre-marital sex is socially accepted, but it is not for women, including female students. Only sex among married women is socially accepted. Moreover, as mothers, women are expected to raise, care, and feed the baby. They must not only care for the baby, but it is socially expected that women should care for all family members. In addition, if women want to terminate their pregnancy they will incur the blame of society. Furthermore, it is illegal to do so in Thailand. This situation puts young women in a crisis situation once they are faced with an unplanned pregnancy.

If women have sex before marriage, or while they are students, their parents, family members, teachers, friends, and other people in their community will blame them. Moreover, if a woman gets pregnant without a responsible man, society judges her as being promiscuous. Thus, most of the young women with unplanned pregnancies are afraid and want to hide themselves once they face trouble. They do not dare to confront anyone they know. The most important factor is that these women want to avoid seeing the reactions of these people, especially their parents. Thus, this section presents the interactions and meanings of the young women while they are having trouble with their significant persons, including their partners, parents, peers, themselves, and their providers, and the reasons for unplanned pregnancy. These results help us understand the young women's experiences, their thinking and to find opportunities to assist those who have unplanned pregnancies endure and cope with the critical situation with physical and mental well-being.

4.3.1 Terms and Meaning of Unplanned Pregnancy

The meanings and terms for unwanted pregnancy respond to individual situations for the cause of the pregnancy, and the situation during pregnancy. Most important is the relationship of the women and their sexual partners. If the relationship is good, the terms are more positive, while if the relationship is bad or there is no

relationship, the terms are negative. The following are the terms raised by participants during the FGDs:

The participants mentioned "Thong mai prom" and "Thong mai thang jai" most frequently. These two terms reflected similar situations for the women faced with an unplanned pregnancy. Some of the participants were still loyal to their partners even though they had left them. However, the women felt unprepared for raising the baby because some of them were studying, unemployed, or their parents did not accept the pregnancy. The majority of them raised the baby by themselves, whereas some of them put the baby up for adoption.

"The reason it was "mai prom" was because I intended to have a baby, but I had this problem (partner leaving with another woman). Thus, I felt lost" (Lee, married, 21 year-old factory worker, put the baby up for adoption).

"Thong mai thong karn" was mentioned among the women who had negative relationships with the men, because some of them were raped by both known and unknown men. Some of the women had very negative impressions of their partners, or felt the enormous burden of having a new baby. Women in these situations tended to put the baby up for adoption, whereas some of them raised the baby by themselves because they became attached to the baby during pregnancy and/or after delivery and after having raised the baby for a while. During these periods, attachments bonded subtly.

"The reason for "Thong mai thong karn" is because I was raped and I couldn't stand for it" (Pia, single, 17 years old, school student, parents raising the baby).

Table 4.2: Local Terms for Unplanned Pregnancy

Local Terms	English	Meanings
Thong mai thong karn	Unwanted pregnancy	The woman did not want to have a baby at all. She attempted to terminate the pregnancy using various methods, with negative attitudes towards the partner.
Thon mai thang jai	Unintended pregnancy	The baby is wanted but the woman is not ready to have the baby at that time, because of study, work, or unemployment. It reflects a positive relationship with the sexual partner.
Thong mai prom	Unplanned pregnancy	In some situations, the baby is wanted, while in others, not. The woman's relationship with the partner is positive.
Thong mai kadkit	Unexpected pregnancy	The woman did not want to have the baby at that time because of a lack of mental and physical preparedness.

4.3.2 Feelings and Concerns of Women Facing Unexpected Pregnancy

The results from the focus group discussions with the women in the shelters revealed that most of the young women who had faced this situation recently felt anxiety immediately after suspecting pregnancy. They felt concerned because premarital sex, sex while studying, or pregnancy, without a responsible man, were not socially acceptable. Thus, they were afraid that their parents were angry and disappointed in them. Other more minor issues included acceptance by their relatives, friends, and people in the community. Many women felt that these people would look down on them. Some women disclosed that they cared about their parents' concerns the most. However, if their parents accepted their pregnancy, they would feel relieved and calmer. Also, most of them did not want anyone to know that their partner was an unfaithful man, irresponsible, and had abandoned them. Some women were afraid because their parents would not accept their partner's behavior. The concern about parental worry was due to the women feeling that they cared for their parents the most, and did not want to disappoint them.

With urbanization, the relationships between women and their friends or their communities are bonded weakly. The women who stayed at the shelter for longer periods were not much concerned about the reactions or thinking of society towards unplanned pregnancy. This was because, after the women had passed this crisis situation of unplanned pregnancy that was related to their parents, friends and community, the major concerns were the baby and the future. The most important was the situation in the shelter. They had the opportunity to meet women in the same situation. After the newcomers had interacted with others, they felt that there were many women who were falling into a worse situation than themselves. Thus, they felt more relaxed and happier than staying outside. However, at the shelters they were worried about how to manage their lives with the baby, and what the future would be. Most of them revealed that, as a single mother, they were afraid that they could not raise the baby or provide it with a good future. During pregnancy, some of the young women at the shelter could not make definite decisions to raise the baby or put the baby for adoption. This was because many of them relied on their partner's, parents' or relatives' support to raise the baby. Some of them could make a decision once the baby was born, and they gave the reason that it was because the baby's face looked like them. Moreover, many of the women who took several abortifacient products were afraid of the baby being abnormal. The majority of the women made decisions by themselves about options for solving unplanned pregnancy, which was due to the most-mentioned factors, their partners' responsibility, and support from their parents/relatives. They revealed that if their partner agreed to be responsible for the baby, most would raise the baby instead of putting it up for adoption.

As time passed, most of the participants adjusted themselves and felt more relaxed and comfortable with the situation, especially, women who stayed at the shelter, who were protected from stigmatization because they were among friends faced with the same situation. However, most of the women who kept and raised their baby would worry about it, and this issue would not be easily resolved because of economic problems. The women really needed financial and other supports to raise and adapt themselves to the baby, especially when they went back to their communities. If women lacked the support of their parents, relatives or partners, they would feel reluctant to

raise the baby. At the same time, the connectedness between mother and baby from pregnancy made them feel that they should raise the baby instead of putting it up for adoption. These feelings put them into a crisis situation for making decisions about the future.

4.3.3 Expectations of Family and Pregnancy

The results from the FGDs among the young women with unplanned pregnancies towards the ideal of pregnancy, showed that most of the participants cited five key factors of concern before getting pregnant, as follows:

1. **Pregnant women's characteristics.** The participants revealed that before pregnancy, women should have the following characteristics: 1) **Age.** They should be around 20-21 years old. If the women were younger, they might not be ready for the responsibility of a new family because of unemployment and having no money to raise the baby. However, some women felt that being younger was all right if the women could take responsibility for the baby and not bother their parents; 2) **Physical condition.** Most of the participants revealed that women should have physical well - being. In addition, they should have no chronic disease that would affect either the mother or the baby. The chronic diseases mentioned included asthma and high blood pressure. It is interesting to note that in respect of the HIV/AIDS epidemic, none of the young women mentioned STD/HIV transmission from their sexual partners. This is because most of them had sex with regular partners and thought that they or their partners were not STD/HIV carriers. Moreover, this is a sensitive issue to disclose to others, and if anyone raised the issue, it might imply that they were promiscuous or had unfaithful partners, because HIV/AIDS infection was associated with stigma, 3) **Employment.** Most of the participants said that women should have a permanent job before becoming pregnant, so that they can take responsibility for the baby. Moreover, if they earned an income, they could afford the expenses of daily living without bothering anyone; 4) **Studying.** Most of the women agreed that before pregnancy, women should complete their education; otherwise it would distract them from their studies.

Participants : Should check for physical condition and whether the pregnancy affects the mother's health.

Participants : Serious chronic diseases should be absent, e.g., high blood pressure, asthma.

2. Characteristics of the ideal husband. The majority of the study participants had been abandoned by their partners. Some women had been beaten by their partners. Thus, many of the participants identified the characteristics of the ideal husband as including faithfulness, sincerity, and diligence. Moreover, both the man's and the woman's families should accept each other's son- and daughter-in-law. In addition, the man should not have been married before. With the abovementioned qualities, women could trust that their ideal husband would be a good leader who would support her, and the family, in the future. However, half of the participants revealed that a formal marriage was not important. Most important was that the ideal husband could share their love, show understanding, and take responsibility for the family.

3. Future of the baby. Most of the participants revealed that the future of the baby was the topic of greatest concern. Many of them had questions about :1) what would they feed the baby; 2) how they would pay for the cost of studying; 3) what the future would be. These economic issues arose from young participants who had no income, and/or no permanent residence.

"I am not ready because of everything, including money, partner, and myself" (Ploy, single, 17 years old traditional massager, raising the baby by herself,).

4. Parents. Most of the women mentioned their parents' acceptance of their partner. Also, they put their parents into the position of supporters whenever they were in a crisis situation and needed support.

Participant : Parents provide support whenever we are in a crisis situation.

5. **Family status.** Most of the women said the same thing, that their family's economic status should be stable before becoming pregnant.

> *"I think the family should be strong (before having a baby), having permanent work, otherwise we would quarrel, fight, and be beaten day and night" (Brew, 16 years old single, school student, parents raising the baby).*

4.3.4 Choices of the Young Women with Unplanned Pregnancies

Once the participants had realized that they were pregnant, most of them tried to terminate the pregnancy by self-medication, not only to avoid stigmatization, but also because of the convenience, low cost, and because it was easy to do. The reasons for terminating the pregnancy included: starting a new family life; financial problems; having just started a new job or being unemployed; studying; parents/relatives disappointed; premarital sex. Drugstores/grocery stores were the most-mentioned places for purchasing abortifacient products. Most of the women would try as hard as they could to terminate the pregnancy. If some of them failed to terminate the pregnancy themselves, they would visit private clinics. However, many of them took time utilizing abortifacient products and waiting for the results. When the women realized that self-medication was unsuccessful, it was too late for them to have a modern medical practitioner manage an abortion, because the pregnancy term was beyond the medical criteria. So, many of them sought a place to hide themselves and support them during their pregnancy. They maintained the pregnancy to full term because they had no choice. Thus, after delivery, some of them raised the baby by themselves, if they got support from their partners, parents or relatives. In contrast, if there was no support from anyone, the women tended to put the baby up for adoption.

4.3.5 Details of Findings for the Reasons of Unplanned Pregnancy and Interactions:

1. **Individual.** The in-depth interview results showed that many issues caused unplanned pregnancies among young women, including:

1.1 **Lack of contraceptive knowledge.** Comparing married and unmarried young women, it was found that the knowledge of both groups regarding contraception, and improper utilization of contraception, were not different. Both groups had inadequate knowledge of how to use contraceptive methods properly. Some women lacked knowledge of contraceptive methods. It was surprising that some married women revealed that they did not use any contraceptive methods because they did not know any.

"At that time, I did not protect by using any contraception. I do not know any contraceptive methods. I really knew nothing" (Yam, 19 years old, married).

Some married women indicated that they experienced side effects from using contraceptives, so they decided to stop using them. Subsequently, many of them became pregnant because of discontinuing, or intermittently using, contraceptive pills.

"I know the contraceptive methods. My partner buys them for me, but I cannot take them. When I take them, I get nausea and vomiting" (Pung, 18 years old, married).

"I feel afraid to take contraceptives. I am not sure what will happen if I take it incorrectly" (Air, 20 years old, single).

"When I completed the oral contraceptive course, I thought that it would be OK if I missed it for a while. I felt that missing only one month would not cause pregnancy. So, I would buy it and take it next month. No longer, my belly is getting bigger" (Ploy, single, 17 years old).

"I do not use them (oral contraceptives) continuously. I use them and then stop. As a result, I get pregnant" (Nok, 23 years old, single).

1.2 **No time to receive contraceptive services.** One reason for unplanned pregnancies was that the women had no time to receive services. Most of the services that they visited were under government authority and operated only during official office hours. Some women said the reason that they could not go was because, if they went, their employers would deduct their daily wages. Some women worked in the factory, and if they could get more work, they could get more money, as well. Thus, they did not really get contraceptives regularly.

> *"At first I planned to get an injection, but I could not go because I had to work until 10pm. In the morning, I go to work on the factory bus. Everyone needs to get the bus on time. I work as a daily worker, so if I leave I will lose the daily salary" (Kwan, 19 years old, married).*

1.3 **Inconvenient using contraception.** Some married women revealed that they could not choose contraception as they wished because they had no time to get an injection or other form of contraception at government health facilities. If they went to get services from private facilities, it would cost more money, which they did not want to spend. So they ignored using it.

> *"We used to use natural contraception. He used to use withdrawal, but he does not want to do so lately. I have condoms that I ask him to use, but he does not want to comply" (Pla, 19 years old, married).*

1.4 **Beliefs and attitudes towards sex.** It was found that some unmarried young women believed that having sex only once could not cause pregnancy. Moreover, some single young women acted like their peers, and if their peers did not use contraceptives, they did the same. Some women revealed that they studied at a women-only school, and had not previously learnt about contraception. However, the married women were more independent from their peers and had more experience of sexual intercourse, so their attitudes were different, as mentioned above. The results reflected a lack of inappropriate sex education in school, and peer pressure. Moreover, if they worked in an environment that did not support information, education, or

communication about health education, the women had no opportunity to learn about these issues. Thus, having sex once, they did not know how to protect themselves from unplanned pregnancy.

> *"I never had regular sex with anyone, so I did not realize that I was pregnant. I thought that having sex only once could not cause pregnancy. But one day, my colleague said that I looked fat, which made me aware of my pregnancy" (Oam, single, 18 years old, school student).*

> *"I just pretended to ask my friend whether she used contraception. She told me that she did not use any. Thus, I followed her" (Lek, single, 18 years old,* unemployed).

2. **Partner relationship.** The most important reason that caused the young women to feel that they were not ready for pregnancy or to care for the baby was their partner. Many young women revealed that their partners just abandoned them and did not show any responsibility for their pregnancy. Some men left after they had sex without knowing that the woman had become pregnant. Some men abandoned them and left for a new woman. Some men already had wives, so, when the pregnant women knew, they were disappointed and separated from them. However, if the men showed responsibility, the majority of the respondents said that they were willing to reunite. Thus, many women kept the baby to make a new decision, which depended on their partner.

Among the participants who faced violence, some women were beaten by the men because they used drugs, such as amphetamines or alcohol. Once they had taken it, they could not control their behavior or emotions. Many participants were beaten; the married women were more seriously beaten by their partners, while the single women were less seriously beaten, because among the unmarried there was no social bond. So, they just ran away after they were beaten. Some married women accepted the violence with no choice because they needed financial support from the man. Moreover, if they

wanted to separate, their parents or relatives did not allow it, and asked them to come back because they did not want anyone to gossip about their family.

2.1 **The men used drugs, and/or alcohol and lost control.** When the men used drugs, they lost of control and did not take responsibility for the family.

> *"I did not know that I was pregnant. I am thinking about separating from him because I knew that he is a drug addict. I tried to run away from him; I escaped and went to stay with my friend. However, my parents knew and asked me to come back. I agreed to do so" (Jum, married, 24 years old).*

> *"If he did not beat me, I would live with him. When he beat me the third time, I told him that I would leave him. Then, I ran away from him" (Fon, single, 19 years old, housewife).*

> *"At the beginning of pregnancy, we did not separate; I felt ready for the pregnancy. When he used amphetamines and had another partner, I felt that I did not want the baby" (Fon, single, 19 years old, unemployed).*

3. **Unintentional.** Some women were not sure whether to settle with the man as a permanent partner. Because they lived away from parents, they had more freedom in their life. Some of them just wanted to try to have sex like their peers without loving each other. Some of them wanted someone to be their friend because they lived away from home and felt lonely. Thus, when they spent more time together, they quarreled and finally separated because the relationship was bonded weakly (Gay, single, 20 years old).

3.1 **Having sex by accident.** The lifestyle of single young people has more freedom than in the past, which was controlled by their parents or relatives. There are also more places to go out and spend time together. In addition, some of them mentioned that they had more opportunity to have sex without love but by chance.

"He asked me to go to his house to see his parents. I decided to go with him. At his house, there was no one. Then, he forced me to have sex with him" (Pia, 17 years old, school student).

"I like him as an older brother, not like a boyfriend. It is not possible to live together. If I lived with him, our family life may collapse soon" (Oil, single, 20 years old, vocational school student).

4. **Parents and Close Relatives**

4.1 **Living away from parents or relatives.** Many of the women with unplanned pregnancies lived alone or with their friend(s). They had more freedom without the control of their parents or relatives. Nowadays, sex among young people is more accepted than in the past. With peer pressure, many of the participants had premarital sex. However, once they got pregnant, they could not hide it because the symptoms and physical signs started to show. Many of them gave the reason that they were afraid was that their loved ones would be disappointed, since they were still students.

"I was desperately depressed. I was so afraid when the provider put the strip into the urine. I wished that I would not be pregnant. I thought my future would disappear because of my pregnancy. All of the efforts of my parents sending me to school would vanish because I got pregnant. I hated the baby very much" (Oam, vocational school student, 18 years old).

"When I knew, I felt very worried. My father would not accept me. Now, he knows and accepts" (Pu, single, 23 years old, unemployed).

4.2 **Family problems.** Nearly half of the single young women were from broken homes. Some of them lived with a single parent or together with their father or mother-in-law. Some of them could adjust to the new family but some could not. Some of them left their new father or mother-in-law because they disliked them, or their parents disliked the women's partner, or they could not accept the way the women

behaved. Among the married women, many lived separately, so they had fewer family problems.

> *"There are many reasons. One reason is that I ran away from my mother. I do not want a baby. I only want to work and collect all the money. If I raise the baby, I will have no money left. Then, people I know will look down on me because I cannot survive by myself" (On, single, 20 years old).*

4.3 **Having relatives with experiences of unplanned pregnancy.** Some women had relatives with experiences of unplanned pregnancy. Hence, they tended to have an unplanned pregnancy. One example was the two young sisters Lek and Nu, who were 20 and 18 years old, respectively, living with their parents. They had a younger brother and sister who were studying at school. After graduating in grade six, both of them worked together at a small factory in Bangkok. They worked for a few periods of time and then quit after that. When the researcher interviewed them, they were both unemployed. Their father was a taxi driver, while their mother was a house worker. Last year, the eldest sister, Lek, got pregnant but her boyfriend who was 4 years younger ran away. She decided to tell her younger sister, Nu. The younger sister decided to tell their mother. After her mother recovered from the shock, she asked her daughter to terminate the pregnancy and she agreed to do so. She took her daughter, who was two months pregnant, to the abortion clinic and signed for her. Nu was very afraid while she was at the clinic because she was afraid of side effects, such as bleeding and pain. However, she was successfully terminated and was happy. The following year, her younger sister, Nu, became pregnant. She kept it a secret from their parents. She was aware of the pregnancy at the second month, because she went shopping at the Mall and fainted. Nu went to check at the clinic and knew that she was pregnant. Her boyfriend put pressure on her to terminate the pregnancy because he was not ready to have a family. She did not want to do so because she realized that her older sister was suffering from guilt after terminating her own pregnancy. Her boyfriend pressed her again and took her to the abortion clinic. Finally, on the day, she decided to tell her grandmother about the pregnancy because she was closer to her grandmother

than her mother. Then, her grandmother told her mother. Her mother forgave for the past and continues to support her.

> *"If I terminated pregnancy, it might come to bother me. Like my elder sister, she terminated pregnancy. Then, she had a bad dream...the baby came into her dream and it wanted to live with her"(Nu, single, 18 years old)*

5. **Peer pressure**. The women who had friends with experience of premarital sex and/or unplanned pregnancy tended to behave in the same ways as their peers, since the young people spent more time with their peers than their parents. Some of them lived together with friends to save money while they were working or studying. So, the relationships among them were closer.

As one example of a young factory worker with unplanned pregnancy, the researcher interviewed "Nid", who was 21 years old. Her parents separated when she was young. Her mother remarried, so Nid lived with her grandmother until she moved to work in a factory in Samut Prakan, adjacent to Bangkok. She lived in a room together with 2 other young women who worked at the same place. They all had premarital sex with their boyfriends. "Nid" met a man who became her partner at the age of 17 years. They had one child but they sent the child to her mother-in-law upcountry. Three years later, she fell pregnant again. She felt very disappointed because she took oral contraceptive pills every day. She thought that the pills might have expired. Both of them were unhappy because they did not have enough income to support the second baby. At the sixth month of pregnancy, her partner disappeared. Her belly was getting big and she was laid off from the factory. Her savings were running short, so she decided to go to the hospital near her apartment to request termination of her pregnancy. The social worker referred her to a shelter because the hospital did not provide abortion services.

She disclosed not only her own miserable memoirs, but also a sad story about her roommate who came from the same province in "Isan" (northeastern part of Thailand), and from a broken home. Her parents had separated. Later, her father passed

away and her mother remarried. She came to work in the same factory as Nid. During the economic crisis of the past five years, the factory laid off many workers and she was one of them. Later, she went to work as a waitress in a restaurant and had sex with the customers to earn more income. She fell pregnant later without knowing who the baby's father was. She was very depressed and committed suicide later, using a high dose of pesticide. After the police examined the dead body, Nid and the other roommate took her body to the temple for cremation. They sent her bones back to her mother in her hometown.

Nid was more stressed after her roommate passed away. She was waiting for her partner to return, but it seemed hopeless. Thus, she decided to seek an abortion during the sixth month of pregnancy, but it was not successful because the providers refused to terminate any pregnancy when the term was more than three months. However, it was fortunate that she was referred to the shelter, otherwise she would have suffered very much.

6. **Family income.** All of the participants in this study were selected based on their incomes as well as other criteria, which were lower than 10,000 Baht per month. Having this condition, it was found that the greatest concern for the participants was dealing with economic problems. Some of them did not go to government health facilities because they found it was not convenient. They had no money to buy oral contraceptive pills or condoms, so they did not use any contraceptive methods, especially married women who had sexual intercourse regularly. Thus, when they were pregnant, many of the young participants were concerned about the baby's future. Both the married and unmarried women were concerned about the same issue, because some of the young people had no job, were studying, or had been laid off because of their pregnancy. In addition, some married women had the baby more than one. Thus, the married women needed more income to afford the expenses of the whole family. However, it was found that they earned the same or less income, but had increased expenditures.

"I was concerned after the second baby was born. How will I raise them both? When the elder and the little one are crying at the same time, what will I do?" (Maew, 18 years old, married, housewife).

"I do not know how to manage it. I just started working less than a month ago. My salary is only 1,500 Baht per month. I do not know what to do" (Lek, single, 23 years old).

"I plan to have an abortion, taking the baby out of my womb. I really do not want to keep it as a burden for my parents, because I have another younger sister who is 11 years old and still studying" (Kwang, single, 15 years old).

7. **Rape.** A few of the cases staying at the shelters had been raped. The proportions of the single women, who had been raped by a man they knew, and by a stranger, were equal. Some women did not know that they had a chance of falling pregnant after being raped, and when they knew of the pregnancy, it was too late to terminate it. However, if they knew earlier, in the first trimester, they could have terminated the pregnancy legally at either public or private health facilities. Most of the women who were raped realized they were pregnant when it was too late, because they had no signs and symptoms of pregnancy. When the pregnancy was confirmed, most of the cases kept it secret because they were ashamed to disclose it to anyone. They waited until there were physical changes, which was too late to solve the problem.

"When I was raped, I felt disgusted because I did not want to have sex with him. If I was willing, it would be another story. So, I decided to be a nun" (Oam, single, 18 years old, school student, raped by a known person).

"At the beginning, the man said he would be responsible if I had sex with him. After he had sex with me, he told me that he needed another two years to complete his education" (Daw, single, 24 years old, raped by a known person).

"I was stressed because my aunt knew. Then, all my relatives at home would know, and they would yell at me and ask me who the father of the baby was. It made me scared. I did not dare to tell them what was happening to me" (Pae, single, 16 years old, out-of-school youth, raped by a stranger).

4.4 Decision-Making Process

In this part, the in-depth interview results were used to explain the decision-making processes of the young women with unplanned pregnancies. This section starts by examining the interaction process of the women with unplanned pregnancies who wanted to terminate or continue their pregnancy upon missing menstruation, the definition of pregnancy, consulting popular sector, compromising with self-conflict, and making choices.

4.4.1 Pregnancy, Feelings, and Defining Pregnancy

Knowing of Their Pregnancy

The results of the in-depth interviews showed that the women knew their pregnancy and interacted with themselves in the followings ways (please see figure 4.1):

1. **Knowledge and experiences based on signs and symptoms.** The knowledge and experience of pregnancy made the women aware that they were pregnant. Most of the participants recognized their pregnancy because they knew the signs and symptoms. The most popular sign of pregnancy was missing menstruation. Many of them revealed that if they had sex and then missed menstruation, it was certain that they were pregnant.

"Since missing my menstruation, I did not take a urine pregnancy test because I used to have a baby. I felt confident one hundred percent" (Pla, married, 19 years old, housewife)

To confirm the pregnancy, most of the primigravida visited private clinics, whereas the same proportion visited drugstores/grocery stores to purchase a pregnancy

test kit to perform on their own, to confirm the pregnancy. However, some cases did not trust the self-test and would visit a private clinic for final confirmation. A few cases did not make any confirmation because they had experienced pregnancy before. A few cases visited government hospitals or community health centers for pregnancy tests, because they planned to come back again for antenatal care, delivery, and/or post-natal care.

> *"I missed my menstruation until the third month, when I decided to ask my friend to buy a urine pregnancy test from a convenience store (7-Eleven)" (Pia, single, 17-years old, high school student).*

> *"I tested (urine pregnancy test) myself but I was not sure, so I decided to borrow my friends' money to visit a private clinic to confirm the pregnancy" (Aui, single, 19 years old, vocational student).*

2. **Fetal movement**. Some knew that they were pregnant because of the movement of the fetus and physical changes. Some of the young women had had irregular menstruation periods since the onset of puberty, and thus did not realize when they were missing menstruation. They realized when they felt something moving in their belly before others suspected that they were pregnant.

> *"I felt that there was something moving in my belly. In addition, my relatives suspected, so they took me to the clinic. The results showed that I was pregnant" (Pae, single, 16 years old).*

3. **Physical changes.** A few participants did not realize that they were pregnant because they had irregular menstruation patterns since the onset of puberty. One example was a 14-year-old school student who participated in a school camp and overnighted at the school. Someone she did not know raped her that night. She did not realize that it could lead to pregnancy. At the sixth month of pregnancy, her body had changed and was larger. Her mother asked her why she was getting bigger and took her to the clinic.

"My mother asked 'why I am so fat'. Then, she took me to a clinic. The results showed that I was in the sixth month of pregnancy" (Noi, single, 14 years old, school student).

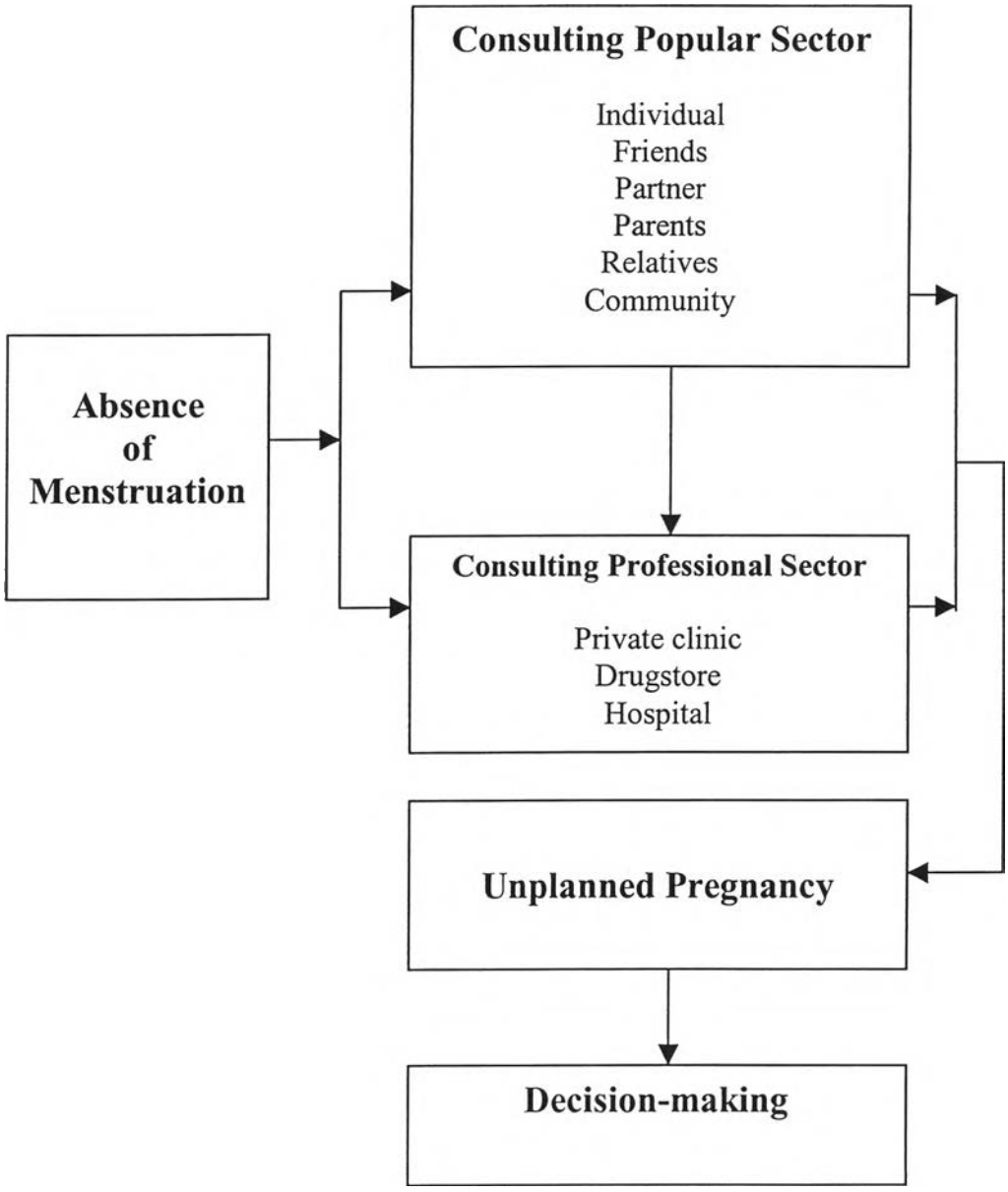


Figure 4.1: Seeking Patterns of Pregnancy Confirmation among the Low- income Young Women

Feelings and Concerns of Women Facing Unexpected Pregnancy

The results of the focus group discussions and in-depth interviews of the samples revealed that most of them experienced anxiety immediately after they suspected that they were pregnant. They felt concerned because premarital sex, sex while studying, and being abandoned by one's partner, were socially unacceptable. Many women revealed that people would look down on them and their parents. Thus, they were afraid that their parents were angry and disappointed in them. Some women disclosed that they cared about their parents' concerns the most. However, if their parents accepted their pregnancy they would feel relieved and calmer. Other minor issues included acceptance by their relatives, friends and people in the community.

Self-Defining Pregnancy

After the women had passed the "shock period", they were thinking about the pregnancy and trying to define it. Although they were all in the same situation, with unplanned pregnancies, there were variations in the degree of pregnancy acceptance, which was due to differences in the individuals, partners, parents/relatives, peers, and communities. As described earlier, "Thong mai thong karn", "Thong mai thang jai", "Thong mai prom", or "Thong mai kadkit" meant unwanted, unintended, unplanned, and unexpected, respectively, as the women mentioned during the FGDs and in-depth interviews. The results revealed that all of the women reflected on being physically and psychologically unprepared for pregnancy, because most of them had an ideal husband and/or family. The main reason was that, in Thai culture, premarital sex, or pregnancy before marriage, are unacceptable. Moreover, pregnancy without a responsible man is a shameful situation for a woman and her family. On the other hand, social norms put the pregnant woman into the role of a mother who should be responsible for the baby in the womb. Thus, when the pregnancy situation did not ensue as they expected, most of them intended to terminate their pregnancy. They did not want to keep the baby because most of them were afraid that their parents, and people in the community would know that they had had premarital sex with a consequent pregnancy. The more they loved and respected their parents, the more secretly they kept their pregnancy, to avoid their disappointment.

4.4.2 Consulting Other People (Popular Sector)

Most of the unplanned pregnancies were caused by the women's partners, e.g., partner leaving them, having another woman, or using drugs. Thus, most of the participants would consult friends at school or at work, or relatives they trusted. They would select the person who could make them feel better or give them some advice. They preferred to consult people with similar experiences who were older or in the same age group, because they could understand their situation easily.

> *"I was shaking. Then, I ran to see my friend immediately (after knowing of the pregnancy result)" (Rat, single, 22 years old, college student).*

Some women who lived alone tended to make decisions by themselves. Many women revealed that they felt stressed because they could not let anyone know about their situation. After they disclosed to someone they trusted, they felt better. To release tension, some of the women who wanted to keep it secret moved away to live in a new place, to avoid questions from close friends or people in the community before their belly started to get big. Some of them moved during the first or second trimester because their bellies were not too big and it was difficult to see from outside. The women who had no one to support them would try to seek a safe place, at their best friend's house or in a public shelter, rather than live alone outside during the last trimester of pregnancy, because they felt worried about the possibility of emergency labor.

> *"I did not want to tell anyone, so I went to live in Bangkok and worked at Klong Thom" (Lee, single, 21 years old).*

Among the single women, some revealed that they did not like to tell their parents about the pregnancy because they were afraid that they would disappoint them. Hence, their parents knew their pregnancy because their physical was getting bigger.

> *"My mother saw my belly. At that time, it was getting big, at seven months of pregnancy. Then, she asked me whether I had menstruation. I told her that I did not. So, she went to buy a pregnancy test" (Pia, single, 14 years old, school student).*

The married women preferred to consult their parents. If the relationships of the participants and the parents were more close and friendly, they tended to consult them. However, some married women revealed that they did not want to tell their parents because they already had many problems and they did not want to bother them. However, if their parents asked, they would only release some information, not all the problems.

"My mother, I did not want to consult her because she already had many problems" (Joy, married, 24 years old, factory worker).

"If my parents asked, I would tell them part of the information (not all of it)" (Air, married, 21 years old, factory worker).

After the women gained support and information from the person they consulted, it was surprising that most of them made decisions by themselves. A few cases followed their parents' decision.

"I did not consult anyone, I made decision by myself (put the baby for adoption)" (Porn, single, 18 years old).

"At that time I wanted to terminate pregnancy. My mother made decision (put the baby for adoption) because I did not know the man who made me pregnant" (Noi, single, school student, 14 years old).

4.4.3 Choosing Options

After the women with unplanned pregnancies gained information and recommendations from consulting others, there were two decision-making options, terminating the pregnancy and continuing the pregnancy. The majority needed to terminate the pregnancy, while a few cases needed to continue the pregnancy. In making the decision, both options were painful for the young people. The women who chose to terminate their pregnancy faced self-conflict and other external factors, while the women who continued their pregnancy were insecure because they were unsure

how to cope with present and future situations. It was important to note that the young women would change their minds, which depended on their partners and their parents. If these significant people supported them, they tended to keep the baby to term. But if they did not care, or showed no responsibility, the young women tended to terminate the pregnancy. The factors that influenced the choices of the young people are explained below.

1. **Society and community**. Most of the unplanned pregnancies were caused by premarital sex, while studying, or with abandonment by the partner. As a result, they all felt ashamed to have a belly that kept getting bigger. They were afraid that people in the community would gossip and reproach them that they were bad or promiscuous girls. In addition, their family members would be blamed. One example was a young woman named Pae, who was 16 years old. Her parents divorced when she was young. Her mother left her with her aunt, while she was working as a dressmaker in Brunei. After she finished grade 9, she quit school. She liked going out with her friends, and one night at the discotheque, she was drunk and taken away by men she did not know before. After she woke up, she found herself alone at a motel, and she realized that she had been raped. She kept it secret until the fourth month, when her aunt asked why she was getting bigger. Her aunt took her to a clinic and found that she was pregnant. She wanted to terminate the pregnancy but the doctor at the private clinic could not do as requested because her pregnancy term was over three months, so that if she wanted to do it, it was risky. So, she went to another clinic, but it was too expensive that she could not afford it.

> *"I was in the fourth month of pregnancy. I was very stressed but I could eat normally. I did not want it (the baby) but I had no way out. I needed to find a new place to hide myself (to avoid gossiping by the neighbors). My neighbors' gossiped that 'I did not study but had a sexual partner instead'. I did not like them to show contempt for my mother and my family members" (Pae, single, 16 years old, out-of-school student).*

The women disliked gossip because it would spread by word of mouth, with the addition of the attitudes of the ones who hastened the news. Nowadays, the relationships among people in the community were bonded weakly. Premarital sex was a subject that attacked cultural morals and norms, and therefore was considered a good subject for gossip among community members. However, if the relationships of the women with their neighbors were strong, the gossip could be very useful, because their neighbors would support them and make them feel secure and dare to disclose their troubles. The women who had support from their neighbors tended to keep their babies to term. But the situation where women gained support from their neighbors was rare. However, this is only one of several factors that affected the women's decision.

> *"My neighbors did not repeat my faults; on the contrary, they supported me. They know my background and understand me. They pity me" (Fon, single, 19 years old).*

Another reason that the people tended to support the women is that, at present, the situation of premarital sex is seen more often than in the past, people tend to accept it more and seem to understand the women situation. Consequently, it is important to note that increasing numbers of people view premarital sex as normal in the current situation.

> *"My neighbor knew. She did not repeat my fault, instead, she said 'it is not serious. It has already happened'" (Tuk, single, 21 years old, vocational school student).*

> *"She was sympathetic. She said, 'at present the situation is different from the past when people would repeat your faults. Currently, there are many women like you (having premarital sex and pregnant)'" (Tuk, single, 21 years old, vocational school student).*

2. Family members. If the young women lived with their parents, the parents were the most influential on the young women's choice of terminating the pregnancy or keeping the baby. Most of the parents wanted their daughters to terminate the pregnancy if they had had premarital sex; the women themselves did not want to burden their parents, as well. They felt that they could not support themselves and had no income. For the women who lived with their parents, the mother was the person who played the important role in the women's decision-making. They were the ones who took their daughters to terminate the pregnancy, because they did not want their daughters or the families to lose social status. One example was Brew, a 16-year-old school student who was living with her parents. She liked going out, and got pregnant with her boyfriend. After the pregnancy was recognized, the boyfriend disappeared. At nearly fourth months of pregnancy, her mother knew that she was pregnant. She took her to many clinics but the providers refused to perform an abortion for her because her pregnancy term was more than three months, and it would be risky. She was referred from the clinic to a shelter, to avoid gossip. After staying at the shelter, her parents decided to let her keep the baby, with their support, so that she could return to school without having to worry.

> *"When I knew I was pregnant, I only wanted to terminate the pregnancy. I did not want to be a burden. My father and mother are getting old" (father 50; mother 45) (Brew, single, 16 years old, school student).*

3. Partner. For the women who lived away from parents or lived with their partner, The partner had the most influence on the women's decision whether to terminate the pregnancy or keep the baby. Most of the women with unplanned pregnancies wanted to terminate the pregnancy because of their partners. Many of them were faced with irresponsible men. The reasons for which their partners were influential included disappearing after having sex, using drugs, beating the women, or having another woman. One example was "On", a young woman of 20 years. She ran away from home and lived with her boyfriend. After living together for a while, her boyfriend started to use drugs and did not take responsibility for anything. She worked alone as a waitress in a restaurant to earn income to spend on the expenses of daily life.

Her partner took his friends to their room and used drugs. Sometimes, he disappeared for 2-3 days after he got some money from her. After a while, she was using drugs, as well. Without using any contraceptive method, she was pregnant and tried to terminate the pregnancy by using abortifacient products, but it was not successful. One day, policemen came to their room, and all of them were arrested, but because she was pregnant, the policemen referred her to a shelter.

> *"He was changed after using drugs. He brought his friends to our room. Sometimes, he disappeared for 2-3 days after he got money. One day, I also was arrested after I came back from buying food" (On, single, 20 years old, waitress at a restaurant,).*

Some of the young women expected their partners to come back. After their partner left them during pregnancy, some of them waited and expected their partner to come back, so they kept the baby to term waiting and hoping that one-day their partner would come back and responsible for the baby future.

> *" ...before I needed his love, understand, and responsible. But now, the most important is responsible. I do not want him to come back and live with me. I want him to responsible for the baby. This is the only thing that I need from him" (Koi, single, 24 years old).*

4. Friends. During the adolescent period, the young people tended to follow their peers. The majority of them spent more of their time among friends than with their parents. Once they faced an unplanned pregnancy, they tended to consult their friends. The majority of the young people tended to terminate their pregnancy because they wanted to avoid follow-on problems, such as quitting school, disappointed parents and relatives, no income to support the baby, being laid off, and lack of acceptance by society and the community. Most of the young people would follow their friends' advice. Moreover, some of them had friends who had experience of unplanned pregnancy and used to terminate the pregnancy. For these reasons, they tended to terminate the pregnancy.

"While I was a student, I found many of my friends were pregnant. Sometimes, I went with them. One of my friends was pregnant but her parents did not like her partner. So, they went to an illegal abortion clinic. They used suction as an abortion method" (Koi, single, 24 years old,).

"My friend said 'if he's no good, then get an abortion'; they told me like it was a normal event" (Nu, single, 20 years old, factory worker).

5. Women's situations. Some women were not in crisis situations when they were pregnant, including being a student, workplace policy prohibiting pregnancy, or having a new baby too soon following the previous one. These situations are explained as follows:

Student status. In the regular primary-to-high school system, married or other students are not allowed to have a baby. Any woman who fell pregnant while studying was perceived as promiscuous and would be asked to drop out of school. Consequently, young women in this situation would terminate their pregnancy. Some, who could not terminate their pregnancy, would hide themselves and/or quit from school to avoid gossip from others in the community.

"If I keep the baby, first, I will stop studying. Second, how do I avoid disappointing my parents? If I raise the baby, I will quit school. The better way is to terminate the pregnancy. If I go to the clinic on Friday, I can rest on Saturday and Sunday" (Oil, single, 20 years old, vocational school student).

"I wanted to terminate the pregnancy for sure. If I kept the baby, my mother would suffer dishonor. The people in the community would look down us because I was a student" (Jaw, married, 24 years old, housewife).

Quit job or laid off due to pregnancy. In many situations, the women would quit their job because of premarital sex. They would quit the job by themselves because they wanted to avoid gossip. In addition, in some workplaces, they would lay off any

worker who fell pregnant, because that was their policy. Moreover, the characteristics of some occupations, such as standing all day long, were not suitable for pregnant women. In some workplaces, the policy was that they would not accept any pregnant women. If a woman was pregnant, she had to resign from the job.

One example was "Nid", who was 23 years old. She came to work in a factory in Bangkok when she was 15 years old, and had her first partner at the same age. Three years later, she had a child with him and lived with her mother-in-law up-country. She moved to work in a new textile factory, because she did not live with the first partner regularly, and later there was another man who was fond of her and became her second partner. Both partners knew about their love affairs with "Nid". Their love affairs were smooth, until one day "Nid" fell pregnant again. At the second pregnancy, she could not identify who the father was. When her belly was growing large, she quit the job because it was a regulation of the factory not to hire pregnant women. At the second pregnancy, her partners did not take any responsibility and left her alone. She was very depressed and wanted to terminate her pregnancy, but she could not afford the high cost at the fifth month of pregnancy. One of her friends recommended a shelter, so she decided to stay there.

Having the baby too soon. Some of the women did not use any contraceptive methods because they thought that the period a few months after delivery was safe. In some women, their fertility resumed very quickly, so that instead of menstruating, they fell pregnant again. This was a stressful situation for most of the women, especially the low-income women, because they needed to consider trying to get more income to save the family. If it was not possible to earn more income, they preferred to terminate the pregnancy, to forestall the problem.

One example was Jum, who was 24 years old. She had married about 3 years previously, and had a one-year-old boy, and a few-months-old baby. She told me that her husband was using drugs and did not take responsibility for the family. She used to run away from him, but her parents asked her to come back because of the children. When she knew of the second pregnancy, she tried to terminate it using abortifacient

products, but it was not successful. She had no choice, only to keep the baby to term and raise it without knowing the future. With the economic crisis, their neighbors also looked down on her family because they were poor.

> *"They said, 'the elder one was still young, and then it is followed by a new pregnancy; one baby grasped in a hand, the elder one walking beside, and another one in the belly'. They talked like I was a promiscuous girl" (Jum, married, 24 years old, small food vender).*

6. Women's experiences

Having unplanned pregnancy or abortion experiences. Some of the study participants had had experience of abortion. They tended to terminate the pregnancy because they knew the place and the procedure. They did not panic like the inexperienced ones.

Inexperience of sex and pregnancy. Some of the young women did not realize that having sexual intercourse or having sexual intercourse only once could cause pregnancy.

One example was Noi, who was a 14-year-old school student. She participated in a school camp and overnighted at the school. Someone that she did not know raped her that night. She did not realize that it could lead to pregnancy. At the sixth month of pregnancy, her body had changed, and was becoming bigger. Her mother asked her why she was getting bigger, and took her to several clinics for an abortion. All of the providers refused, and one clinic referred her to a shelter. They wanted to terminate the pregnancy but the pregnancy term exceeded the abortion criteria. Hence, they had no choice but to keep the baby to term and delivery. After delivery, they would put the baby up for adoption.

Rumors and misperceptions. Since abortion information was not openly disclosed to public, the women needed to seek information themselves. Some of them gained information by word of mouth. Some information was full of misperceptions

about abortion, such as that it was a lethal procedure. One of the young women told the researcher that she heard from her friend that once a woman entered the abortion clinic, the provider would give her some kind of medicine. After she took the medicine, she would feel dizzy and lose consciousness. If the abortion was complete, but the woman still felt dizzy, the provider would take her into a field and leave her there. If she survived, it was only by good luck. If she was bleeding, she might die without anyone knowing or caring. She was told that because abortion was illegal, the providers were afraid of being caught.

> *"She told me that she used to go there. The provider gave her some medicine. After she took the medicine, she felt dizzy. After the abortion procedure was over, if she were awake and conscious, she would survive...but if she was unconscious or felt dizzy, the providers would take her into a field and leave her there. If she was bleeding, she would die"(Maew, married, 18 years old, housewife).*

7. Access to Information. Since abortion is illegal in Thailand, women who wanted to access safe abortion places needed to search for the information themselves. They knew the places by word of mouth, but without any evidence to prove that the clinic they visited provided safe abortions. Some of them took a long time to search for abortion information. When they visited the clinic, the provider could not provide the service requested because the pregnancy term exceeded the medical criteria. For this reason, the women kept their babies to term with no choice.

Example of Rat, 22 years old, 3rd years college student, .she was realized of pregnancy when it was three months of pregnancy. After, the pregnancy was confirmed, she went to drugstore and asked for menstruation inducers, and then the seller asked whether she was pregnant. She told him that she was pregnant with her boyfriend. Then he gave her the medicines to take 2 tablets two times a day. After taking the medicines from drugstore, there was noting happen. So, she sought more information towards abortion and abortifacient products from her friends. She tried several regimens by asking her friends to buy for her. At the fourth month of

pregnancy, she realized that the abortifacient products would not help her. Then, at the fifth months of pregnancy she searched for an abortion clinic, when she visited the clinic, it was closed. She decided to keep the baby to term

Some of them, after failing in their visits to the clinics, tried to terminate the pregnancy by themselves, using various abortifacient products, and/or other methods, e.g. massage, or beating the belly. They did not know or realize that there were clinics that could provide abortion services even when the pregnancy term was greater than three months. Moreover, a few cases learned that there were shelters available for pregnant women.

8. Affordable. The cost of an abortion was the major concern for the women with unplanned pregnancies. After they had obtained information and knew the cost of an abortion, some of them took time to save and borrow money from people they trusted to pay for it. When they visited the clinic with the money, the provider could not provide the requested service because the pregnancy term exceeded the medical criteria. Some of the women tried hard to save and borrow the money but it was not successful. They could not get enough money to satisfy the fee requested by the clinic. Some clinics requested for more than 10,000 Baht for cases exceeding three months' pregnancy. Many of them, after failing to have an abortion because of the high cost, just kept the baby to term even though they were not ready to have it. Some of them decided to put the baby up for adoption after delivery, whereas some of them raised the baby alone.

> *"The provider said 'If I want to terminate the pregnancy, it will cost 12,000 Baht' (I was at the fifth month of pregnancy)" (Joy, single, 24 years old, factory worker).*

Some women could not afford the high cost of a safe abortion, or even the low cost of an unsafe abortion. One example was a married woman with her partner, who had one six-year-old child. Later, they moved to Bangkok and worked in a gasoline station. Her husband worked as a cashier, while she worked in a small supermarket in

the gasoline station. One night, her husband left her, taking all the money in the cash register, which was more than ten thousand Baht. The gasoline station owner asked her to take responsibility for what her husband did, but she could not. So, she quit the job. At that time, she had been pregnant for 4 months. After her husband left, she tried to find abortion services. Her neighbors at her hometown in Isan (north-eastern Thailand) recommended her to an illegal unsafe abortion clinic, where an old lady performed the abortions. When she visited the place, the old woman examined her belly and said that the baby was already formed. She requested 3,000 Baht for the abortion. However, the woman could not afford it because she only had 500 Baht. With such a small amount of money, the provider refused her request. She returned to Bangkok and her friend recommended her to a shelter.

> *"My friend took me to a house located in a remote area upcountry. I only had 500 Baht. When I arrived, an old lady examined my belly. She said 'the baby was already formed'...I told her that I had 500 Baht. She said that if I gave her 3,000 Baht, she would do it for me. I told her that I could only afford 500 Baht. Hence, she did not do as I requested" (Pen, married, 24 years old, unemployed).*

4.4.4 Compromise with Self-conflict and Finding a Rationale for Support

Not only the external and internal factors influenced the decision, as explained. In addition, the women also needed to prevail over internal self-conflicts towards terminating the pregnancy, which may be attributed to Thai norms and culture, in which women are taught to be caretakers for family members, and mothers. Society expects that any woman who falls pregnant will be a mother, without looking at their circumstances. Moreover, as Buddhists, many women have been taught that terminating pregnancy is sinful because it is the killing of an innocent life. With the negative consequences of keeping the baby to term, which were due to socio-economic and internal conflict problems, most of the women decided to terminate the pregnancy after weighing up the outcomes and the long-term effects on their lives, which would be those of mothers responsible for their babies' futures. However, some women decided to keep the baby to term. The following are the rationales, based on terminating the pregnancy and keeping the baby to term.

4.4.4.1 Rationale for Terminating the Pregnancy

Once the women decided to terminate the pregnancy, they would gain support from a person they trusted, get more relevant information, or interact with themselves to overcome their feelings towards terminating the pregnancy, which included 1) terminating a pregnancy was immoral, 2) terminating a pregnancy was risky for their life, and 3) terminating pregnancy was losing a loved one (please see figure 4.2).

Terminating a pregnancy was immoral. Most of the women understood that terminating a pregnancy was sinful, but it was more shameful to disclose premarital sex and pregnancy to society. They compromised with self-conflict by saving their parents' status and making their future come true. Moreover, some women said that they terminated their pregnancy because they did not want to be a burden on their parents, because they already had younger brothers and sisters who needed support from their parents. However, many of them felt guilty after terminating their pregnancy because they realized that it was sinful. It was difficult to delete the pain from their memories after terminating the pregnancy.

> *"I felt it was sinful...sinful. I feel regretful up until now" (2 years after terminating the pregnancy) (Yam, married, 19 years old, a singer).*

Many of them told the researcher that after they had successfully terminated the pregnancy, they would try their best to make their parents happy and to take care of them. After they had endured the crisis situation, they realized that their parents were passed through a hard time of taking care of them and they were the only ones who were the most sincere. This was one of the ways the women thought, to make them feel better about their sinful action.

> *"After the providers completed the process of abortion, I felt relieved. I am not a burden on my parents. My mother was the greatest, she really helped me" (mother took her to the abortion clinic) (Nu, single, 20 years old, factory worker).*

Some of them felt that terminating the pregnancy was better than raising the baby without any future, and that the baby would feel bad because of growing up without a father like the other children. So, they made the decision that terminating the pregnancy was better than keeping the baby. One of a vocational school student, who was failing from terminating pregnancy, told that:

> *"If I keep the baby to term and I want to continue my education, I may not have money to raise the baby. If I want to abandon the baby later, how do I do? Should I leave the baby under the public bridge like someone did and was posted on the front page of newspaper. I felt pity for the baby. If I terminate before it formed to be a baby, it is better to leave until facing problem" (Aui, single, vocational student, 19 years old).*

Terminating the pregnancy was risky to their lives. Many of the young women realized that the termination of a pregnancy was a risky process, because they would bleed, and it was very painful. Some of them heard, by word of mouth, that it could cause death because of the bleeding. However, they felt strongly about terminating the pregnancy, without being afraid of what would happen after that.

> *"In my heart, I did not want to terminate the pregnancy because I was scared of the bleeding and the pain. When I arrived at the clinic, I needed to do it. If I kept the baby, my family and I would be in a difficult situation. Moreover, the child would grow up without a father" (Nu, single, 20 years old, factory worker).*

Some of the women felt insecure after they went to the clinic, because the setting and environment of the clinic scared them. Some of the young women said that the way to the abortion room was complicated. Moreover, the staff asked them to provide a signature to approve the provider providing treatment for the uterus instead of an abortion. This process made the women feel unhappy, because they felt that the clinic staff did not behave honestly.

"I felt insecure after the abortion process was completed. The physical appearance of the room was complicated, but the medical equipment was clean. However, I thought that they do not feel responsible for our safety because they asked us to provide a signature to approve uterine treatment instead of an abortion" (Nu, single, 20 years old, factory worker).

Termination was losing a loved one. More than half of the young women had had their first experience of pregnancy. Consequently, at the beginning of pregnancy they did not care much about the baby in the womb compare with the women who had experience of pregnancy. The longer the pregnancy period became, the more attached they felt to the baby. They needed to terminate the pregnancy because of their partner. They were irresponsible, disappearing after knowing about the pregnancy, having another woman, or forcing the woman to have an abortion.

"He begins scolding, beating me. Then, he took me to an abortion clinic. I did not want to go but he forced me to. If I did not go, he would beat me" (Yam, married, 19 years old, singer).

4.4.4.2 Keeping the Baby to Term

A few cases among the women with unplanned pregnancies decided to keep the baby to term without attempting to terminate pregnancy. The women who decided to keep the baby to term would weigh the positives and negatives of pregnancy. They tried to adjust themselves to appreciate keeping the baby, by thinking about morality, the mother's role, and the health risks of abortion (please see figure 4.2).

The moral issue was mentioned the most by the women who had decided to keep the baby to term. The longer the pregnancy period, the more the women could adjust their attitudes, because the baby could react to them as the pregnancy term increased. So, they felt attached to the baby, especially the women who lived in the shelters, because they had a chance to care for other people's babies, and thus realized how hard a time their mothers had endured raising them. In addition, they were among other women who were in the same situation. They compared and shared their

experiences with others, which made them rethink, based more on logic than the emotions.

> *"We made it (the baby). It does not know anything that we did. We did it wrong and then we are going to kill it. It was wrong to kill even it was only a bloody shape, because the blood was formed from us. We made a life. If we put it up for adoption, it would be OK. But if we kill it, it is sinful" (Gay, single, 20 years old, out-of-school student).*

Some of them did not want to take the risk of terminating the pregnancy because they were afraid of bleeding, which would cause death. Moreover, if there were something wrong, the provider(s) might not take responsibility for their lives.

> *"Maybe the clinic might not take responsibility for my life, if I was bleeding. When I decided to get an abortion, I did not know what would happen to me" (Ple, single, 16 years old, out-of-school student).*

Some of the women did not want to lose the baby even they did not plan to have the baby at the beginning. They lived with their partner happily, but one day their partner left them. They tried to survive and keep the baby to term. After the baby had delivered, the bonding between the mother and her baby became stronger.

> *"I felt proud of doing the right thing in my life (keeping the baby). Life should be born and grow up. The baby did not do anything wrong. I am happy to have her because I have a friend. I feel happy... I cannot explain to you" (Dao, single, 24 years old, office employee).*

Moreover, it was found that the majority of the women who did not put any effort into terminating the pregnancy lived or worked with a religious group. These religious groups provided counseling and information for the women. In addition, they referred the women with unplanned pregnancies to a shelter. However, most of the women did not need to keep the baby to term or raise the baby. Yet they could not

overcome the feeling of sinfulness within the religious environment. Thus, some of them put the baby up for adoption after they learned that there was a choice of adoption available.

> *"I knew sister Vienna. She's one of my relatives. She always supported me, provided counseling, and gave my baby's name...Another sister came to talk to me. Then, she referred me to a shelter" (Kai, single, 20 years old, caretaker for the elderly).*

Premarital sex, or pregnancy without a responsible man, represented a shameful situation, and because of this, women would seek other ways to relieve their stress. The following are explanations of the young women's reactions towards keeping the baby to term: 1) seeking a place to hiding during the pregnancy, and 2) putting the baby up for adoption after delivery.

Seeking a place to hide. Most of the young women realized that their pregnancies were not consistent with social norms and culture. Consequently, if they were to keep the baby to term they needed to seek a place to hide themselves or go away and stay at a place where nobody knew them, because their belly was getting big. This reaction was to avoid gossip by the people they knew.

For the women whose lived or worked with the religious group after they knew about their unplanned pregnancy, they would help the women find a shelter to hide their pregnancy, because they did not want the women to terminate pregnancy.

In this study, it was found that the women knew about the shelter(s) from reading the magazine named "Cheewit Thongsue", news stories on television, and from their friends and relatives by word of mouth.

> *"I decided to visit Ante-natal Care clinic at one hospital in Bangkok (pregnancy term was 5th months). I told a provider that I separated from my husband. Then the provider asked me to meet with the social worker. The social worker*

recommended me to come to Emergency house at Sukothai (Sukhothai Road). At that time, I thought it was located at Sukhothai province" (Lee, married, 21 years old).

"I kept searching information about abortion and pregnancy from various magazine and found information of Emergency house at Dong Muang from Cheewit Thongsue, page 59"(Lee, married, 21 years old).

Put the baby up for adoption. Many of the young women who continued their pregnancies felt more relaxed and comfortable while they stayed at the shelter, because they were among women who had the same problems and could share and tell their stories to each other. In addition, they had more time to reconsider the choices. Since many of them were abandoned by their partners, and some of them were raped, the women tended to put their babies up for adoption after delivery. The women who decided to put their babies up for adoption would feel free after they left the shelter, but some of them missed the baby because they had a chance to raise and feed the baby before departure.

"I definitely put the baby for adoption. If I have money like others, I may not want to do so. Moreover, I have parents who are getting old and still need my support. Also, my family is poor. If I raise the baby by myself, it might face a difficult life. Even, it is clever, but I can support only up to grade 10 or 12. If I lives with the adopter, I might have a better life" (Lee, married, 21 years old)

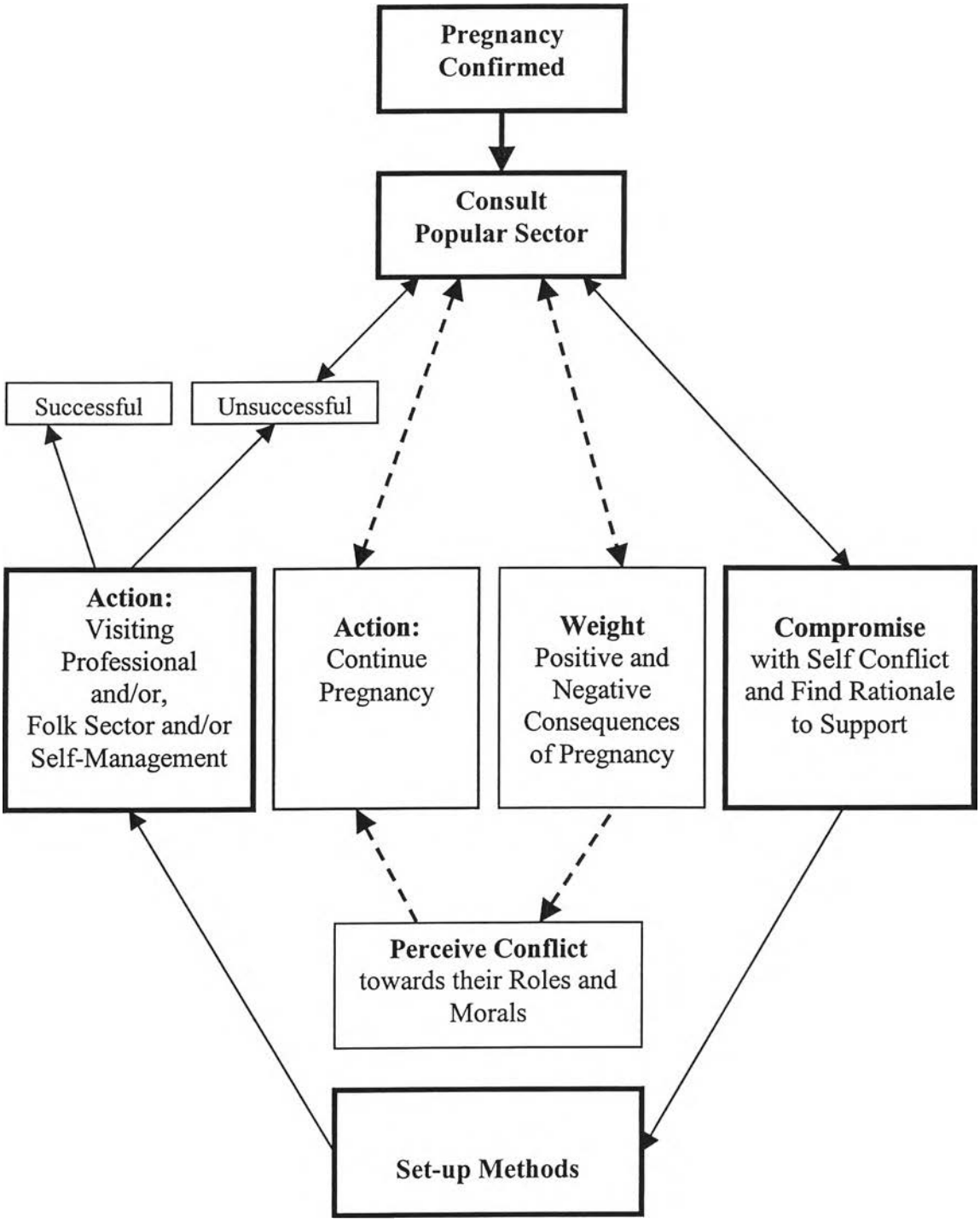


Figure 4.2: Decision Making Process among the Young Women with Unplanned Pregnancies

Actions. The help- or health-seeking patterns of the young women with unplanned pregnancies are presented in section 4.5 in more detail. The details cover the explanations of the women who decided to keep their babies to term and the women who terminated their pregnancies.

4.5 Actions : Help-or Health-Seeking Patterns of the Young Women with Unplanned Pregnancies

In Thai culture, pre-marital sex among young women is stigmatized. Thus, most of the women delayed making a decision about whom to consult to solve their problems and many of them sought help from other people (popular sector) instead of the formal healthcare system, because most of the young people perceived that the formal healthcare sector only provided physical care. When they confronted an unplanned pregnancy, which was not a physical illness, they did not visit healthcare practitioners. Once, they had made the decision to terminate the pregnancy, they sought services from folk or professional sectors when they needed more advanced services, after they had gained information from other people, in order to solve the problem. In this section, the data focus on how and why people choose a particular sector and its patterns.

The results derived are from an analysis of 45 young women with unplanned pregnancies, from both shelters and communities, using an in-depth interview technique. It was found that when the pregnancy was confirmed, most of the women would consult the "popular sector", which included their partners, friends, parents, and relatives. After they gained support and information, most of them visited drugstores for self-medication. A few cases sought help from traditional healers for abortifacient products. About one third of the women consulted the professional sector about terminating the pregnancy. A few cases managed by using their hands to beat the womb, in order to force the baby out. Some women did not put any effort into terminating the pregnancy.

Some of the women attempted using various ways to terminate the pregnancy, and if it were successful, the process of seeking help would end at that point. However, it was found that the majority of the women were not successful as planned after attempting to terminate the pregnancy. Thus, some of them would stop all efforts and continue the pregnancy to term because they had no choice. Some of them would stop because they felt guilty about hurting the baby. However, the majority of them would try other ways to solve the problem. Many of them went to private clinics, some visited drugstores/grocery stores again, to try as hard as they could to terminate the pregnancy (please see figure 4.3).

Help-or Health-Seeking Patterns Model

The model of health-seeking behavior of the young women with unplanned pregnancies can be explained by using the most effort, and then explaining the patterns by which the women made decisions to solve their problems. There were four different patterns, as follows:

4.5.1 Did not Put any Effort into Terminating the Pregnancy

Once the pregnancy had been confirmed, the women in this group would consult their partner, friends, relatives, or parents, to gain information and support. All of them accessed a shelter or a place to hide their pregnancy because they got information from the people they consulted. To avoid gossip and embarrassment, the women in this group would stay in the shelter or a new place. After delivery, the majority of them raised the baby by themselves. Some of them put the baby up for adoption because of partner abandonment, study, or financial problems.

When comparing the women who consulted the popular sector (partner, friends, neighbors, relatives, or parents) and the women who did not consult the popular sector at the onset of knowing about the pregnancy, it was found that the women who consulted the popular sector were more ready to raise the baby by themselves.

Examples of Women with Unplanned Pregnancy who did not Put any Effort into Terminating the Pregnancy

Miss Gay (1) was 20 years old. She was an orphan because her parents divorced when she was about 10 years old. Her mother took her to an orphanage at Pattaya, which belonged to the Catholic Church. She never returned to visit her. She was referred to Bangkok for further study supported by the Srichumpaban Unit, which was a nuns' group. While she was studying in grade 12; she met a man who became her boyfriend later. He was a final year vocational school student. After a few months they had sex and she fell pregnant. At the onset of pregnancy, she did not realize that she was pregnant, even though she felt nauseous and liked eating sour fruits. Moreover, missing her menstruation did not make her suspect pregnancy because she had had irregular menstruation periods from the onset of puberty. When the signs and symptoms were more obvious; she decided to visit a private clinic with a friend. At the clinic, the urine pregnancy test showed positive. She was in shock and dared not to tell the sisters, who were her caretakers. Some of her friends recommended an abortion, but her best friend told her not to do it because it was a sin. She followed her close friend's advice. She told and discussed her pregnancy with her boyfriend, and moved to live with him to gain a sense of family and get support from him. When she had lived with him for 2 months, she learned that he had another girlfriend before her. They started quarreling and she was seriously beaten. She returned in deep depression and stayed at a dormitory belonging to the Catholic Church.

She planned to keep the baby to term and raise the baby herself because she did not want the baby to be an orphan like she was. Moreover, because she was a Christian, she believed that one life was valuable. She quit school and started a new class at a vocational training center that belonged to the Catholic Church. After completing the course, she intended to find a job to earn income to raise her baby.

Miss Kai (2) was 20 years old. Her mother had died when she was young. Her father, who was a public driver, had remarried. Kai lived with her step-mother and her father until she graduated in grade 12; her mother-in-law hit and beat her quite often.

Before she left home to find a job, she was hit and was hurt on the head with a big piece of wood. She got a new job as a caretaker at a Catholic house for ageing people. A few months after working at the house she met a construction worker and they fell in love with each other. After two months, she unknowingly fell pregnant, until the sister who was in charge of the house asked her to visit a clinic for testing. She suspected that Kai might be pregnant because her belly was getting big. At the clinic, it was found that she was 4 months' pregnant. She was in shock. She decided to tell her boyfriend about the pregnancy. He showed no responsibility for the outcome and told her that he had a wife. Kai was very stressed and depressed. After the sister knew about her situation, she referred Kai to a shelter that also belonged to the Catholic Church.

Kai did not want to terminate the pregnancy because she received counseling from the Catholic sisters. She planned to put the baby up for adoption after delivery because she could not support or raise the baby. Without support from her parents, she could survive on a salary of only 2,500 Baht per month, and it was difficult for her to raise another baby.

4.5.2 Put Effort to Terminate pregnancy

There were 3 patterns of help-or health seeking patterns of the young women with unplanned pregnancy who put effort to terminate pregnancy, which were explained as follows:

- **Terminating the Pregnancy Using Pressure and Objects to Beat the Baby in the Womb**

The women in this situation were both single and married. Most of them had a very negative attitude towards their partner because the partners had abandoned them and had not taken responsibility. However, none of the women dared consult anyone else at the beginning. Thus, they were stressed and tried to find some relief from the stress. When they were at their utmost level of stress, they would beat the baby in the womb. If it were successful the women would feel relieved. The women who could not solve the problem would seek further help through consultation, to relieve their stress. However, after beating their bodies, they felt guilty and afraid that the baby would be

deformed if it did not come out. Some of them visited private clinics for terminating pregnancies but the pregnancy term exceeded the medical criteria, and some of them did not visit private clinics because they had no money. So, they tried using abortifacient products, but it was not successful. Once these efforts had failed, they tried to seek a place to hide their pregnancy, to avoid gossip. After the baby was born, if the partner was not responsible, the women tended to put the baby up for adoption. However, if the partner showed responsibility, the women tended to raise the baby themselves.

Examples of Women with Unplanned Pregnancies Beating the Womb

Miss Koi (1) was 24 years old. She was the youngest of four brothers and sisters. Her father had died two years previously, and her mother had remarried. She met her boyfriend, who was a musician, while studying at a vocational school. Without the approval of her parents or relatives, she lived with him after graduation. When she fell pregnant, she decided to keep the baby because her partner promised to take responsibility for the family. While she was pregnant, her partner frequently came home late. One day, he left her to go to Bangkok, by claiming that there were more jobs in the city, but lost contact after that. At the sixth month of pregnancy, she followed him to Bangkok and found that he had another woman, who had just delivered a baby boy. She was furious and very depressed. At the seventh month of pregnancy, she delivered a premature baby girl, because she was depressed and beat the womb very often; she beat herself whenever she felt depressed.

When the researcher met and interviewed her, she had delivered a one-month-old baby girl. She had reunited with her parents and her own family and her boyfriend's family gave her support. She decided to keep and raise the baby, and was living happily with the baby.

Miss Oam (2) was 18 years old and studying at a vocational school. Her parents divorced because her father had many wives. She could not communicate with her new mother-in-law. Thus, she decided to live alone at the dormitory with her father's support. She also worked as a waitress in a restaurant in the evening after classes ended,

to earn more income to support her studies. Later, she met a man who was a customer in the restaurant; they became friends, and soon had sex. She realized that she was pregnant at the fourth month of pregnancy because her friend asked her to get a pregnancy test. The test result shocked her because it was positive. She did not expect that she would be pregnant because she only had sex with him once. She contacted him and told about the pregnancy, but he showed no responsibility and told her that he had a wife. She was very distressed. She said that, at that time, she hated the baby and tried to hit her womb using her hands and beer bottles to drive the baby out of her womb. Finally, she delivered a baby girl and put her up for adoption.

When the researcher met her, the baby was already living with her new parents. She told me that she felt very sorry when she saw others holding a baby. She cried and showed the researcher the baby's picture.

- **Consult Popular and Folk Sectors, and Drugstores for Abortifacient Products**

The women in this group were both married and unmarried. Once the pregnancy was confirmed, they were unprepared to have it. So, many of them consulted their friends, relatives/parents, or their partner who was the most important. If their partners were prepared to be responsible for the baby and accept the women as his wives, the women did not terminate the pregnancy and raised the baby by themselves. However, it was found that their partners abandoned many of them. Thus, they tended to terminate their pregnancies. Since many of them had financial problems and could not afford the cost of an abortion at a clinic, they tended to manage by themselves using various abortifacient products.

The women tended to purchase abortifacient products from drugstores or grocery stores. Few of them sought abortifacient products from traditional healers. Less than half were successful, and the majority was not. The outcomes of their efforts varied greatly because of external factors, which were separate from the physical conditions of the women, including pregnancy term, abortifacient product regimen, and duration utilizing the product. Moreover, the psychological condition, the acceptance

level of the baby and the relationship with the partner, were the main pressures causing the women to persist in doing as planned, or canceling the effort.

The women in this group tried as hard as they could to terminate the pregnancy with varying results, as mentioned above. After trying for a while, some of them were successful, but the majority of them were not. The women who failed to use abortifacient products successfully tended to visit private clinics, and/or hospitals to seek further services. As a last resort, some of them might beat the fetus or jump up and down on the floor, hoping that it would help to terminate the pregnancy. Once there was no choice, they decided to continue the pregnancy, and needed a place to hide themselves during the pregnancy, until delivery. After delivery, some of them decided to raise the baby by themselves, but some of them put the baby up for adoption.

However, some of the women who had information about shelters came to stay at a shelter immediately after they had failed to terminate the pregnancy using an abortifacient product. They got information about the shelters from their friends, relatives, neighbors, or printed material. The women who did not know about the shelters would persist in trying to terminate the pregnancy until they felt that there was no way left to help them.

It is important to note that the women who were seeking help/health in this pattern took a long time and used various abortifacient products regimens. Thus, when they realized that it was not successful, it was too late for them to try another solution. Also, it was found that the women who failed to terminate their pregnancies by using various abortifacient product regimens without the support of their partners, friends, relatives, or parents would put the baby up for adoption rather than raise the baby themselves. This was because of the financial aspect, which was the main problem. The women who did not have information of availability of shelters or adoption services just kept the baby to term without knowing the future. Some of them decided to give the baby to their relatives/parents as an adopter after delivery.

Examples of Women with Unplanned Pregnancies who Consulted Popular, Folk, and Professional Sectors using Abortifacient Products

Miss Pung (1) was 18 years old. She had married about 3 years previously with parental approval. She could not use contraceptive pills due to the side effects and her husband did not want to use condoms. Thus, after 3 years of living with her husband, she already had her third pregnancy. The first pregnancy occurred a few months after living together. At the second month of that pregnancy, her husband became addicted to amphetamines, so she decided to terminate the pregnancy at a private clinic, with a successful result. A few months after the abortion, she had her second pregnancy. She decided to keep the baby to term and raise the baby by herself because her husband had quit amphetamine use and was back to normal. After the baby was 4 months old, she fell pregnant again. At the third pregnancy, she was worried and not ready to have the baby, because she already had one child to take care of and their family income was not stable. She had no money to buy milk powder, and the baby got only sweetened condensed milk, for which infant consumption was forbidden. With the family crisis situation, she decided to terminate the pregnancy by utilizing various abortifacient products. She went to drugstores and took 2-3 times higher doses of the products than the regular doses recommended by the providers to regulate menstruation. However, after she took the product it was not successful. Thus, she asked friends to buy the abortifacient product for her again, with the same outcome; the product could not push the fetus out. Finally, she went to see a traditional healer in the community for uterine massage but was refused.

When the researcher met her, it was her seventh month of pregnancy; she was very sad, her face showed worry and depression because she had no choices left. She still wanted to terminate the pregnancy; she asked me whether any places would agree to perform an abortion in the seventh month of pregnancy. If there were no choice, she said that she would give the baby to relatives, because she could not afford to raise another baby.

Miss Koi (2) was 21 years old. During her last years at vocational school, she ran away from home. She moved to live with her boyfriend who was also a student. She fell pregnant a few months after living together because her boyfriend did not use a condom and she was scared of using contraceptive pills because they made her get fat. So, her partner used withdrawal as a contraceptive method, but it failed. When she realized she was pregnant, it had only progressed two months. At that time, she quarreled with her boyfriend because he had another woman and he showed irresponsibility and was unconvinced that Koi was pregnant to him. Koi felt very sad and stressed, and decided to consult her friends who used to terminate pregnancies while studying. She went with her friend to an unsafe abortion place, which looked like a house. After her friend completed the process, she went to rest at her apartment with heavy bleeding for many days. She felt exhausted and looked pale. With that bad experience, Koi decided to use abortifacient products instead of the services at that house. She took one bottle of "Ya Satee" and one sachet of "Ya Tanjai" together. She felt dizzy and drunk, just like drinking alcohol. The next morning, she had heavy bleeding and a big bloody tissue mass came out that looked like a bees' nest. She told me that the big bloody tissue mass might be a baby, which had just formed. She felt scared when she saw the bloody tissue. It was difficult to make up her mind that she did not kill the baby, because she tried to compensate by thinking that it was just formed; it was just blood. She felt that terminating the pregnancy while the baby was just formed was better than terminating it when the blood had formed into a baby-like shape. After that horrible morning, she suffered from bleeding for another two months. She had heavy bleeding, which required her to use a sanitary pad every day. She was very weak and looked very pale. She went to see a doctor at a private clinic after one month of bleeding. She told the researcher that she was afraid to be blamed by the doctor if he examined her vagina, because he would know that she had undergone an unsafe abortion. However, the doctor did not blame her and he ordered iron and vitamin tablets for her to take every day.

When the researcher met her, it was nearly a year after she had the experience of terminating the unplanned pregnancy. At present, nobody in her family member was

aware of her pregnancy because she kept it secret and there was no evidence, because the product of pre-marital sex had already come out and gone down the toilet.

- **Visiting the Professional Sector using Modern Medicine**

The women with unplanned pregnancies in this group were both married and unmarried. They could afford the cost of terminating a pregnancy at a private clinic. More than half were successful, while the remainder failed because the pregnancy term exceeded three months. If they wanted to terminate the pregnancy, the cost was very high, and they could not afford it. Some of them went to a clinic and changed their minds because they saw scenes of women bleeding after finishing the process and waiting to go home. Thus, they changed their minds from terminating the pregnancy to continuing the pregnancy, because of the consequences of terminating the pregnancy.

Some of the women who failed to visit a private clinic or hospital would visit drugstores or grocery stores to try again, utilizing abortifacient products, especially women who were afraid of the consequences of abortion. However, the majority of those who had experienced failure to terminate their pregnancy by visiting a private clinic or hospital, which was their first choice, kept trying.

Finally, most of the women in this group tended to raise their babies after delivery because they were more financially ready than the women who visited drugstores or grocery stores at the first attempt. The results implied that the women who visited a private clinic as their first choice were financially better off than the women who visited drugstores or grocery stores. Thus, when faced with unsuccessful termination of pregnancy, they tended to raise the baby than put it up for adoption.

Examples of common types of unplanned pregnancy, visiting the professional sector to terminate the pregnancy

Miss Yam (1) was a 19-year-old singer. Her parents worked in a massage parlor that belonged to her aunt. She became a singer after completing grade 8 because her friend asked her to quit school. By the age of 19 years, she had had three partners. At

the age of 17 years, she met her first boyfriend. While living with the first boyfriend, she was beaten. A few months after living with him, she fell pregnant because she did not know about contraception. She was not ready to have a baby at all. However, she did not consider terminating the pregnancy. During her pregnancy, she was still beaten by her boyfriend. She decided to leave him and return to live with her parents. One day in the fourth month of her pregnancy, she lifted a Pepsi crate and there was heavy bleeding. She found out that it was a miscarriage after visiting a private clinic the next day. Some time later, she met her second boyfriend, and moved in to live with him. She fell pregnant again. Her second boyfriend forced her to terminate the pregnancy. He divulged that he had a wife with a 3-year-old child. He beat her and forced her to go to a clinic even though she did not want to. Finally, she could not refuse to give in to him because he beat her harder and harder. Finally, he took her to a private clinic when she was in the fourth month of pregnancy. The clinic requested 7,000 Baht but they only had 5,000 Baht. After her boyfriend negotiated, they paid 5,000 Baht. She felt very bad after completing the abortion with the second boyfriend because he showed no responsibility for her or the baby. Moreover, her parents did not like him, so they subsequently separated.

She told the researcher more about the scene at the clinic, which was still fresh in her memory even though it was nearly a year. The process began with waiting in the waiting area for registration. After that, she was called to change clothes upstairs for preparations to starting the procedure. After she had finished changing her clothes, she was asked to lie down on a bed. Her eyes were closed with big eye pads, so that she could not see anything. She was given an injection after she had lain down, without any conversation. She felt scared because she did not know what would happen next. She wanted to change her mind and go back home because her parents did not know that she would terminate the pregnancy. If they knew, they might be upset because they did not want her to do it, but she dared not to tell them because her partner forbade her. If she told her parents he would beat her. After the injection, she fell asleep a few minutes later. When she woke up, the procedure was completed. She had been asleep for about 2 hours. After she had rested for a while, they allowed her to go home without recommending anything.

When the researcher met her, she had the third partner, who was a mechanic. They were living happily together. However, she still felt bad for terminating the pregnancy. She believed that it was a sin to kill the life of a baby.

Miss Noi (2) was 14 years old. She studied in grade 8 in a school. She did not realize that she was pregnant until her mother asked, "Why are you getting fat?". She could not tell her mother what was wrong with her. Her mother decided to take her to a clinic for a check-up. They were in shock and crying when the doctor told them she was in her sixth month of pregnancy. She recalled one night in the past six months when she went camping at school, and a stranger came into her room and raped her. She kept it secret and did not divulge it to anyone. Moreover, she did not realize what the consequences would be. Her mother decided to tell her aunt and grandmother. They were all miserable. Her mother taught her that the baby was disgusting because it was not her child. Then she took her to many clinics to seek an abortion. All of the providers refused to terminate the pregnancy because her pregnancy term exceeded the medical criteria. At the last clinic, the staff recommended she stay at a shelter while she was pregnant. She felt better after staying at the shelter because she was ashamed to live in the community, and ashamed for her parents.

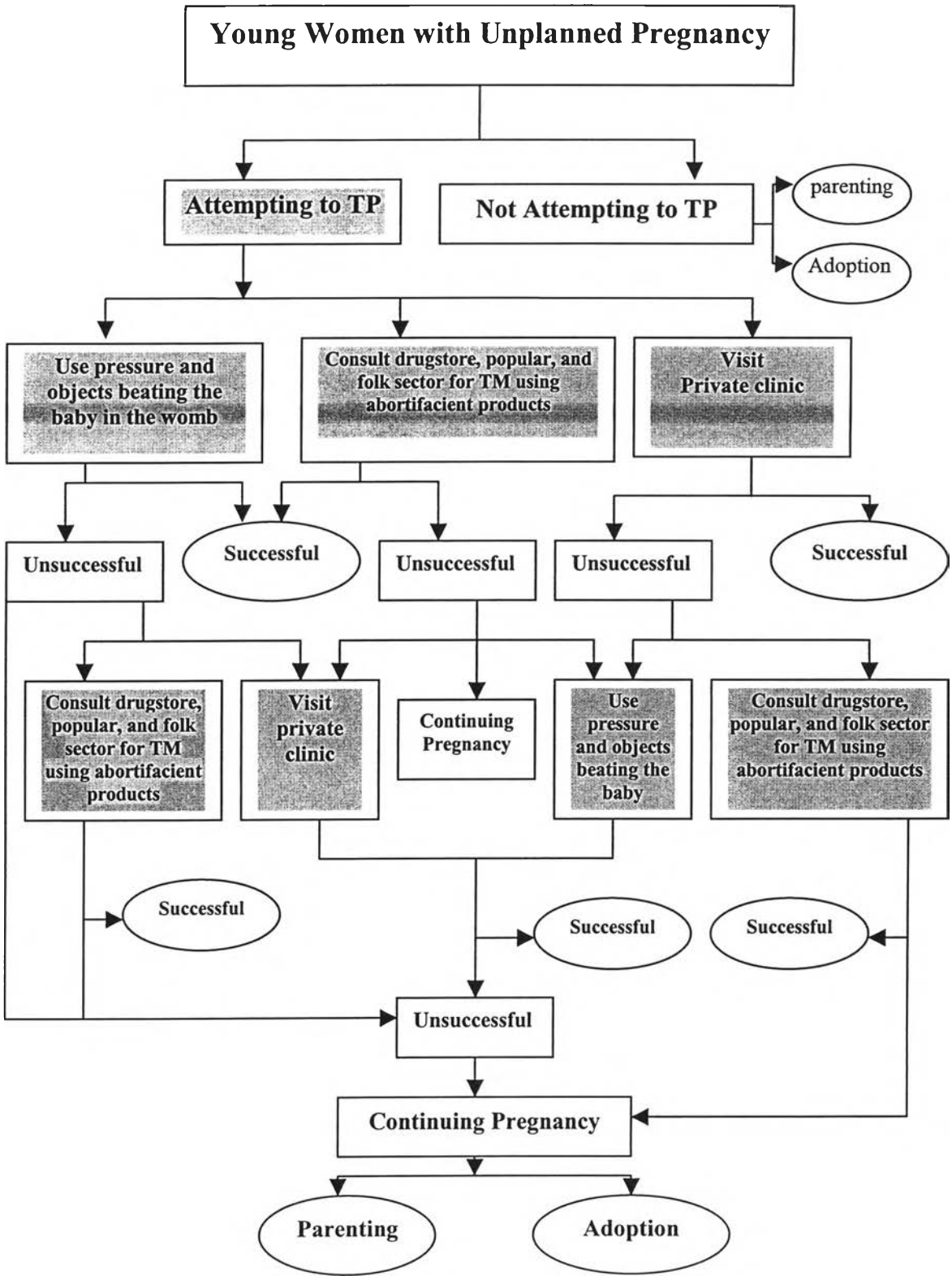
When the researcher met her, she was eight months pregnant. She had arrived at the shelter a few days beforehand. The researcher felt depressed, seeing a young, innocent student with a big belly. She told me that she did not see the man's face or know who he was. She and her parents decided to put the baby up for adoption after delivery.

Miss Brew (3) was 16 years old. She studied in grade 9. She lived with her parents; her mother was a housewife and her father was a guard. She liked to go out shopping with her friends. She had many friends, both boys and girls, who did the same. Later, she had sex with her boyfriend unintentionally. However, she realized that she was pregnant when she missed her menstruation for two months, because she had a regular menstruation cycle. She kept it secret from her parents, but told her close friends. Her friend warned her not to have an abortion and she agreed. At nearly fourth

months of pregnancy, she had an abnormal discharge from her vagina, and told her mother about it, but did not tell her about missing her menstruation. Her mother took her to a clinic and found out that she was pregnant. She apologized to her mother and told her the truth. Her mother told her father, and instead of being angry, he asked her to keep the baby. They forgave and understood her situation. However, her mother did not want her to keep the baby because she wanted her to complete studying at school. She took her to an abortion clinic, but the providers refused because she was in her fourth month of pregnancy. They referred her to a shelter. Her mother came to visit her often at the shelter.

> *"After I could not terminate pregnancy (because the pregnancy term was more than 3 months). Then, my mother called BUG 1113 and talk to a social worker at a hospital. Then she recommended me a shelter. After that my mother took me to the shelter" (Brew, single, school student, 16 years old).*

When the researcher met her, her mother was coming to see her. They decided to keep and raise the baby themselves. Brew told me that her mother would raise the baby for her while she went to school. Also, they would tell their neighbor that the baby was their nephew.



Remark: TP=Terminated Pregnancy

Figure 4.3: Patterns of Help- or Health-Seeking among Young Women with Unplanned Pregnancy

4.6 Women-Provider Interaction

Information about the interaction of the women and the providers was derived from indepth interviews during Phase I of data collection with 45 young women who had experienced unplanned pregnancy. This information on reproductive health services for young people will aid understanding of the status of services available for young people, so that gap(s) can be identified, and the health system and personnel can be strengthened, to serve the needs of the target population. When the young women made their decisions, they had to interact with themselves to find the rationale to support their decision, especially the decision to terminate the pregnancy. The first choice for the majority of the young women with unplanned pregnancies was to terminate the pregnancy. Most of the women felt that the clinic that they visited was run by professionals, providing safe abortions, because of their friends', neighbor, relatives, and parents hearsay. Once it was not successful, the women would interact with themselves and others, in order to keep the baby. Some women decided to go to an Antenatal Care Clinic for a check-up and/or try to find a place to hide their pregnancy. Premarital sex or sex among students are not socially accepted, and therefore most young students try to keep it confidential. The larger the belly gets, the more stress they feel. The following illustrate the feelings and interactions when women visit the professional sector, including drugstores, abortion clinics, Antenatal Care Clinics, and shelters. In addition, a few cases visited the folk sector or traditional healers for abortifacient products.

Interaction with Drugstore Personnel

Most of the women who purchased abortifacient products at drugstores had particular product(s) in mind, and therefore visited them in a short period of time. For this instance, they rarely had a chance to have any dialog with drugstore personnel. They felt that this service sector was convenient and comfortable for them just to walk in, unlike other health facilities where they met the providers and had to answer questions.

"At that time, I did not know about abortifcient products. Thus, I bought Ya Satree at the drugstore because it indicates that pregnant women should not use. Hence, I took 2-3 tablespoon at a time as indicated in the leaflet. But nothing had happen" (Lek, single, 23 years old)

Some of the respondents revealed that if they wanted to repeat another abortifacient regimen at the same drugstore, they would ask a friend to purchase the products for them because they were afraid that the drugstore personnel would be suspicious and ask them about the purpose of using them.

Interaction With Providers at the Abortion Clinic

Once the young women with unplanned pregnancies made the decision to terminate the pregnancy, they interacted with themselves and other persons they could trust to support the choice. If there was at least one supportive person, and they had enough money, they felt confident about terminating the pregnancy. Most of them thought that it was the best solution, because they would return to their prior status, without their parents or others knowing. Not every woman who decided to go to an abortion clinic to terminate her pregnancy was as successful as planned, due to the clinic's conditions and the women themselves. Most of the respondents who visited an abortion clinic revealed that the providers performed abortion for women who were pregnant for less than three months. If the pregnancy were over three months, the providers would refuse or refer the client to a clinic that agreed to terminate pregnancies at any term.

"The doctor examined by belly, and asked me whether I had sex. I said yes, but only once. Then, he asked me to check for urine. It was found that I was pregnant (6 months). I told him that I was not ready to have a baby. He asked me to talk with my partner. I told him the truth that my partner did not know that I was pregnant. He warned me that it was dangerous to do abortion at this period because it was risky to my life. However, he recommended another 2 clinics but they refused to do so" (Oam, single, vocational school student, 18 years old).

However, the respondents revealed that it was very expensive, and depended on the month of pregnancy; it ranged from 8,000–20,000 Baht. With the very high cost, many respondents gave up and decided to keep the baby to term without knowing their future.

> *"The provider told me that they would do it (5 months of pregnancy) but it cost 20,000 baht. At that time I had only 10,000 baht. So, I asked the provider to give me a special rate. They said the last price would be 18,000 baht" (Oil, single, vocational school student, 20 years old).*

Low-priced clinics were also not well accepted by the young people. One respondent revealed that her friend recommended a clinic that charged 2,000 Baht for terminating a three-month pregnancy. She hesitated to go there because she had heard that women suffered from bleeding after visiting the clinic. However, she went to the clinic with her friend, but gave up after seeing the clinic from outside, because she was unsure that the providers would provide a safe abortion.

A Difficult Situation for Young Women Walking Into an Abortion Clinic

However, walking into an abortion clinic was a crisis situation for many young women, especially students. They felt unsure about doing as planned because of their inexperience, but they needed to confirm what the abortion clinic really looked, even though they had some information about abortion from friends and various other sources. At first, they decided definitely to terminate the pregnancy, but many of the young people were uncertain about what would happen to them. The idea that it was sinful to kill the life of the baby also made the women distressed. Some of them made a new decision after visiting the clinic, because they were not sure that their lives would be safe.

One example was a respondent who was a pregnant vocational school student. When she realized her pregnancy, she spent a few days for gathering information on abortion and collecting money. She drove a motorcycle alone to a clinic recommended by her friend, and drove around the clinic three times before entering it. She was afraid

of seeing anyone she knew while visiting the clinic. Moreover, she was not sure what would happen to her once she went in.

> *"I felt nervous. I drove the motorcycle around the clinic three times. The fourth time, when only a few people were passing by, I decided to stop the motorcycle and walk inside" (Oam, 18 years old, vocational school student).*

Having entered the clinic, most of the young women felt shy and dared not to ask any questions. However, if the clinic provided a private place for history taking and counseling, the women would feel relaxed, warm, and comfortable enough to divulge their confidential information. If the situation were opposite, the women would feel bad and be more stressed.

> *"At first, I felt shy walking into the clinic. But I thought that there are others who have the same problem as me. This made me feel better. However, I was not alone, my mom went with me" (Brew, 16 years old, secondary school student).*

> *"When I arrived at the clinic, I didn't know how to start. The staff at the clinic was not nice to me. She did not pay attention to me. She did not ask me about my problem or offer any service. I decided to talk to her first. That area was an open area. Luckily, there were no other people, otherwise I would not have dared to talk " (Oil, 20 years old, vocational school student).*

The Scene and the Cost of the Abortion Made the Women Changing Their Minds

Some of them returned from the clinic after entering because they had seen women who had just had their pregnancies terminated and they looked exhausted. This reaction implies that the women did not get counseling so that they might not have had an opportunity to explore every dimension of abortion and the other choices that were available.

"I went to the clinic by myself. While I was waiting, after agreeing upon on the price of the abortion, I saw a few women with pale faces come out of the room after the procedure was complete. I felt bad; I was scared when I saw the blood. At that time, I was not sure about doing as planned. I told the service provider that I changed my mind. The provider said 'don't worry, it's up to you'. Then I went home and did not want to do it any more" (Porn, single, 18 years old, factory worker).

Mostly, the women returned from the clinic without terminating their pregnancy because of the high cost. If the pregnancy term exceeded three months, pregnancy termination was very expensive. Many women revealed that the clinic asked for more for than 10,000 Baht. Thus, some women returned to get more money, but some could not afford the high price and gave up and continued the pregnancy. (Please see section 4.3.3 under affordability, which provides more detail).

Women Need Counseling Before the Final Stage

Once the women met the providers, most of them needed counseling, and many women went to the clinic with the most common doubt being what would happen to them. Moreover, many women revealed that they had used abortifacient products or menstruation-regulation products during pregnancy and they were afraid that the products had affected the fetus. If the fetus had formed into a baby-like shape, most of the women would hesitate to do so. They felt guilty about doing it because it was like taking the life of their baby. Moreover, the Buddhists believed that taking lives was sinful, especially the lives of innocent babies who have done nothing wrong.

However, most of the women revealed the same story, i.e., they did not get any counseling from the providers and they dared not ask for it. However, a few clinics provided counseling when the pregnancy term exceeded three months, and the providers would refer them to other clinics or to shelters. The women were afraid to ask the providers questions addressing the issues of concern to them, because it was more difficult for them to start asking questions than to walk into the clinic. They were afraid that if they did ask, the providers might ask more questions that they did not want to

answer. Hence, they were growing increasingly gloomy during the process of terminating the pregnancy. Without proper counseling before terminating the pregnancy, some women felt distressed, and this feeling would leave a black scar on their hearts forever.

> *"I felt afraid. I felt it was sinful. I wanted to get out of the bed when the provider started the process and go home" (Yam, married, 19 years old).*

> *"After the injection, there was a pressure in the lower abdominal area. I felt that I might not survive and I was not sure that it would be successful" (Jaew, married, 24 years old).*
> *(During this conversation, the interviewee was crying. The researcher stopped the interview for a while, waiting until she felt better before starting again).*

With doubts about what would happen to them and their babies, most of the women needed psychological support from the provider and their significant person, because during the pregnancy termination process, physical pain and psychological trauma commonly occur to young people.

> *"The provider in my home town does not care about the clients, if you want to do it then you do it. If you are unsatisfied and do not want to do it, you go home. When I felt pain and was nervous, the provider scolded me and told me to stay still or go back home" (Pung, married, 18 years old).*

In addition, one 18-year-old respondent lived in a low-income community. She believed that if a woman did not recover after terminating the pregnancy, the staff at the clinic would take her out into a field. They were afraid that if someone came and saw women who had just had their pregnancies terminated at the clinic, they would be arrested, because it is illegal to terminate pregnancies, and the owner(s) and the provider(s) would end up in jail. If the women were left in a field after the abortion, some would recover and some would die of blood loss.

"One of my friends, who had experience of abortion, told me that the provider gave her some medicine that made her felt dizzy. During this time, if a woman felt dizzy for a long period of time, the clinic's staff would take her out into a field and leave her there. If she were lucky, she would be safe. If she had bad luck, she would die due to blood loss" (Maew, married, 18 years old, housewife).

Interaction With the Provider at the Antenatal Care Clinic

When faced with an unplanned pregnancy, most of the women wanted to terminate it. However, some young women knew only after the first trimester. Thus, this group had fewer choices than others who knew in the early months of pregnancy. As discussed earlier, terminating a pregnancy is very expensive after the first trimester. Thus, most of the women in this situation gave up and continued their pregnancy to full term. However, a few cases decided to keep the baby to term and visited the Antenatal Care Clinic (ANC) because of stigmatization. The cases who visited the ANC were less sensitive to social stigma, e.g. the married women.

Young Single Women Did Not Dare to Visit the ANC Clinic

Once the women realized that they could not terminate the pregnancy, some decided to go to the Ante Natal Care Clinic (ANC), but most of the young women did not go to the ANC clinic because they were afraid that they would meet someone they knew. Lack of money was also a main reason for many women deciding not to go to the ANC clinic. Married and out-of-school adolescents tended to go to the ANC clinic more than others.

"I visited the ANC clinic at the fourth month of pregnancy after the abortifacient products were not successful" (Tan, married, 18 years old, housewife).

Factors Deterring Young Women from Visiting the ANC Clinic

The cost of the services was not the main concern of the young people because this was their first experience of pregnancy. Some of them could utilize the thirty-Baht

scheme. Their main concern was stigmatization, because some of them were students or unmarried. They were afraid that the providers would blame them or have contempt for them.

> *"I paid 30 Baht for services apart from the medical fee. The thirty-Baht card helped me at the time of delivery" (Lek, single, 18 years old, factory worker).*

The distance from home to the ANC clinic was also an issue for concern, because many of the young women with unplanned pregnancies had separated from their partners. Moreover, most of the women lived alone. Some lived with their parents, relatives, or friends, but at the beginning, most of them hide their pregnancy from others. Consequently, they preferred to visit the clinic by themselves. For this reason, if the clinics were near their residences, it would be helpful for married women. For the unmarried women, distance was not a problem because stigmatization was the main concern.

> *"Far or near is a concern because I consider that it is possible for me to go alone" (Maew, married, 18 years old, housewife).*

Apart from the external factors that deterred young women from seeking ANC services, the interaction with providers at the clinic was a concern. The women would have negative or positive impressions, which depended on the provider's approach. If the providers provided services with a positive attitude and approach, the young women would feel good. However, if the providers had negative attitudes towards premarital sex, they would feel bad.

> *"Before visiting the clinic, I thought they would ignore me. When I visited, I found that they cared because they came and asked whether the baby was hungry. I felt good" (Lek, single, 18 years old).*

At the ANC clinic, if the young women received a positive service approach, they would feel warm and dare to consult the providers. Most of the women were afraid

to ask questions because they did not want to be blamed by the providers. They would keep the questions to themselves and try to find the answers on their own. They might seek information from friends, relatives, and various media. With unreliable sources of information, they might get inappropriate answers.

Interaction with Friends and Providers at the Shelter

The shelter is a place where women with unplanned pregnancies can hide themselves from others. In this place, they meet other women with the same problem. They have a chance to interact with themselves, other women, and providers. Women are assigned to stay together in the big or small room depending on the design of each shelter. Some shelters have small income-generating activities for the women, such as sewing and cross-stitch. One shelter had a cooking group to generate a small income for the women. These activities made the women work together as a team, and this created a friendly atmosphere, where it was easy to get together, share experiences, and care for each other.

Sadness and Happiness are Common at the Shelter

When many people stay together, it is common for them to quarrel. Sometimes, the women argued with one another because of stress, because many of them still had no solution to how they could manage their lives in the future. Some of them felt that they had nowhere to go and nobody supported them. In these stressful situations, some women could control their tempers, but some could not. Women stayed at the shelter for periods ranging from a few days up to many months. One case stayed at the shelter for nine months; she had nowhere to go because her parents had divorced and they had both remarried. She used to live with her mother but her father-in-law raped her. So, she ran away to seek help from the shelter. However, women who stayed for a long time got together as a group and became powerful. Thus, it was difficult for the newcomer to join and communicate with the earlier group. Sometimes, the newcomers who could not adjust themselves would suffer from isolation. Some women tried to get together with other newcomers. Thus, there was conflict at the shelter when there were larger numbers of women staying together. However, this conflict lasted for a while, and then they got together and later became friends. One respondent compared the

situation to teeth and tongue, which sometimes fight and sometimes are friendly. However, some women realized that the women were different in many ways, including background, thinking, and age. This rationale made them apologize to the others.

> *"I felt good at the beginning when I came here. When I stayed on longer, we started quarreling and fighting" (Tan, married, 18 years old, housewife).*

> *"Women who stay here are separated into groups. As a newcomer, I felt that it was difficult" (Lek, single, 23 years old).*

> *"It should be (Fighting with one another). Women came from different families and were staying together in the same place. They had different backgrounds, ways of thought, and age. Some were very young, some old, so they did not get along well" (Aui, 19 years old, vocational school student).*

Some of the women even disclosed a conflict situation among themselves at the shelter. However, there were many positive outcomes of staying at the shelter. Many women said the same thing; that they felt better when they decided to stay there. They stayed at the shelter with other women who were in the same situation, so they could compare their situation with others that were worse than theirs. Thus, they motivated themselves into believing that they needed to fight for themselves and the baby. At the shelter, they were not alone; they had a person they could walk in and consult at any time. Moreover, the activities arranged by the providers at the shelter included a workshop for mother and baby, recreational activities, handicraft work, and other assigned group work. These activities made them feel relaxed, happy, and enjoy living with the other people. Once they became friends, they helped each other by encouraging, telling them about their experiences, sharing their knowledge, and supporting the routine activities of the shelter.

"Sister always emphasizes every week that everyone has their own problems, so we must not let problems assail us or make us blue. Let beautiful thoughts come into our minds" (Su, single, 19 years old, babysitter).

"When I lived outside, there was social pressure because I was pregnant without a responsible partner. Living at the shelter, there are women who all have problems. We share our history and experiences. I also had a chance to ventilate by sharing my experiences. I feel better" (Ploy, single, 17 years old).

"It made me realize (by staying at the shelter) that there are other people who are in worse situations than me" (Brew, student, 16 years old).

"There are many reasons that made me feel better. Some of my friends have more serious problems. For me, I already have a solution. After I deliver, I can still raise my baby but others cannot. They need to give the baby up for adoption" (Pu, single, 21 years old, unemployed).

Encouragement and Arranging Activities are Provider Roles

Most of the women with unplanned pregnancies who visited and stayed at the shelter had failed in the use of abortifacient products or had financial problems going to an abortion clinic. Thus, they would come and stay at the shelter, to hide until delivery. At the beginning of their stay at the shelter, some of them did not have any solution for their future. Some women were depressed, however, interaction with providers through counseling, workshops, and assigned routine activities, helped them to feel better because they started building relationships with the providers and with others. The women trusted them and felt that they could help them solve their problems. Whenever they had problems their friends could not help them solve, they would turn to the providers. In addition, group counseling helped them gradually to make them stronger by learning and sharing experiences with each other. By learning from other people's experiences, the women could reflect on themselves and understand themselves better. Once they could understand themselves, they could establish their goals and be ready to go back into the community. One example was Porn, who was an 18-year-old, single

factory worker. She was alone after her parents had separated. She did not know any of her relatives. She was pregnant because a man she knew raped her. She came to stay in the shelter because her friend told her about it. At the shelter, she could make the decision to put the baby up for adoption and go back to work in the new factory. The second example was Su, who was a babysitter. She was pregnant at 19 years of age to her boyfriend without the knowledge of their parents. She decided to raise the baby but she did not know how to manage her life because her boyfriend lived in another province and she lived alone in Bangkok. Afterwards, she consulted a provider and got a better idea, which was to put the baby into the nursery provided by Ban Tantawan, which was a non-governmental organization.

> *"I decided (to put the baby up for adoption) while I was staying here. If I took the baby with me, how could I raise it? I have no money, which I need to pay for the costs of accommodation, milk powder, baby sitter, and daily living costs. I do not know how to earn an income to pay for these costs. Moreover, I have no experience of raising a baby. If I put the child up for adoption, the baby and I will be better off. The provider gave me information on how to raise the baby. She also asked me how I could raise the baby by myself. If I put the baby up for adoption, the baby will have a future. The providers will check the adopters before giving the child to them" (Porn, single, 18 years old, factory worker).*

> *"First of all, I consulted my close friends, but my friends had no ideas. Then, I consulted providers regarding a temporary place for raising the baby. The providers suggested that I needed to wait in a queue" (Su, single, 19 years old, baby sitter).*

4.7 Service Expectations

This section explains and discusses the services that the women with unplanned pregnancies needed and expected to be available for women in similar situations. Shelters were selected to explain this section, while other abortion facilities are not presented because they are illegal in Thailand. Moreover, in other facilities, such as

drugstores, the respondents did not expect the personnel to provide or ask for any history regarding their pregnancy. Thus, all of the results in this section explain the shelters. Most of the women who lived in the shelters revealed that they did not know that shelters were available for women with unplanned pregnancies. They could stay at the shelters because some of them had been referred from an abortion clinic. A few cases had been referred from a police station and the Child Rights Protection Foundation, because they had been raped. A few cases had been referred from sisters or brothers of Christian churches. Some women knew from hearsay, a magazine (Cheewit Thong Sue), or television. Moreover, all cases from the community did not know about the services of the shelters. Thus, they did not expect much regarding services for women with unplanned pregnancies.

Service Characteristics: Women's Perspectives

Counseling is the Answer

All of the women with unplanned pregnancies said the same thing: they needed counseling. Counseling was most important for them when they were in trouble. However, many of them felt that they did not get enough counseling. Even though, they got information from friends, many of them needed more. They thought that if they had someone counseling them they would have made better decisions. They might not feel guilty up until the present. Some women cried while they divulged the history of their unplanned pregnancy. They complained that they had no choice. They had nobody to turn to and consult because it was their first experience of unexpected pregnancy.

"I was confused. I could not think of anything. I tried to keep it a secret" (Pia, 17 years old, high school student).

"I only need counseling" (Joy, single, 24 years old, factory worker).

"During that time, if I had someone, an older person, or friends, who could provide counseling, I might have felt better. I might not make the wrong decisions. It could be a club, or establish something that could help women...If I had a problem and I consulted someone about it, I might feel better and could

think of better ways instead of terminating the pregnancy" (Koi, single, 21 years old, unemployed).

Characteristics of Counselors or Providers

Premarital sex among young women is a sensitive issue; they all try to keep it a secret and hide themselves away. Most of the women revealed the same idea, that the most important characteristic of a counselor was confidentiality. They could be either male or female, but if the counselor were a woman, it would help them to articulate their problems without any barriers. Some women said that they might go and ask for help from a counselor (sometimes it was the same person who provided care) on "the women's secret". She cited one example: while she was menstruating, she dared not to go and ask for a sanitary pad, because the provider was a man. Even though he was nice and kind, she felt too embarrassed to ask for it. Most of the women did not like people who were overly assertive or aggressive. They liked people who were calm, who had nice ways of asking questions, and had positive attitudes towards sex among young people. The women who were in trouble were very sensitive toward any negative language. Thus, the first dialog was important, because it was a key that would lead to good or bad attitudes towards the providers.

"The person should have a smiling face, and be prepared to provide counseling. The first dialog should be positive, which will guide us towards telling more of our history" (Rat, single, 22 years old, vocational school student).

In addition, the person should be warm, nice, provide information, and have time to counsel them. These are the basic characteristics of the providers or counselors that the women needed. The providers or counselors should be a little older or the same age; this was better than being younger. In addition, some young women revealed that if the counselors or providers had a sense of humor, it helped to generate a friendly atmosphere.

"I feel that we need someone who understands. Do not push (to speak). They should talk nicely, then, the women will speak out by themselves" (Note, single, 19 years old, orphan).

"The older person we consult should be able to listen to us, let us articulate our problems, and provide psychological support" (Koi, single, 21 years old, unemployed).

"I like to consult a person who is older. They should know how to talk (good counselor) and let us consult them about any problem. Moreover, I think they should be able to listen and not blame us" (Pae, single, 16 years old, unemployed).

Telephone Counseling is Better than Face-to-Face Counseling

There are two ways of counseling, face-to-face and telephone counseling. Most of the young women preferred to use telephone counseling, because they felt confident about expressing their feelings, problems, and other, related background. With face-to-face counseling, especially among the young women, they felt more embarrassed about disclosing their personal sexual history. In addition, some young women used the telephone to explore the available services, because they were not confident to ask for them.

"I think that face-to-face, the young women might not feel confident about coming in for a consultation. They might not want anyone to know their personal sexual history. For me, I have no choice; I consult using face-to-face counseling. I felt very shy disclosing my personal sexual history" (Pae, single, 16 years old, unemployed).

"I will use the telephone. At least, I can find ways to solve the trouble" (Porn, single, 18 years old, factory worker).

Others Services Needed

There are three choices for women with unplanned pregnancies, i.e., abortion, parenting, or adoption. The most popular choice is terminating the pregnancy. However, some women did so successfully, while some did not. Women who did not successfully of terminate their pregnancy needed the most services. These services include:

- **Shelter.** Most of the women said that shelter was especially needed because they wanted to hide themselves from others. Most of them came and stayed during the third trimester, because their belly was getting bigger and could be seen by others. However, a few cases came in the second trimester of pregnancy. These cases came in the earlier months because they had been beaten or raped.

One example was Pu, a 21-year-old woman with an unplanned pregnancy who lived with her grandfather and grandmother, since her parents had passed away when she was very young. Her grandmother did not like her boyfriend. After a short while, she fell pregnant, and she did not let her grandfather or grandmother know, only her boyfriend's family. Since her pregnancy had been confirmed, she had tried to terminate it by self-medication and using her hand to put pressure on her belly. Without success, she decided to run away from home to live with her boyfriend during the fourth month of pregnancy because her belly was getting bigger. She thought that if her grandparents knew about her pregnancy, they would force her to have an abortion. At her boyfriend's house, her older sister-in-law, who is a Catholic, suggested she come and stay at the shelter. Now, at the shelter, she felt relieved and was looking forward to raising the baby. Her boyfriend visited her at the shelter quite often. This case revealed that if she had known that there was a shelter, she might not have tried to terminate the pregnancy and suffered the pain of beating her own womb.

- **Nursery for the baby.** The most concerning issue for the young women was how to raise the baby after delivery. Who would take care of the baby? Women who lived in the shelter were markedly more concerned than women who lived in the community; more than half of the women who lived in the shelter were living apart

from their parents or relatives. More importantly, most of the respondents who were single mothers needed to try to find a job, to earn income for themselves and their babies in the future. For this reason, they needed to find a temporary place for nursing the baby for at least three months. During this period, they could look for a job and stabilize their lives before being ready to collect the baby and stay together.

- **Vocational Training.** Some young women had no jobs before and during their pregnancy. After the women decided to raise the baby by themselves, if there was nobody supporting them, their lives would be changed. It was found that more than half of the respondents were single mothers because their partners had abandoned them. After delivery, they needed to find a job to earn income. Some respondents had no experience of working before. Some respondents changed their status from student to workingwoman. Thus, these young women needed a short course vocational training workshop, so that they could learn and prepare to go out and work. With a new job, they could earn income for their family in the future.

- **General Administration.** Services that aim to serve young women with unplanned pregnancies need to be sensitive to sexual issues. Confidentiality should be established in all administrative processes, because most of the respondents felt shy about divulging their sexual history. Especially, young women who were students were afraid to let any one know about their pregnancy. Some of them kept it secret until the physical changes were visible. People close to them can see the difference, and help them solve their troubles.

One example was a case who tried to keep the pregnancy secret until seven months. She was a high school student (grade 11). She was a diligent student who made good grades at school. She knew her boyfriend, who was a first-year university student for 1 year without having sex. One day during summer, her boyfriend asked her to visit his parents at his home. She agreed to visit his house because it was during the daytime. When she arrived, there was no one at his house. He forced her, and she could not resist. Later, she separated from him without telling him that she was pregnant. Her pregnancy was confirmed at the third month. She felt very miserable, stressed, and

confused. She did not know how to solve the problem, and merely kept it secret until the seventh month of pregnancy. Her physical changes, her mother came and asked her directly. She told her the truth. Her mother took her to an abortion clinic, but they refused conduct the procedure because it was too dangerous to terminate the pregnancy that late in the term. The clinic's staff recommended that she stay at a shelter. At the shelter, she felt very happy. She decided to drop out of school for a semester and return to studying a month after delivery. She had a baby son who was being supported by the Sahathai Foundation, which is a non-governmental organization for temporary nursery, until she graduated in grade 12. However, the current study found a few cases who were as lucky as she was, because she received good support from her parents while staying at the shelter and after she returned home.

- **Settlement Support.** Most of the women who stayed at the shelter and decided to raise the baby by themselves needed support to settle their new family. Some of them would be alone when they returned to the community. Thus, it is important to provide continuous support for a short time, to ensure that the women can cope with the new situation, otherwise they may be exhausted from raising the baby.

4.8 Chapter Summary

The preceding chapter examined attitudes and opinions towards unplanned pregnancy, the reasons for unplanned pregnancies, the decision-making process, the help-or health-seeking patterns, the interactions of women and providers, and service expectations.

"Thong mai thong karn", "Thong mai thang jai", "Thong mai prom", or "Thong mai kadkit" meant unwanted, unintended, unplanned, and unexpected, respectively, and these terms were raised by the women during the FGDs and in-depth interviews. The results of the FGDs showed that all of the women reflected on their physical and psychological unpreparedness for pregnancy, because most of them had dreams of a future husband and/or family. Thus, when it did not materialize as they had expected, they felt scared, sad, and shocked when the pregnancy was confirmed. Most of them

were afraid that their parents would know that they had had premarital sex with a consequential pregnancy. The more they loved and respected their parents/care takers, the more secretly they kept the pregnancy to avoid causing disappointment. If the relationships of the participants with their parents/relatives were more close and friendly, they tended to consult them. However, if they were in the situation of students, most would try various ways to terminate the pregnancy, because they wanted to have a future beyond raising the baby as a mother. The most common strategy was self-medication. Many women bought abortifacient products or menstruation inducers from drugstores/grocery stores but they were not successful. Some of them visited private clinics but that was not successful because the terms of the pregnancy exceeded the medical criteria or they were short of money. Some clinics offered pregnancy termination even though the pregnancy term exceeded the medical criteria, but the cost would be tripled, or more, so that the women could not afford the high cost. Then, they just left it and looked for a place to hide themselves during the pregnancy to avoid gossip.

During the long period of pregnancy, the young women with unplanned pregnancies could not make a definite decision. Their feeling and choices changed according to influencing factors, which varied from woman to woman. The most influential factor was the relationship with the partner and the parents. Other factors derived from the women themselves, as follows: 1) individual. These included attitudes towards sex and sexuality, women's status, e.g., studying or unemployment, and the number of children; 2) women's partner. Many of the respondents cited that the responsibility of their partner was the most important issue that influenced them to change their decision. If their partner were sincere and responsible for the family, the women would decide to raise the baby. In fact, many of them were confronted with unfaithful and irresponsible men, drug addiction, and violence, 3) parents. If the parents showed that they were supportive and accepted the premarital pregnancy, it really affected the women's decisions. The majority of the young women revealed that the persons they cared for most were their parents. Thus, they hid their pregnancy or gave the baby up for adoption so that their parents did not know and become disappointed. When the young women came and stayed at the shelter, most of the social workers

counseled them and connected them with their parents. Many parents accepted their daughters' situation and were willing to support them. With support from their parents, most of the women made a new decision, to raise the baby, instead of putting the baby up for adoption.

However, there were degrees of readiness for an unplanned pregnancy. Some women were in a serious situation, while some were less serious. The seriousness was due to the relationship and interaction with the woman herself, her partner, and her parents. Moreover, finances were a major concern that affected the readiness to keep the baby. These factors had a strong influence on the women's decision to opt for abortion, for birth and keeping the baby, or for birth and putting the child up for adoption. With the long duration of pregnancy, if the relationship or interaction were positive, women tended to raise the baby by themselves. In contrast, if it turned out to be negative, the women tended to terminate the pregnancy. If terminating the pregnancy failed, the women tended to put the baby up for adoption.

This study also showed the common causes of unplanned pregnancy that most of the women faced, which was both physical and mental violence from their partner. Moreover, their partners were not faithful or responsible for the family. When the married and unmarried groups were compared, the results revealed that knowledge and attitude towards contraception were similar. They were afraid of the side-effects of the contraceptive pills, and some did not take the pills regularly. Among the unmarried young women, some tended to use natural contraception, and emergency contraceptive pills (ECPs) because they did not have regular sexual intercourse and did not want anyone seeing them using pills. However, it was found that they used them incorrectly. Some of them took one pill after having sexual intercourse and kept the other pill for the next time. In addition, both groups faced financial problems: among the married, some had children to take care of already, and they would be in a crisis if they had another baby, whereas, among the single group, some received support from their parents, thus, they were more ready to care for another life.

When the perceptions of the seriousness of unplanned pregnancy were compared, the unmarried group was in a more serious situation, because Thai norms and culture prohibit premarital sex, or sex among young students, being socially accepted. So, when they got pregnant, their parents, relatives, or caretakers rejected most of them. In addition, they were afraid that their parents, relatives, or caretakers would not accept their partners. If their partners were not good men, they would be more concerned. Therefore, they tried to hide the pregnancy because they were afraid to be blamed and yelled at.

The researcher critically examined Thai norms and culture towards sex and sexuality, and it became apparent that gender inequality put women in a difficult situation. Women and men are treated unequally with regard to premarital sex. It is all right for men but it is not all right for women to have premarital sex, or have sex while a student. However, people tended to follow the norms and culture, and they did not think about the women's circumstances or the causes of unplanned pregnancy.

In the process of decision-making to solve the unplanned pregnancy, women might change their choices according to interactions with others. Many women needed to interact with their significant person so that they could make a decision to solve the problem. The women's interaction enabled them to interpret and interact according to what their loved ones, peers, and society expected. However, some women did not need any interaction with others because of the nature of the problem, which was stigmatization. Thus, these women made decisions based on their self-interaction.

After the women with unplanned pregnancies arranged their choices, the majority put efforts into terminating their pregnancy by visiting drugstores or grocery stores, visiting private clinics/hospitals, self management using objects, putting pressure on the womb, or jumping on the floor. However, some women did not put any effort into terminating the pregnancy.

The women who wanted to terminate the pregnancy adopted three patterns action, i.e. 1) visiting drugstores or grocery stores, 2) visiting private clinics or hospitals, and 3) using physical pressure or jumping on the floor. Most of the women realized that private clinics provided effective methods for terminating a pregnancy but the majority of them could not afford the cost. However, if self-medication or self-management were not successful they tended to visit a private clinic by asking for support from others for the cost.

However, the women who visited a private clinic were more intent on terminating the pregnancy than the women who visited drugstores or grocery stores on their first attempt. Moreover, when comparing the women who utilized different channels at the first attempt, it was found that among the failures after visiting a private clinic, they were more likely to raise the baby by themselves, whereas the women who visited drugstores or grocery stores tended to put the baby up for adoption. In addition, the women who consulted the popular sector (partner, friends, relatives, or parents) tended to raise the baby by themselves, whereas the women who did not consult anyone or had no one to consult while having trouble, tended to put the baby up for adoption.

It was important to explore the interactions between the women with unplanned pregnancies and the providers, because it was a sensitive issue. Also, the results would help identify gaps in the service personnel. It can be concluded that most of the young women with unplanned pregnancies felt uncomfortable and embarrassed visiting health service facilities that needed interaction with the providers, including abortion clinics, hospital and ANC clinics, because they were afraid to disclose their pregnancy history. Moreover, they were afraid of someone seeing them visiting these facilities, whereas the women felt more comfortable visiting drugstores because it was more convenient, and there less interaction with the providers. Most of the women perceived that abortion clinics could provide more reliable results in terminating a pregnancy, but there were many reasons that hindered them, including the cost of the service, embarrassment, and frightening rumors about abortion. However, the counseling provided for them before and after the induced abortion was inadequate. The women who decided to keep the baby to term were reluctant to visit an ANC clinic. The

greatest concern was that someone might see them, because the ANC clinic is known as a clinic for pregnant women. Among the marriage women, another reason was that cost of the services, because many of them only had enough money to survive day-by-day. Moreover, some women did not realize the importance of visiting an ANC during their pregnancy.

Shelters are important for young women with unplanned pregnancies. There are many reasons, including student status, premarital sex, being beaten by the partner, unemployment, and separation or abandonment by the partner. Some of them visited the shelter because of complex family problems. Many women felt that their staying at the shelter would help their family and themselves escape gossip about their pregnancy.

However, the shelters seemed to be secret places for most of the women. Most of them did not know about the shelters before. They learnt of the shelters from magazines, and hearsay from their friends or relatives during the crisis situation. A few cases knew of the shelter themselves. In addition, there were cases referred from policemen, or walk-in because both known and unknown persons had raped them. A few cases had lived in the shelter before, because of a prior unplanned pregnancy or beating. Most of the women perceived that the shelters were places they could hide themselves during pregnancy, or "Lum Lop Phai". Some perceived that the shelters were places for abandoned people.

While staying at the shelter, women who had the same problems interacted and learnt from each other. Many women disclosed that, after staying at the shelter, they felt better because they had met women who were in worse situations. This made them feel better after comparing themselves with others. While they stayed at the shelter, the providers organized a training workshop on how to take care of the newborn baby. Some shelters assigned women to care for the baby in a nursery. The practical experiences not only helped them gain direct experience of caring for the baby, but also helped them gain the feeling of being a mother. Some women who planned to put the child up for adoption changed their minds because they gained experience while in the charge of the nursery. They felt attached to the baby in their womb and decided to raise

the child by themselves. In addition, some shelters assigned handicraft work for the women to do during their leisure time. The handicraft work was intended to be psychotherapy and to help women make some money during their leisure time.

It can be concluded that the shelter is a good place where women who have the same problem can share, support, and learn from each others' experiences. It helps them to feel stronger and ready to return to their communities.

Apart from the services and activities provided at the shelters explained above, the respondents expected counseling, which was very important. If they were in the shelter, they preferred to have face-to-face counseling. Public relations and marketing inform potential users about the services should be widely available. Before knowing about the shelters, many women expressed the same view, that they had nobody to advise them how to manage when they were in trouble. Calling in for counseling was mentioned as being more convenient and comfortable for the respondents before they came in to utilize the services at the shelter. Most of them preferred female providers with a friendly approach. Also, many revealed that they required a temporary nursery for the baby until they could help themselves.

Most of the women mentioned youth-friendly administrative processes, including 1) private area for history taking, 2) anonymity, 3) no identity card requested, 4) no need for the parents or caretakers to approve service utilization. The minimum requirement is confidentiality, to make the young women feel relaxed and comfortable to utilize the services with good impressions.