

## **CHAPTER 1**

### **INTRODUCTION**

This chapter presents several topics including the background and significance of the research problem, research objectives, research questions, scope of the study, and definition of terms.

#### **Background and Significance of the Research Problem**

Unwanted pregnancy is common among women of all social and economic groups (Sedgh, Henshaw, Singh, Ahman, & Shah, 2007). While medical technology has been developed to protect pregnancy, government and non-government agencies attempt to promote family planning (Reproductive Health Division, 2003) in an effort to ensure that pregnancies are wanted, unwanted pregnancy still occurs. According to the World Health Organization (WHO), unwanted pregnancy is a major public health concern globally (World Health Organization, 2004). Annually, it is estimated that worldwide, 75 to 80 million pregnancies or one-third of all pregnancies, are unwanted (Population Action International, 2001; World Health Organization, n.d.a). In 2003, 48 percent of all abortions worldwide were unsafe, and more than 97 percent of all unsafe abortions were in developing countries (Sedgh, Henshaw, Singh, Ahman, & Shah, 2007). Termination of unwanted pregnancy affects the quality of life of all women; this is especially true in developing countries, including Thailand (World Health Organization, 2004).

Unwanted pregnancy often leads to a decision to have an abortion rather than continue with a pregnancy (Daulaire, Leidl, Mackin, Murphy, & Stark, 2002). A national survey on abortion in Thailand was conducted in 1999, including 787 public hospitals across 76 provinces (Boonthai & Warakamin, 2001; Warakamina, Boonthai, & Tangcharoensathien, 2004). Of a total of 45,990 cases of women accessing public hospitals with symptoms related to spontaneous miscarriage or abortion, 28.5 percent were found to have had induced abortions (19.54 per 1000 live births); 53 percent of these induced abortions were occurred in women who were 25 or more years old. Survey results indicate that induced abortion is more common among adult women than adolescents. Since the study did not include private hospitals and clinics, to which women with induced abortion prefer to visit rather than public hospitals, this induced abortion rate is likely underestimated and shows only the tip of the iceberg. In Songkhla province, southern Thailand, there is a high rate of induced abortions in adult women. In the record of the Gynecological Unit 340, Hatyai Hospital from January 2007 through December 2007, 230 cases of women were admitted following an abortion; 69 percent of these were unsafe abortions; and 79.4 percent occurred in women age 18 years or more (Gynecological Unit 340, 2007). It is partly the reason that the present study will focus on unwanted pregnancy and abortion in adults.

Deciding to have an abortion can be a painful choice for women (Ratchukul, 1998; Tharawan, 2002). In many parts of the world, they may have to go to an untrained practitioner for a clandestine and/or unsafe abortion, especially low income women (World Health Organization, n.d.a). This is a common practice in countries such as Thailand where abortion without medical indications is illegal and therefore procuring one is highly dangerous (Whittaker, 2002a). It is estimated that

complications from unsafe abortion account for 13 percent of maternal deaths worldwide (World Health Organization, 2004). The most common complication from unsafe abortions is infection, which can lead to septic shock and severe hemorrhaging (World Health Organization, 1998). Serious long term health consequences faced by these women include chronic pelvic pain, decreased fertility, and ectopic pregnancy (World Health Organization, 1998). With respect to psychological consequences of abortion, the overwhelming initial response is relief (Frye, 1993; Broen, Moum, Bodtker, & Ekeberg, 2004; Ratchukul, 1998; Tharawan, 2002) and happiness (Adler, 1992), but many women experience later sensations of regret, sadness, or guilt (Holmegren as cited in Alex & Hammarstrom, 2004). Besides threatening their health or even causing their death, women who choose abortion are often stigmatized and unfairly labeled for moral wrongdoing as un-Buddhist, sinful act of prostitutes, or a promiscuous woman (Havanon, 1995; Narumon, 1998; Ratchukul, 1998; Tharawan, 2002; Visikasin, 1984; Whittaker, 2002c). This stigma is caused by the cultural value that mothers should preserve and be responsible for the life of their child (Feminist Perspectives on the self, 2004; Jackson & Mannix, 2004; Taywaditap, Coleman, & Dumronggittigule, n.d.). Male participation and responsibility during the crisis created by unwanted pregnancy may reduce the number of women who put their life in danger by procuring an abortion.

If an abortion is unavoidable, physical and mental suffering leads women to desire substantial support from a significant person such as a male partner or husband (UNFPA, 1994). Men can participate throughout the process i.e., during the pre-abortion, abortion, and post-abortion period although they do not bear the physical burden of carrying an unwanted pregnancy. During the pre-abortion period, males

can share in decision making about whether a woman's pregnancy should be continued or terminated, they can ensure that she is not left alone and offer emotional and financial support (Chatchawet & Sripichyakan, 2005; Coleman & Nelson, 1999). During the induced abortion period, males responsible for the pregnancy termination can be physical support for women by helping them with their activities of daily living (Chatchawet & Sripichyakan, 2005). Men can also provide emotional and financial support during induced abortion (Beenhakker, Becker, Hires, Di Targiana, Blumenthal, & Huggins, 2004; Chatchawet & Sripichyakan, 2005; Ratchukul, 1998). Finally, during the post abortion period, they can help the women with activities of daily living and provide emotional support (Chatchawet & Sripichyakan, 2005).

A pilot study by the researcher in Thai women supports that a woman needs her partner or husband to support and take parts in unwanted pregnancy (Chatchawet & Sripichyakan, 2005). In the pilot study, 11 women residing in Songkhla province participated in semi-structured in-depth interviews. The areas where the women needed assistance from their partners or husbands were decision making, not being left alone, being taken care of, sharing in their troubles, repenting with them, providing financial support, preventing further unwanted pregnancies, as well as attending counseling and post-abortion family planning sessions.

From available empirical evidence, it is suggested that men should participate in decision making and provide a variety of supports to women when they face with an unwanted pregnancy and have to make a decision about whether or not to have an abortion (Beenhakker et al., 2004; Coleman & Nelson, 1999; Holmberg & Wahlberg, 2000; Johansson, Thu Nga, Quang Huy, Du Dat, & Holmgren, 1998;

Rasch & Lyaruu, 2005; Tawab, 1997; Tharawan, 2002). Emotional support by partners or husbands is particularly important for women's physical and emotional recovery from the abortion experience (Tawab, 1997). Clearly, women benefit from such support and it must be noted that men's rights are also advanced. Men who are willing to participate will earn the right to be involved in pre and post abortion counseling so that they can receive information about unwanted pregnancy and share in decisions about the pregnancy (The Alan Guttmacher Institute as cited in Armstrong, 2003; Coleman & Nelson, 1999). They are in a position to not only assist the woman but may also feel that they benefit in other ways as well. For those who are partners or husbands, sharing suffering and support can enhance the couples' bonding and intimacy (Cohen & Burger, 2000). Society also benefits when men are willing to participate. Societal benefits include a reduction in unwanted pregnancies and abortions. This will automatically lead to a reduction in health care costs associated with unsafe abortion (Thaneepanichsakul, 2000). The average financial cost for treating one who has had an unsafe abortion is approximately 21,024 baht (Warakamina et al., 2004) or \$ 612 US.

To incorporate male participation in reproductive health, there have been global movements to encourage men to accept more responsibility. According to the 1994 International Conference on Population and Development (ICPD) in Cairo organized by the United Nations, 179 countries adopted the conference declaration that providers of reproductive health care services, including those where unwanted pregnancy and abortion are addressed, should be compassionate and provide reliable information for both men and women. It was further suggested that men should be encouraged to be involved and take some of the responsibility for the situation

(UNFPA, 1994). The same message was reinforced at the 1995 Fourth World Conference on Women that was held in Beijing (The United Nations, 1995).

Moreover, the organizers of both conferences recognized the effect of men's behavior on women's reproductive health and highlighted the importance of increasing male participation. Participation of both men and women in matters related to reproductive and sexual behavior is essential to improve women's health (The United Nations, 1995). Male participation can enhance gender equity (Women and health, n.d.). Equity between women and men is a matter of human rights and a condition of social justice (Braveman, 2006). Gender equity is also a necessary and fundamental prerequisite for equity, development and peace, and transformed partnerships. This concept is based on equity between women and men as a condition for people-centered sustainable development (The United Nations, 1995).

The Thai Ministry of Public Health follows the ICPD's recommendations. A *Reproductive Health Policy* was announced in July, 1997. The rights of both men and women to be informed about reproductive choices, make mutual decisions, and have access to reproductive health services were addressed in the policy.

Interdisciplinary teams have been cooperating to develop a set of consensus-based policy recommendations for drafting a new amended reproductive health law in Thailand since 2004 (The Women's Health Advocacy Foundation, 2004).

Nevertheless, women are still humiliated and disrespected by health care providers when they seek abortion services (Whittaker, 2002a). Health care providers bring their personal attitudes, biases, and perceptions to their interactions with women.

Men are excluded from abortion services because they are considered to be members of a culture where only women are believed to be responsible for the consequences of



unwanted pregnancy and the procurement of abortion (Kraisuraphong, 2003). The existence of a gender bias when seeking abortion services was supported in the pilot study (Chatchawet & Sripichyakan, 2005). Participants reported that their partners or husbands did not participate in counseling or post-abortion family planning sessions and that healthcare providers did not encourage them to do so.

In the Thai health care system, the policies of rights-based and gender-sensitive health care for both women and men who face with unwanted pregnancies and abortion has not been transformed into practice (Kraisuraphong, 2003). The major barrier is that male participation in pregnancy termination is not well conceptualized among health professionals. It is not clear why and how men participate when an unwanted pregnancy and subsequent abortion occurs. Most researchers investigated the impact of unwanted pregnancy and abortion on women (Havanon, 1995; Ratchukul, 1998; Tharawan, 2002; Whittaker, 2002c), attitudes about abortion (Institute of Population Studies, 1982; Phuapradit, Sirivongs, & Chaturachinda, 1986), abortion law reform (Lerdmaleewong & Francis, 1998; Whittaker, 2002a; Whittaker, 2002b), abortion among Buddhists (Ratanakul, 1998), and an overview of abortion in Thailand (e.g., causes and consequences of unwanted pregnancy, a nationwide survey) (Boonthai & Warakamin, 2001; Population Council, 1981; Warakamin et al., 2004). Research reports exist where perceptions of men and women with respect to termination of unwanted pregnancy are described but male participation in the termination of unwanted pregnancy is not emphasized (Ford & Kittisuksathit, 1994; Malhotra et al., 2005).

The researcher's pilot study provides a description of male participation in the termination of unwanted pregnancy but the study focused only on women's

perspectives. In the present study, the experience of both women and men regarding male participation in termination of unwanted pregnancy was explored. Induced abortions are commonly found among adults, so greater maturity and responsibility are expected; thus, the study focused on the experience of adult women and men. Songkhla was the study setting. Songkhla is a big province located in southern Thailand. The majority of residents are Buddhists. It is the center of health care services, education, and economics in the southern region of Thailand. The traditional discourses between women and men in Songkhla province have been constituted through a hierarchical social structure, and they are from various social hierarchy positions that can be identified through knowledge of their education and occupation. Thus, there is a way of identifying a fairly large group of those who experience termination of unwanted pregnancy.

The telling of one's story encompasses the participant's beliefs, values, and intimacies, and allows the participant to make sense of their experiences through the telling of their stories (Riessman, 2002). Hence, narrative research will help the researcher understand women's and men's experiences regarding termination of unwanted pregnancy. An increasing awareness of women's issues has led to the emergence of a feminist inquiry within the nursing discipline. This inquiry represents a paradigmatic shift from a perspective that views men as the norm to one that opens up the possibility of seeing the world through women's eyes (Harding, 1987). More importantly, a feminist perspective will help women to enhance their consciousness, and empower them in order to improve their health and meet the goal of gender equity that can benefit women's as well as men's lives (Harding, 1998). The issue of male participation in women's reproductive health is obscured by male privilege in Thai



society. To obtain authentic understanding of male participation in termination of unwanted pregnancy, the phenomenon needs to be viewed through the feminist lens. Women's health cannot improve without involving men, who are a part of women's social experience, especially the experience of most women within a sexual relationship (The United Nations, 1995). Feminist research focuses on women's oppression. Because this oppression is by men, Wise (as cited in Webb, 1993) recommended that men should be included in the study. Thus, both women and men will be encouraged to present their perspectives and to critically analyze the influence of gender bias on their lived experience in order to portray their real perceptions, feelings, and thoughts towards their lives.

Therefore, a feminist narrative is well suited to illuminate an authentic understanding of women's and men's experiences; allowing women and men to speak out their concerns. Findings can be used to humanize care provided to women who choose abortion and to anticipate the kind of support that they will need from their male partners within the context of their lives. Furthermore, this information will be very useful for nurses and other health care providers in taking care of women as well as their partners or husbands who seek these services and to provide this care in a gender sensitive way. The results of this study are essential for further development of gender sensitive counseling services for both women and their partners who are confronted with unwanted pregnancy and abortion.

### Research Objectives

The objectives of the study were:

1. To understand the perception of Thai women about male participation in termination of unwanted pregnancy
2. To understand the perception of Thai men about male participation in termination of unwanted pregnancy

### Research Questions

The research questions were:

1. What is the participation of men in termination of unwanted pregnancy from the point of view of Thai women who have experienced in termination of unwanted pregnancy?
2. What is the participation of men in termination of unwanted pregnancy from the point of view of Thai men whose partners or wives have experienced in termination of unwanted pregnancy?

### Definition of Terms

The definitions of terms employed in this study were as follows:

Male participation is defined as taking part of a man as a partner or husband in termination of unwanted pregnancy.

Termination of unwanted pregnancy is defined as inducing abortion of the unwanted pregnancy at any gestational ages by whatever abortion methods, excluding therapeutic abortion by medical indications.

### Scope of the Study

The study narrated the perception of Thai women or men about male participation in termination of unwanted pregnancy. The study was conducted among Thai women who have experienced an unwanted pregnancy that ended in abortion or Thai men who were part of an encounter leading to an unwanted pregnancy that ended in abortion who residing in Songkhla province. Data collection and analysis lasted for 1 year and five months from October 2007 to March 2009.