CHAPTER V

EXISTING REPRODUCTIVE HEALTH SERVICES AND SERVICE UTILIZATION AMONG YOUNG PEOPLE: PROVIDER PERSPECTIVES

5.1 Introduction

Chapter V presents additional information from analyzing the in-depth interviews undertaken among the reproductive health providers from the folk and popular sectors. It is divided into three parts: 1) availability of reproductive health services in the folk and professional sectors, 2) the situation of unplanned pregnancy and terminated pregnancy services, and 3) observation of the selected study sites. Data collection was undertaken in the first phase of the study, October 2002 to the end March 2003. The main objectives of this chapter are to identify and explore the availability of reproductive health services for young people, and the utilization of reproductive health services from the providers' perspectives. Moreover, in-depth interviews among the service providers elicited services facility factors that influenced utilization by the young people. Thus, the discussion in this chapter explores gaps in service availability and ways to enhance the systems, facilities, and personnel management, to provide more effective youth-friendly services, especially for women with unplanned pregnancies.

5.2 Profile of Samples

In-depth interviews were conducted among service providers from folk, and professional sector. A total of 18 cases, 3 male and 15 female participated in the study during the period October 2002-end March 2003. Two samples from folk sector included a traditional birth attendant, and a traditional healer. For professional sector, interviews were conducted among 4 drugstore personnel, 4 nurses, 4 doctors, and 4

social workers. All of them had experiences more than 10 years providing reproductive health services for the women. They were all recruited through reproductive health network.

Traditional Birth Attendant (TBA) and Traditional Healer (TH)

The representative from folk sector were two old women from a community in Bangkok; the first one was a 96-year-old female traditional birth attendant (TBA). The other was a 70-year-old traditional healer (TH), who was the TBA's daughter-in-law. They were introduced to the researcher and recruited through the reproductive health network in the community.

Drugstore Personnel

For professional sector, interviews were conducted with four drugstore personnel; one female and three male. They were energetic, with ages ranging from 36-45 years old. All were the owners of drugstores located in prime locations, including a shopping mall, vocational school, market place, bus terminal, and in front of a residential area where people could easily access the drugstore 24 hours per day. All of them understood the aims of the research and cooperated very well with the researcher.

Doctors and Nurses

Four doctors who worked in the Obstetric and Gynecology section (Ob&Gyn) participated in the study. All of them worked both in the public hospital and in a private clinic. They worked full-time at the public hospital, and part-time at the private clinic after official hours. They were Ob/Gyn specialists with a number of work experiences ranging from eight to twenty years. The two respondents were male Ob/Gyn specialists and instructors at medical college. They gave lectures to medical students and nurses, as well as providing services to clients at the University's hospital. The other two respondents were female doctors working in a government hospital. Moreover, the researcher had interviewed four full-time registered nurses who had worked in the same section as the participating physicians under the Ob&Gyn section, including nurses from the family planning clinic, counseling clinic, and delivery room. All of them had been working for over 10 years under the government hospital located in the city area.

Social Workers

Four female social workers interviewed were from the selected shelters where the women were recruited. One of the social workers was from a government shelter, another was from non-governmental organizations, and the other two were from religious shelters. All of them had been working on women's issues for more than five years.

5.3 Characteristics and Availability of Reproductive Health Services in the Folk and Professional Sectors

The following results cover the availability of reproductive health services and pregnancy-termination seeking behaviors of the young women, from the health personnel's perspective in the folk and professional sectors. The popular sector is not presented in this chapter because it is the sector with which people interact the most, and it is the boundary between the different sectors, which was presented in Chapter IV.

Folk Sector

The folk sector is composed of non-professional healers, traditional birth attendants, and traditional healers. To clarify the sector, the researcher interviewed two people, one was a traditional birth attendant, and another was a traditional healer who lived in a community in Bangkok.

Examples of a Traditional Birth Attendant and a Traditional Healer

The two samples, Traditional Birth Attendant (TBA) and Traditional Healer (TH) still looked healthy. She spoke clearly, and was able to understand and answer questions at a very good level, compared with others of the same age. In general, her health status was satisfactory and she was able to eat good food. When the researcher met her, she was having rice with fried fish. Her ability to maintain good health was admirable. She said that she was born in the reign of King Rama VI, around 1905. At present, it is the time of King Rama IX. In short, she had lived through for four periods of Royal reign. The most important thing was that she could reveal changes in the

pregnancy situation in this community very well. She had been living in this community since she was young. Besides the TBA, she also was a master traditional healer. Her daughter-in-law joined the discussion. The two respondents were very cooperative and tried to provide as much information as they could. Then, the researcher tried to simplify the questions so that they could be understood easily, and answered. Both were very proud to share their experiences. The TBA declined her services at the age of 70 due to her health problems. In case any clients needed services, her daughter-in-law would provide them.

It was good that the traditional healer had joined the conversation because she could recall very well and help with her mother-in-law's responses. There was a lot of interesting information that she could add when her mother-in-law omitted it. She had learned massage techniques and traditional medicine from her mother-in-law. The way she had learnt was to accompany her mother-in-law to service sites, where she got direct experience. She did not like providing birth delivery services because she was scared of the blood. Thus, she preferred to provide traditional massage services. She normally visited clients if her mother-in-law was not available. Aged in her 70's, she had ever fewer clients; therefore, she had earned her living selling "Kanom Jeen" or Thai-style rice noodles. She added that the number of clients was uncertain; there was one time she waited for several months and had no clients. She also took care of her mother-in-law, who was 98 years old and lived nearby.

Roles of the TBA and TH in the Community

For pregnant women, the TBA played a key role where modern practitioners could not go, such as remote areas. Services provided by the TBA in the community included birth delivery, postpartum care, traditional massage, and herbal treatments. She could not provide injections. The community people respected her as a birth delivery specialist. She could deliver some abnormal positions of the baby. She was very famous, so the government officer appointed her to be a Tambon (sub-district) TBA, but she refused. She was available 24 hours a day. One advantage of being a TBA was that her house was in the community, so there were no problems about access to any house. She could provide services for her clients ranging from 10-40 cases per

month. Her clients were inside and outside the Bangkok community, and some of them were from other provinces. Most of them asked her to perform birth delivery and traditional massage, but her special skill was birth delivery.

At an early age for being a TBA, she was healthy; she provided traditional massage for women who wanted to terminate their pregnancies. The method used was massage and putting pressure on the lower abdomen, or “Fheun Thong”, which was a local word for making the fetus come out. However, she could only do lower abdominal pressuring for cases with gestational ages of less than three months. She could not do it if the term were longer than that. She did not perform “Fheun Thong” because the blood during that period was forming into a fetus and it was sinful to terminate it.

The traditional healer’s specialty was providing post-delivery care, including massage, traditional sauna, or skin scrubbing. She stated that these methods could fasten the uterus into the normal position or “Mod Look Khao Au” which helped to detach the lochia or “Nam Khao Pla”, strengthening the body system and preventing shivering in cold whether. The post-labor care course normally took three days. The cost of the services ranged from 500 to 3,000 Baht, which included traveling expenses and herbs that she would prepare and take along.

The TBA and the healer revealed that in the past 15 years, people preferred to visit doctors for delivery. Thus, their services were more focused on post-delivery care. They normally provided home care without taking a day off.

Professional Sector

The professional sector is composed of professional healers for both physical and mental problems. They have completed training in modern scientific medicine. Trained drugstore personnel, nurses, doctors, social workers, and paramedics are in this sector. The details are as follows:

1. Examples of Drugstore Personnel

Reproductive Health Product Availability at Drugstores

Thai drugstores conveniently sold a variety of goods from specific medicines and contraceptives to more general products such as shampoos, tissues and cold drinks. A wide range of common products were sold in drugstores related to sexual and reproductive health, such as pain-relief pills for menstruation, oral contraceptive pills, emergency contraceptive pills, condoms, Reproductive Tract Infection (RTI) medication, pharmaceutical abortifacients, etc.

It was not necessary for customers to take prescriptions from doctors to drugstores when they purchased drugs; they could go to drugstores, which could easily be found. Self-medication was commonly obtained through this source. The reproductive and sexual health products and services provided by drugstores were cheaper than those provided by government or private healthcare clinics and the working hours of drugstores were more convenient for youths. For example, the respondents' stores opened from 9 am and closed about 9 pm, and they were open from Monday to Saturday, and some stores opened on Sunday, as well. The drugstore's role was seen as both supplier and seller; thus people could negotiate the price, which was different from other healthcare services.

The Roles of the Drugstore Personnel in Dispensing Reproductive Health and Other Products in the Community:

- Prescribing drugs to cure or relieve basic illnesses, as stipulated under the Drug Act.
- Educating and advising consumers about correct drug usage and related health issues.

2. Examples of Doctors and Nurses

In- depth interviews were conducted to interview both physicians and nurses in the same section, because they were in the same team and provided services at difference stages of the service process. Thus, information from both levels provided a complete picture of the service process.

All of the respondents cooperated well with the researcher since the interviewees and an interviewer had known each other before the start of the study. Thus introductions were easy and brief. They were willing to answer questions after they learned of the objectives. However, some interviewees did not provide much detail regarding sensitive issues, like abortion. Their replies to questions on abortion issues were based on the law and the abortion criteria established by the hospital's subcommittee. Thus, when asked for permission to record an interview, they refused the request, saying that abortion was a very sensitive issue.

Government Hospitals and Pregnancy Termination Services: Physicians' and Nurses' Perspectives

The respondents said that terminating pregnancy at the hospital was a medical doctor's role and was performed in the delivery room. All of the hospitals had pregnancy termination criteria for women. Some hospitals had set up sub-committees, which included specialists from various fields, to make decisions on whether to terminate pregnancies. This was because, in reality, there was no definite solution for terminating a pregnancy when the woman did not meet any of the abortion criteria. Most of women with unplanned pregnancies who visited hospitals were in a critical situation and all were expected to terminate their pregnancies under a physician's control. Once there was a request, the hospital sub-committee, would call a meeting to make a decision. At the meeting they would consider and approve termination of the pregnancy; but not every case would get approval from the committee. In the case of potentially mentally retarded fetuses, or medical conditions harmful to the women's health, the Ob/Gyn staff would transfer clients to the psychological clinic for counseling. If the clients were ready, they would be transferred back to the delivery room to terminate the pregnancy. One of the respondents revealed that in her hospital, a committee comprising 3 physicians and 1 psychiatrist would review a pregnancy termination request, and three visits were required by each client, to let the committee review the pregnancy termination request. However, as we know, abortion is illegal in Thailand but it is widely available in private clinics. Thus, information from the abortion clinics was revealed by the young women who had experiences of terminated pregnancies, as explained in Chapter IV.

General Hospital Criteria for Pregnancy Termination

The respondents explained that, for the women who wanted to terminate their pregnancies in a hospital, the hospital staff would not do it unless they met the hospital criteria. The indications for pregnancy termination in government hospitals were for pregnant HIV-positive women who did not want to continue their pregnancy. Women who had medical conditions, and for whom the conditions were diagnosed as threatening the mother's health, the pregnancy could be terminated. The medical conditions included chronic diseases, such as blood system, heart disease, hypertension, and uncontrolled diabetes mellitus. Moreover, if there were evidence indicating fetal death in uteri, fetal deformities, and mentally retarded fetuses, the pregnancy could be terminated. Concerning the failure of contraception provided by the hospital, the staff would provide counseling and the pregnancy termination could be done if the mother were not ready to continue the pregnancy. This was free of charge if the women had received the contraceptive services from the hospital. Another indication for pregnancy termination was being the victim of sexual assault. All of the above indicated pregnancy termination, which can be summarized as follows:

Summary of Hospital Criteria for Pregnancy Termination

1. HIV/AIDS infection with consent from both the woman and her spouse.
2. Mother with medical history, e.g. diabetes, heart disease, hypertension, etc., that might put the woman in danger during pregnancy or after delivery.
3. Results of ultrasound show fetal death in uteri, deformity, or mentally retarded fetus.
4. Contraception failure.
5. Victim of sexual assault.

From the criteria summarized above, only physical indications that pregnancy threatened the mother's health and the physical condition of the fetus were significant. However, psychological status or unwillingness to have the baby were not deemed to be significant indicators for abortion. Thus, some interviewees mentioned that if a client that their conditions did not fit any of the indications for pregnancy termination,

they would be referred to private clinics where professional staff provided abortion services.

The following are examples of model clinic established under the government authority to solve unplanned pregnancies, as revealed by the respondents who had worked in a government hospital. Since abortion was illegal, the process of approval was complicated and time consuming. Therefore, model clinics, which were established to solve the problems of unplanned pregnancy, were unsuccessful because fewer and fewer women visited them.

A Model Clinic for Young People under Government Authority

One of the respondents revealed that, over the past 3-4 years, her hospital had established a model clinic for young people. The activities focused on health education for school- and vocational-school students. It aimed to persuade adolescents to come for service at the hospital. However, few adolescents visited the clinic.

This example of an adolescent clinic with a very low volume of utilization, established under government authority, implied the existence of some basic barriers to access, in order to respond to the needs of the young people. One of the respondents who provided counseling for both walk-in and phone-in cases revealed the reasons for the low volume of utilization of the youth clinic; unwanted pregnancy was the main problem for the young people. With the strict criteria of the government hospitals, as stated above, young people tended to visit other, private facilities. Thus, the unplanned pregnancy cases that were encountered in the government hospital were normally caused by financial problems, i.e., they could not afford the cost of terminating a pregnancy at a private clinic. Moreover, she said that normally young people were physically healthy, but they needed psychological support because they face more social problems.

Example of a Model Clinic Providing Services for Women with Unplanned Pregnancies

One of the respondents gave another example of a women's clinic established by government authorities. She revealed that, during the past 8-9 years, many women with unplanned pregnancy problems had visited Rajvithi Hospital. They came here because the hospital had established a clinic called "Dao Pra Sook" or "Venus Clinic", which was named after the famous movie. It was the story of an orphan girl who was born when the parents were not ready to take care of the child. She then had to take care of herself.

The Dao Pra Sook or Venus Clinic had provided counseling services to women with unplanned pregnancies who wanted to terminate their pregnancy. At the beginning, many women with unplanned pregnancies visited the clinic to terminate their pregnancy. However, the process of pregnancy termination under the government hospital system was not easy. There was a process in place and the hospital sub-committee would make a judgment on a case-by-case basis. The hospital sub-committee that approved pregnancy termination consisted of the chiefs of the Ob/Gyn department and a representative from each department, including the Department of Psychology, the Department of Medicine, and the Department of Social Work. Approval would be based on the mother's health and the child's condition, such as the mother's health being unsuitable for continuing the pregnancy while the child's health would be threatened, for example, a mother with chronic disease, heart disease, diabetes mellitus, or a woman who had been raped. Examples of child health concern were congenital abnormality, or the child was not able to survive after delivery. However, this procedure was complicated and time consuming, which made the clients feel reluctant to visit the clinic. The Dao Pra Sook clinic was therefore not widely used.

3. Example of Social Workers

Reproductive Health Services at the Shelters

Shelter is the last choice of many young women after they have failed to terminate the pregnancy. Most of the large shelters are located in Bangkok, where upcountry women are referred. The respondents revealed that some women were

referred from clinics because the pregnancy condition did not satisfy the criteria, or it was harmful to the mother's life. All of the shelters studied provided free residential care for women with unplanned pregnancies, and for those in the critical situations, whereas the shelters that belonged to religious organizations were more focused on women with unplanned pregnancies. The Ban Pak Dek Lae Krobkrua, which belonged to the Ministry of Labor and Social Welfare, and Ban Pak Chukchern, which belonged to a non-profit organization, provided services and residential care for either children who were abandoned by the family or those in a critical situation.

The women with unplanned pregnancy would receive free residential care and food. Some shelters would subsidize the costs of delivery, while others supported all delivery costs, and the costs of other necessities for the baby. All of the social workers provided psychosocial support for the women. Counseling, education regarding self-care during pregnancy and baby care were provided to the women by the social workers while they were in the shelters. All of the shelters assisted the women to visit the Ante Natal Care (ANC) clinic and supported them for the check-up cost and transportation. Some large shelters, such as like Ban Pak Chukchern and Ban Sukruthai, provided vocational training for pregnant women, such as handicraft work, dressmaking, and other skills, as identified by the women.

All of the respondents mentioned that, cases where women were unable to raise their babies, adoption would be considered as the final solution to the unplanned pregnancy problem. Some respondents explained that they would assign the pregnant women to look after their babies in the nursery after they had completed the baby-care training course, so that mother-baby bond would increase. Some pregnant women changed their minds about putting their babies up for adoption, and decided instead to raise the baby themselves, after they had been in charge of the nursery room.

Roles of the Social Workers

The overall responsibilities of the social workers included interviewing and receiving the women into the shelters; counseling, physical and psychological treatment for the needy ones; preparing the pregnant women for safe delivery and ability to care

for the newborn baby; preparing the family and returning the women to their family if needed. Some social workers provided home visits after the women retuned home with their baby, to provide back-up support, especially for single mothers if they could not handle the new family easily. Moreover, the social workers referred women to an adoption program of the network Foundation for women who could not raise their babies by themselves.

After the women had settled into the shelters, the social workers or caretakers assigned their daily responsibilities, such as cooking and cleaning the canteen after meals. During their leisure time, they would provide health education on self-care during pregnancy and training in baby care. The most important roles of the social workers and caretakers were providing one-on-one and group counseling for all residents of the shelters.

Summary

Forty years ago, delivery and post-natal care were in the hands of TBAs, because midwifery centers or health centers were not widely available in Bangkok. Moreover, other traditional healers developed important roles in the community. Antenatal care to ensure safe delivery for both mother and baby were not mentioned as being roles for TBAs, which implied that antenatal care had been introduced by modern medicine or had become the role of the professional sector. Terminating pregnancy was one of the services that TBAs provided for the women with unplanned pregnancies, because at that time, contraception was not widely known or available. The method used was massage and putting pressure on the lower abdomen or "Fheun Thong", which was a local word for making the fetus come out. However, they could only perform the procedure for cases with a gestational age of less than three months.

Nowadays, modern medicine is more available and more popular. According on the findings from the young women with unplanned pregnancies, majority of them preferred to utilize services from private sector for abortifacient products than from traditional healers. These data were consistent with the responses of all the providers that the young women would seek help–or health services at private clinics, or

drugstores rather than government facilities. It was due to they perceived that the modern medicines were more effective, non-invasive, and easy to perform. Also, there are more trained health personnel to fill all levels of health care facilities in both public and private sectors, including drugstores, clinics, health centers, and hospitals. Hence, TBAs and HA were no longer popular in Bangkok, especially among young people. For terminating a pregnancy, women could easily find abortifacient products by hearsay, or their belief in drugstore personnel. If the women could afford the cost of a safe abortion by a professional, they would go to a private clinic. Induced abortion was not openly available, because it was illegal under Thai law. It was considered a crime, except for induced abortion performed by a medical practitioner in cases of pregnancy resulting from rape, contraceptive failure, fetal abnormality, or to protect the woman's health. In addition, of HIV-positive mothers who did not want to continue their pregnancies could undergo an induced abortion. However, if any case did not meet the hospital criteria, the hospital would allow the committee to make a decision. Only physicians under the mentioned circumstances regularly performed induced abortions in both government and private hospitals. The existence of such a law, however, cannot prevent illegally induced abortion. Consequently, illegal abortions have been performed secretly. If the women failed to terminate the pregnancy, a few shelters in Bangkok provided support during pregnancy, and postpartum care. Moreover, if the women wanted to put their babies up for adoption, some government, religious, or non-governmental organizations provided services, by screening the new family, or the adopters, of the baby.

5.4 Situation of Unplanned Pregnancy and Terminated Pregnancy in the Community

Examples of Traditional Healer (TH) and TBA Perspectives

The TH and TBA revealed that, nowadays, sex among young people was just like a fashion, like having several boyfriends or girlfriends. It seemed like they experimented with each new dish and compared it with the next one. Thus, when pregnancy occurred, they could not identify the father of the baby. Hence, terminating pregnancy was used as the solution. More important than that, unplanned pregnancy became common in this community and several cases had occurred; the majority were

teenagers. They were a new generation and barely listened or paid attention to what their parents taught. Thus, it occurred among women who were not yet ready, including girls who were too young, such as a 15-year-old case, which are apparent nowadays, but in former times were unknown. They also revealed that people in the community could accept the pregnancy if the couples were married, and they must both have jobs and be able to take care of the new family. They would be rejected if they were students and unemployed.

As for the reasons for abortion, the traditional healer revealed that people in the past needed it because contraceptive technology was not ready, and abortion was the only solution. The cause of unplanned pregnancies in the past and at present was mainly family problems; the parents sometimes had separated, and teenagers sometimes did not stay with their parents while they were studying. These were the mainly causes of unplanned pregnancy. Sometimes, the man was not ready to be responsible for a family. Thus, the women would have to terminate the pregnancy. Comparing the changes between this year and last year, she stated that there was no difference in terms of numbers or reasons for having an induced abortion.

Concerning the trend of abortions, the respondents revealed that it would be on the increase among student and teenager groups. They were students and were not ready to raise a baby, so the grandparents would have to take care of the child if they did not terminate the pregnancy. The respondents revealed that women with unplanned pregnancies normally sought help from their friends or from word of mouth. Abortifacients that were familiar in the community were "Ya Tra Ngue", Yah Khab such as "Mae Luan Brand", or taking pepper with liquor. However, they preferred to visit a clinic nowadays, where the doctor normally used the uterus injection method. *"It really works"*, the traditional healer said. It is important to note that self-medication was commonly practiced among the women with unplanned pregnancies from the past until the present time. One well-know medication was Snake Brand medicine or "Ya Tra Ngue", and another formula was composed of hot and spicy stuff, e.g., ingesting as much pepper as a chicken egg, and taking little by little with liquor. They believed that these hot herbal concoctions could defrost the blood during the first three months of

pregnancy; bleeding per the vagina was called defrosting the blood. However, at present, people knew that the best way to terminate a pregnancy was to visit a clinic, where a physician performed the procedure. In the past, there had been few clinics for terminating a pregnancy, so people used traditional herbs or traditional massage, as stated above.

Examples of Drugstore Personnel Perspectives

All of the drugstore personnel revealed that unplanned pregnancies and abortions were common in their community. Most of the drugstores had regular customers, because they were located in the community. People usually came to consult for some kind of health problem, such as family planning. However, because unplanned pregnancy among young people was shameful, they tended to buy medicine from other pharmacies where they were not already known. If they went to buy at a store in their own community, they normally said that they were buying for their friends.

Normally, drugstore personnel did not prescribe any menstruation adjustment medication if they knew the women were pregnant, but referred them to a clinic known as a safe abortion clinic. Some clinics used drugstores as a channel to recruit women who needed to terminate their pregnancies, and asked drugstores to distribute their business cards, and then they would pay them in return for any referred cases. Moreover, information from the women revealed that some drugstores deliberately prescribed menstruation-regulating medications for terminating pregnancies. They knew this type of drugstore by word of mouth; however, some women were successful and some were not. So far, there is no scientific evidence to indicate whether cases were successful or not.

Data from the women indicated that, regarding the health-seeking behaviors of the women with unplanned pregnancies, most already had a drug in mind when they entered the drugstore. Customers purchased drugs based on advice from the family or friends, or advertisements. Some customers purchased them based on a leaflet that indicated that it should not be used for pregnant women, and then they could assume that it was for terminating pregnancy. Usually women used the word "Yah Khab" as

pregnancy-termination medicines. The well-known pregnancy termination medicines were "Yah Tra Gnue", and "Yah Satree"

Examples of Doctors' and Nurses' Perspectives

Most of the respondents revealed that the majority of women seeking services at hospitals were ranked into the low-to-medium income level, and were housewives, government officers, and people who lived nearby. The most common group found in hospitals was women aged 20-25 years. However, most of the respondents revealed that a few cases of unwanted pregnancy visited government hospitals. They went straight to private clinics because they knew that the hospitals had strict criteria and normally did not provide pregnancy-termination services. Therefore, most cases in the government hospitals intended to carry their pregnancies. All of the respondents revealed that unplanned pregnancies were common in Thai society nowadays. It tended to increase among young people because they had more freedom and equality, and they had more chance of engaging in a sexual relationship. The cases who visited hospitals revealed that the reasons for the unplanned pregnancy were that they did not know about the pregnancy and already practiced contraception, resulting in unplanned pregnancy. In addition, it was caused by ineffective contraception or contraceptive failure. Rape cases were referred more often to the hospital for pregnancy termination.

Regarding their personal sentiments towards abortion, all respondents said that it was sinful and illegal to have an abortion. Almost all of the interviewees felt personally that Thai society did not accept pregnancy at school age or pregnancy without a responsible husband. Pregnancy termination was against Buddhist principles. Thus, the women with unwanted pregnancies hid their pregnancy termination to avoid religious condemnation by society. However, the community people accepted abortion if the pregnancy were harmful to the women and/or an abnormal fetus *in uteri* was found.

Environmental factors, such as freedom of life, family expectations and peer pressure, friends and neighbors, also influenced adolescent life. Once they had a sexual relationship, unwanted pregnancy was a consequence. The respondents divided women

with unwanted pregnancy into four groups: 1) students who had to hide from their parents, 2) adult women who faced financial problems or lost their jobs and their income was insufficient for the family, 3) women having family problems. This group might be separated from their husbands and planned to get married again to new husbands, or they may have had a sexual affair and fallen pregnant. They might already have grown-up children and be afraid to be condemned if their children, or other people, knew, and 4) women without a responsible husband. All of the above situations put pressure on women to seek pregnancy termination.

The respondents disclosed that because pregnancy termination was illegal in Thai society, service providers did not openly admit that their services were available. It was not appropriate to discuss abortion, because it was an illegal issue. People knew that the problem existed, but they did not know how to solve it. When comparing moral and legal issues, almost all of the respondents revealed that the latter was a more serious problem for abortion. Nowadays, healthcare professionals had better understanding of abortion; however, they could not openly admit it because it was against the law. Even in the public health community, there were two groups of physicians: those who approved of, and those who objected to, abortion. One respondent gave an example of one physician working in the same hospital. Despite his objection to abortion, he brought a relative with an unplanned pregnancy to this hospital for an abortion. This case illustrates a double standard on the issue.

Examples of Social Worker or Caretaker Perspectives

Most of the social workers revealed that unplanned pregnancy was common among young people in the shelters due to lack of sexual experience and skills. However, many more cases had been raped by a person they had known before than by an unknown person. Most of the sexual assault victims were less than 15 years old. For the young people more than 15 years old, some of the main reasons that caused them to have an unplanned pregnancy were lack of sexual experience and lack of contraceptive knowledge. These young people were from broken homes and lived by themselves. Some women came to stay at the shelters because they wanted to hide their pregnancy from persons who knew them. They thought that the trend of unplanned pregnancy was

increasing among young people. Some respondents said that some young women could not change their sexual behavior after they had solved the unplanned pregnancy. They had another boyfriend after they had returned to their communities. Thus, they were afraid that these women would face unplanned pregnancy again. Unsuccessful self-medication for terminating pregnancy was common. Financial problems were another critical issue among the women with unplanned pregnancies, especially women who had stayed at a government shelter; thus, the government shelter paid for all the costs incurred for the women, including the delivery cost. Some women would request to be moved to a government shelter for this reason.

Summary

Most of the respondents perceived that the rate of increase in premarital sex among young people was greater than in the past. Consequently, they had seen more young women with unplanned pregnancies, with corresponding increases in the numbers of abortions. Regarding their perceived climate towards abortion, all respondents revealed that it was sinful and illegal to have an abortion. Almost all interviewees personally felt that Thai society did not accept pregnancy at school age or pregnancy without a responsible husband.

Most of the respondents revealed that environmental factors, such as freedom of life, family expectations and peer pressure from friends, neighbors, and the media also influenced adolescents to have sex at a younger age than in the past. Findings from the young women with unplanned pregnancies towards reasons of unplanned pregnancies were revealed the same as the providers. However, partner was mentioned the most from the women side; while, the providers did not mention about men who was the most affecting unplanned pregnancy. However, once they were faced with trouble, a few of them sought consultations or induced abortions in the public sector. Most of them preferred to manage by themselves, by utilizing abortifacient products purchased at drugstores if they could not afford the cost of induced abortions at private clinics. As indicated by the young women, the reasons behind the low utilization of government facilities were that all of them knew that abortion is illegal and government personnel do not provide this type of service. Moreover, there was few cases of the young women

knew about the certain criteria that the women are eligible to have abortion especially rape. So, majority of the young women who were raped seeking services at the private clinics, or at the drugstores.

5.5 Observation of the Service Sites

The researcher acted as observer, in order to observe the interactions of the women and the providers in the shelter setting. Observations were conducted at the shelters where the women were recruited i.e., Ban Pak Chuk Chern 2-3, Ban Sukruthai, Ban Prakhun, and Ban Pak Dek & Krobkrua to permit the researcher to get a better sense of what the women did during their leisure time, their socialization, and influencing of services towards the women choices to solve the unplanned pregnancies. The following information illustrates detailed descriptions of the environments and characteristics of the study sites.

Physical Access

All of the observed shelters located in Bangkok, only one shelter that located adjacent to Bangkok. Transport was by motorcycle, taxi, or buses from the main road. The shelters, which located near the main road, were easily access by using many buses. Some shelter located next to the main road; but some shelter was a bit difficult for women to enter and exit.

Physical appearance

The general atmosphere, majority shelters were liked a house. However, all of them had rules for women who accommodated to follow. Most of the shelters surrounded by many trees. In and outside everything was arranged in a comfortable way. Also, they provided two-story houses for the pregnancy women.

Personnel

All shelters had social workers or sisters trained as a counselor were in charge of the shelter 24 hpd. They were friendly, competent, and committed to providing services for the women. Based on the observation, some of the religious counselor based on

believes towards life. Hence, their believe influence on decision making of the women to choose for adoption, or parenting.

Administrative process

Social workers provided admission 24 hpd. When women were admitted in the shelter, they had been interviewed about personal and family history, the reason that led her to the house. Any young woman could stay at the shelter without parental permission. After the administration process was over, the woman was sent to the accommodation.

Privacy

There were private rooms for admissions and counseling. A social worker or a religious caretaker provided one-on-one counseling for all cases admitted to the shelter. Moreover, the women could consult the counselor at any time they needed. However, in some shelters, they provided regular group counseling so the women could share their concerns and thoughts.

Confidentiality

All shelters kept records of cases in a secure location that only shelters' staff could access. However, the full names of all clients were used among the staff.

Availability of service activities

Some shelters provided on-the-job training by the caretakers for women to make souvenirs, such as New Year cards, and small gifts. So, the women could spend their leisure-time earning a small income while staying in the shelter. Also, some large shelters provided comprehensive service activities to all cases staying temporarily in the shelter, including vocational training, and training for mothers on how to raise a baby

Referral

There was referral and networking with other organizations established at all shelters. Sometimes cases were referred among shelters due to different regulations and support among the shelters for the cost occurred especially for delivery.

Socialization among the women

For the large size shelter, the women separated into groups. The newcomers could join, depending on the relationships established with their peers. There was some quarrelling among groups and between groups. Some women were isolated from the group. For the medium and small size shelters, the women were in more individualistic style. They gathered into groups like the large shelter, but it was not obvious.

Most of the women stayed more than a month, so they have a chance to share and cares for other's baby. Thus, some of the women changed their choice from adoption to raise the babies by themselves; while some of them changed from raising the baby to put the baby up for adoption.

5.6 Chapter Summary

Nowadays, in Bangkok, terminating pregnancy by utilizing the folk sector or visiting the TBA was rapidly declining comparing with the past, while the young people tended to visit the professional sector, i.e., clinics and drugstores. The majority of the providers and the young people perceived that pregnancy termination by modern medicine was more effective than traditional medicine. In the past, no effective contraceptive methods were available, so women visited a TBA to terminate the pregnancy and prevent the birth. Nowadays, many modern contraceptive methods were available, but many young people did not use them properly, or did not use them at all, because of them did not have regular sexual intercourse, and some of them had unprepared sex. Once unplanned pregnancy occurred, they could terminate the pregnancy by self-medication utilizing a drugstore, visiting a clinic/hospital, or using other unsafe places. However, in this chapter, the information relates to terminating pregnancies in a clinic, or other unsafe place where the service cannot be obtained

directly from the providers because it is illegal. Thus, the young people who used to visit such facilities disclosed the information presented in Chapter IV. Pregnancy terminations performed in government and private hospitals were done under medical conditions or hospital criteria. The methods of terminating pregnancy by the TBA were more invasive than taking abortifacient products or utilizing other modern methods provided by the professional sector. Moreover, it did not guarantee a successful outcome. Thus, TBA customers were decreasing and were no longer widely available. The ultimate hope for the women who failed to terminate a pregnancy was a shelter. However, there are few shelters in Bangkok for women who are in a crisis situation, while the numbers of women facing unplanned pregnancies are more than for other reasons. Most of the shelters allowed the women to stay until delivery, or a few months after, to get ready to raise the baby. The shelter's staff helped some women who were not ready to raise a baby, and also help them select a suitable family for adoption. Most of the shelters tried to assist the women to avoid terminating the pregnancy or abandoning the baby after delivery. It is important to note that there is a referral network among the professional sector, such as private clinics and hospitals, which refer cases of women who want to terminate their pregnancy but do not meet the criteria for the shelter. The religious communities also refer women with unplanned pregnancies to religious shelters. Moreover, many women who failed to terminate their pregnancies visited a shelter by themselves. They knew the shelters from word-of-mouth, the media, or various printed materials.

Unplanned pregnancy was common among young women; however, because terminating pregnancy was illegal and unacceptable in Thai society, it was treated secretly with detrimental results for the women. Most of the women with unplanned pregnancies, who had financial problems, preferred to visit a drugstore, as their first choice in seeking abortifacient products, to other facilities due to it being convenient, inexpensive, and private. Even women knew that professional services at clinics were more effective than taking abortifacient products, but they were reluctant to visit them because they were scared, shy, and had no money to pay for the costs involved. Most of the women at the shelters visited clinics as their last attempt after failing in the use of abortifacient products. However, because the prevalent pregnancy termination criterion

was that the pregnancy should not be more than the first trimester, and if they wanted to do so, it was very expensive and beyond their ability to pay. Hence, many young women sought help from shelters, which are mostly available in Bangkok and other capital cities of each region, to hide them while they were pregnant and had no income. However, a few young women knew about the shelters, as many of them were referred from clinics, hospitals, or shelter to shelter.

In general, the data gathered from all five shelters showed that half of them were easily accessible by many women due to their location. However, some of the shelters were located in areas that were quite difficult to access. Some women came on their own, using buses, motorcycles, or taxis. Most of the shelters provided activities for the women during their leisure time. The activities differed from shelter to shelter. Some activities were individual, and some were group, so that the women could relieve their stress. Also, there was some quarreling among the women who lived at the shelters, especially the large shelters and the shelter that did not assign work or activities during leisure time. In addition, the large shelters could provide more comprehensive services for the women, including antenatal, delivery, and postpartum care. Moreover, the shelters linked with others organizations to provide adoption services for women who could not raise their babies by themselves. Only the large- and medium-sized shelters provided vocational training for the women while they stayed, so that they could earn income after they returned to their communities. Privacy was well established at all shelters. However, some shelters put the first names and family names of the women on the board for communication purposes. It was common to use the women's full names while they were in the shelter. Nicknames or other names to conceal the women's identities were not employed at all in the large shelters. All of the shelters had social workers or caretakers who were committed to work for the women. Most of them had positive attitudes and were friendly with the women, especially in the smaller shelters. More important, based on observation and interviews, it was found that interaction of the women with the counselors, and friends in the shelters influenced on choices, i.e., parenting or adoption. From interviewing with the women, I found that the women changed from adoption to raise the baby after stayed at the shelter more than changing from raising to put the baby for adoption. The changing choices were due to interacting of the young women with friends and providers while they stayed at the shelters.