

## **CHAPTER 3**

### **METHODOLOGY**

A feminist narrative approach was employed to understand male participation in unwanted pregnancy that ended in termination. Points of view from both the perspective of affected women and their partners or husbands were solicited. The philosophical and methodological features of feminist narrative approach are discussed. Then methods and procedures used to conduct the study are described. How rigor was maintained is addressed in detailed. Finally, ethical considerations in the conduct of this research study are presented.

#### **Philosophical Features of Feminist Narrative**

Gender differences exist within a culture with respect to interests, discursive resources, and ways of organizing the production of knowledge. The study of advantaged, dominant, or oppressive groups provides us with different insights than that from the study of disadvantaged, inferior, or oppressed groups (Harding, 1991).

Since gender differences structure personal experience and beliefs, and given male dominance in society generally, conventional science is primarily an expression of the experience of men that is presented as if it encompassed all human experience.

Harding (1998) calls these traditional approaches “weak objectivity”, which assume universal validity, cultural neutrality, value-neutrality and rationality. These approaches retard the growth of knowledge and block social justice. To strengthen objectivity, she suggests using a “strong objectivity” approach. That is, an approach

in which the resources to detect values, interests, discourses, and ways of organizing the production of knowledge are highly valued should be applied.

In male dominant society, women's issues are distorted; this is a form of gender biases. Women are treated and blamed unfairly when they violate social norms whereas men have a privilege to be not responsible for it. Women's voices have neither heard nor understood. Their suffering, especially as it relates to their sexual and reproductive problems, becomes a private matter whereas male pleasure is located in a public sphere. Women's lives cannot be improved without authentic understanding of their suffering and needs from their own perspective. Women's experiences need to be considered valid and be highly valued as evidence for the explanation of feminine social and biological phenomena since women are the experts about their own lives and experiences (Harding, 1998). Women's experiences are crucial as a starting point for feminist inquiry. Research questions are necessarily generated from the perspective of their experiences. Feminist research is designed for the improvement of women's lives.

In many parts of the world, including Thailand, women are stigmatized and even punished legally when they have an abortion (Ratchukul, 1998). In contrast, it is not addressed how men who are part of the sexual encounter accept responsibility or participate with respect to abortion (Tharawan, 2002). Members of society stipulate that women are responsible for their actions, whereas choices may be provided for men about whether they want to take responsibility or not. Issues of male participation in decisions and care when unwanted pregnancy and abortion occur are obscured by male privilege in Thai society. To improve these women's lives who are the oppressed group, the phenomenon of how males participate when an unwanted

pregnancy is terminated must be understood and explored by starting with the experiences of these women. In this way, the voice of these women will be heard (Harding, 1998).

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). The focus of feminist research is women's oppression. Because men contribute to this oppression, Wise (as cited in Webb, 1993) recommended that men should be included. Because this study is related to women and men's experiences, a focus on women and men's realities must take into account not only the events occurring in women and men's lives, but also the relationships that are relevant to how women and men experience the society (Denzin & Lincoln, 2000).

Feminist inquiry requires an equal power gradient between researchers and participants throughout the research process. Equality and mutuality are expected in the research relationship, with interaction and collaboration as essential components of research documentation. Egalitarian cooperation between researchers and participants allows participants to talk from their own interests rather than from the researcher's desired focus (Hall & Stevens, 1991). The researcher may be the ultimate arbiter in producing the report, deciding how findings are interpreted and how they are represented. The researcher's commitment to strengthening women and her reflective account of her own role in the knowledge relationship help to equalize power, particularly in written construction and production of research results (Cook & Fonow, 1990).

Narrative or storytelling is a common activity in everyday conversation and is a natural vehicle by which women and men communicate the meanings of everyday experiences (Sandelowski, 1991). Therefore, their stories provide a window onto their daily lives. Through narrative, the women and men as the tellers are able to reconstruct their individual realities and provide meaning to their lives. Using such narrative, researchers can gain insights into the way the women and men understand and enact their lives through stories.

Through storytelling, the tellers attempt to articulate the relationship between body, self and social context (Riessman, 1993). They refashion the situation by drawing on cultural resources and expand to the larger context in order to explain the significance of the picture for the listener. In addition such cultural resources enable the tellers to show their self-change in a particular circumstance and also provide the essential conditions to reconstruct a sense of coherence (Radley, 1999). Through recounting the events, the women and men can scrutinize their past experience as well as deconstruct and reconstruct their personal beliefs and attitudes (Riessman, 1993).

#### Methodological Features of Feminist Narrative

The feminist narrative approach employed in this study includes three methodological features that guide research methods and procedures. They are:

- a) narratives of women and men, b) the discovery of gender and its consequences, and
- c) a robust gender-sensitive reflexivity practice. Methodological details are presented next.

*Narratives of Women and Men*

To obtain authentic understanding of the women's and men's experiences, a narrative approach, which can be defined as a qualitative strategy to gather stories, is employed in this study. The telling of one's story encompasses the participant's beliefs, values, and intimacies, and allows participants to make sense of their experiences through the telling of these stories about phenomena of interest (Riessman, 1993). This approach provides a means to access participants' stories, tap into their usual ways of expressing themselves, and incorporate the context and chronology of events while imparting meaning and relaying larger cultural themes and values (Gilbert, 2002).

Narration is a threshold activity in that it captures a narrator's interpretation of links among elements of the past, present, and future at a particular place and fleeting moment in time. Narrators are socially positioned to tell stories at given biographical and historical moments and under the influence of prevailing cultural conventions surrounding storytelling, the social context of narration and the audience (Riessman, 1993). In telling the story, events are selected and then given cohesion, meaning and direction; they are made to flow and are given sense of linearity and even inevitability.

Narratives are presented in language, image, gesture and myth, painting and conversation. Narratives assume many forms. They are heard, seen, and read; they are told, performed, painted, sculpted and written (Riessman, 1993). Similar to other qualitative approaches, interviews are conducted to elicit the participants' stories. In general narrative has been jointly developed and produced through the interaction

between the teller and the listener; through question-and-answer exchanges, discussion, as well as intentional and unintentional conversations (Riessman, 1993). Through storytelling, the listener is strategically pulled into the immediacy of the teller's life world and into his/her point of view. The teller tries to convince the listener what happen to her/him in the past. In this story, a particular self of the teller is constituted. The teller makes decisions about what and how to present his or her "self" to others and also selects particular events and arranges them meaningfully in such a way as to form a whole – with a beginning, a middle and an end (Hyden, 1997). Distinctively, the techniques of probing and reflexivity are employed to have the participants, especially women, critically analyze their oppressed conditions.

#### *The Discovery of Gender and its Consequences*

The focus of feminist research is gender, which, is both a variable and an analytic category. Researchers have to ask how gender difference accounts for women's oppression; how gendered beliefs provide lenses through which participants view the world (Harding, 1991). With respect to the study, how males participate when an unwanted pregnancy is terminated is a situation that has to be carefully considered in an inquiry of how gender accounts for how males participate. Gender issues explicitly occur when termination of an unwanted pregnancy is experienced. Critical analysis of the influence of gender is obtained through the techniques of probing and reflexivity incorporated into individual interviews. In addition, narrative analysis is conducted through a feminist lens.

*A Robust Gender-Sensitive Reflexivity Practice*

Feminist research requires that researchers be placed in the same critical plane as participants. Researchers must be aware of their biases, and should inform the participants of their background. When conducting a study in the everyday world of women, researchers who are guided by feminist theory conduct their investigation in a manner that preserves and values women's lived experiences in the context in which they occur. The relationship between a researcher and participants is reciprocal rather than hierarchical (Campbell & Bunting, 1991). Cook and Fonow (1990) pointed out that feminists avoid treating their subjects as objects of knowledge. They further emphasize their concern for the ethical implications of feminist research and recognition of the abuse of women as objects of knowledge. These included the use of language as a means of subordination, fairness of gate keeping practices, interventions in participants' lives, and withholding necessary information from women participants. Consciousness-raising is also a central tenet of feminist methodology, and empowerment, transformation, and emancipation are the ultimate goals of feminist research (Cook & Fonow, 1990).

Methods and Procedures of the Study

Feminist narrative was employed to understand how males participate when an unwanted pregnancy is terminated. The methodological features that are addressed above guided the research methods and procedures.

### *Research Setting*

The setting for this study was Songkhla province including both rural and urban areas. Songkhla is the center of health care services, education, and economics in the southern region of Thailand. The majority of residents are Buddhists. Similar to other regions of Thailand, the traditional discourses between women and men in Songkhla province have been constituted through a hierarchical social structure. Women and men are from various social hierarchy positions that can be identified from different backgrounds, including socioeconomic status. It was expected that women and men who participated in this study had diverse personal backgrounds.

### *Participants*

Study participants were purposively selected among Thai women and men residing in Songkhla province and nearby provinces. Participants who volunteered for this study were included if they were:

1. Women who experienced an unwanted pregnancy that ended in abortion; or men who were part of an encounter leading to an unwanted pregnancy that ended in abortion. Women and men may or may not be spouses or partners.
2. Age 18 to 40 years
3. Volunteers willingness to share their experiences

Women and men were excluded if they had known physical or mental illness so severe that they were unable to participate in the study, or their participation could be considered harmful to them.

The participants were mainly recruited from three hospitals located in Songkhla province: Hatyai Hospital, Songkhla Hospital and Prince of Songkla Hospital. In-patient departments admitting women with complications of unsafe abortion were the recruitment settings. After ethical approval was obtained, the researcher approached the nursing directors and head nurses for permission and cooperation to recruit and collect data. Potential participants were approached by the researcher and asked if they were interested in this study. If their partners were available, they were also asked if they would like to participate. All of potential participants were notified about the purposes, procedures, risks, and benefits of study participation (see Appendix E). They were given an opportunity to ask questions. Those who agreed to participate were screened through a brief interview. All who met inclusion criteria during the initial contact were eligible. Potential participants were required to provide oral consent (see Appendix F). Interview locations and schedules were based on consideration for the participants' safety, privacy, and convenience, as well as mutual agreement by the researcher and the research participants.

Recruitment was stopped when the emerging data become redundant. The sampling strategies was to collect data until redundancy or theoretical saturation was achieved; this determined the sample size (Kuzel, 1999). Twelve women and 11 men, totaling 23 participants, were recruited. They were composed of 6 couples, as well as 6 women and 5 men whose partners declined to participate. Twenty two participants were recruited from the hospitals. Only one man was referred by a snowball method in that he was referred by another male participant.

### *Research Instrument*

The primary instrument of qualitative research is the researcher (Streubert & Carpenter, 2007). An interview guide is essential for the interview process.

Narratives can assume many forms such as painting, sculpting and writing (Riessman, 2002). In this study, those narrative forms were not obtained, but mobile phone messages were collected from one participant. Additionally, a demographic data form and a tape recorder assisted the researcher in organizing and preserving data that were collected.

#### *Researcher*

There is an increasing rejection of so-called value-neutrality and objectivity because it is self-deceptive, and is being replaced by explicit ideology, such as gender values in feminism, called strong objectivity (Harding, 1998). In feminist research, the researcher's values are incorporated in all research processes.

The researcher is a thirty-four-year-old, married, Buddhist Thai woman. She has a bachelor's degree from the Faculty of Nursing, Prince of Songkla University.

The researcher obtained her master's degree in women's health from the Faculty of Nursing, Chiang Mai University. The researcher was raised by her nuclear family in Phuket, located in the south of Thailand. She is the first of two children in her family, with both parents working as the primary school teachers. Even though her parents worked outside the house, they devoted as much time as they could to their family.

With her mother, father, and younger sister, she felt free to discuss any concerns with all family members. The researcher usually noticed that her parents' decisions were

made mutually and that responsibilities in relation to household tasks were shared.

She internalizes these equitable relationships.

Her husband graduated with a master's degree in agriculture from Prince of Songkla University. He has his own business in agriculture. He helps the researcher in household chores. He believes that it is unfair for a wife to work outside and be fully responsible for housework. In contrast, the researcher observed that some of her friends are deceived or exploited by their husbands. She believes that intimate relationships should be developed based on fairness, honesty, and equity.

The researcher does not have direct experience with an unwanted pregnancy. However, she has friends who have induced an abortion because their partners left them. They were blamed for premarital sex and pregnancy whereas their partners were not. As a nurse, the researcher has taken care of several women who were hospitalized because of complications associated with unsafe abortion. She observed that some nurses took care of these women without using gender-sensitive manners. The women were forced to solve their problems alone, which the researcher viewed as unfair. The researcher believes that Thai women who terminate an unwanted pregnancy are entitled to be treated unfairly by their partners, health care providers, and society. The researcher acknowledges that her background, experiences, and attitudes are brought into the processes of data collection and interpretation.

#### *Interview guide*

A few open-ended questions capturing the women's and men's perspectives on how men participate when the termination of unwanted pregnancy occurs were

developed by the researcher and reviewed by the dissertation advisory committee (See appendix A).

#### *Demographic data form*

A demographic data form was developed by the researcher. The data that were collected included gender, age, race, religion, educational background, occupation, income and adequacy of income, living area, marital status, pregnancy and abortion history, number and age of children, and intimate relationships (See appendix B). The data were obtained during the interviews, and through additional probing by the researcher.

#### *Tape recorder*

A tape recorder was used to record all interviews; the purpose was to avoid excessive note taking and to insure accuracy in recording each participant's story. A further benefit is that marked differences in tone, tempo, and animation of participant speech patterns were recorded (Turner, 2003).

#### *Data Collection Procedures*

Data collection began following the approval of the proposal by the Dissertation Committee and the Institutional Review Board (IRB), Faculty of Nursing, Chiang Mai University as well as ethics committee of the hospitals. The primary sources of data were individual stories and field notes. Any participants' materials and documents that can enhance their stories were also collected as a secondary source of data. The researcher concurrently wrote a reflexive journal and

established reciprocal relationships with participants. The duration of data collection was dependent on saturation of the data i.e., ongoing until findings appeared to be redundant.

### *Individual interviews*

Individual interviews were conducted to elicit perceptions and experiences of how men participated when an unwanted pregnancy was terminated. Because traditionally, men tend to have more power than their partners or wives, they were interviewed separately. Narratives started with inviting the participants to tell their past and present stories. What the participants expected in the future was narrated afterwards. The first interview session was initiated with broad statements and open-ended questions so that the researcher did not inadvertently guide the participants in their responses. They included: “Could you please tell me about your life after you (your partner/wife) got pregnant?” “How did you feel when you knew that you (your partner/wife) were pregnant?” “Tell me about how you think your partner/husband (partner/wife) felt after he (she) learned about your (her) pregnancy?” “How did your partner/husband (you) become involved when all this was happening?” These techniques enabled participants to use their own words and talk about what was important to them, which increased the validity of narrative data (Riessman, 2002). Interruption was avoided in order not to cut off the participants’ stories or disrupt their patterns of experiential association. Probing techniques were used as necessary in order to encourage experiential specificity and clarification (Riessman, 2002). Four types of probes were used, including chronology (...and then?, When was that?), detail (Tell me more about that? That is very interesting), clarification (I do not quite

understand, but you said earlier...), and explanation (Why?, How come?) (Schatzman & Strauss as cited in Chenitz & Swanson, 1986).

The second and subsequent interviews were conducted as an opportunity to obtain clearer and deeper insights, verify, and elaborate on what was said in the first interview and respond to findings from the ongoing data analysis. Therefore, the questions asked in subsequent interviews were modified throughout the study according to the emerging information.

According to feminist perspectives, reflexive questions were asked during the interviews in order to raise the consciousness of the researcher and the participants about the influence of gender bias on women's and men's perceptions and attitudes. Reflexive questions were asked in relation to gender, and other related issues, which encouraged participants to reflect on their thoughts. By providing structure and atmosphere for sharing private perceptions, reciprocal dialogue occurred in which the participants begin to analyze their own struggles and collectivize their experiences (Hall & Stevens, 1991). Examples of reflexive questions could be "Could you please tell me how you think society views a woman (a man) who had unwanted pregnancy that ended in abortion?" "Tell me how society views a sexual partner?" "What would you say to women and men who have experienced unwanted pregnancy that ended in abortion?" This reflexivity was intended to enable participants to understand, recognize, and acknowledge their perceptions, and assisted them to consider how they might want to develop their lives in a productive way.

The length of each interview session ranged from 30 to 80 minutes with an average of 45 minutes. Each participant was interviewed two to three times. The

total interview length for each participant ranged from 60 to 110 minutes with an average of 90 minutes. This variation occurred due to voluntary agreements between the participants and the researcher based on a participant's preference and the richness of the data provided by that participant. The interviews were conducted in a quiet, comfortable, safe, and private place that was acceptable to both participants and the researcher and included a counseling room at one of the participating hospitals or the participants' home. The participants were encouraged to make their choices about interview schedules and locations in order to increase their sense of personal control during the interview.

Each interview was audiotaped and transcribed verbatim. All participants gave their permission to have the interview audiotaped. The researcher read each transcript while simultaneously listening to the audiotape. In doing this, she could check each transcription for accuracy, be sensitive to changes in mood or tone and became more familiar with her data. Each interview was reviewed several times so that changes in voice tone and temporary silences were noted whenever the topic was highly significant or emotionally laden.

#### *Field notes*

The participants' stories were narrated verbally and behaviorally. Before, during and after each interview, their expressions, actions, behaviors, gestures, and characters were observed and then recorded immediately in the field notes (see

Appendix C). This technique helped the researcher capture the participants' stories through a non-verbal language narration. Note-taking was not done during the interview so that it could not interfere their narrating.

### *Participants' materials and documents*

A variety of materials and documents that contributed to interpreting the narratives would have been included, if provided, as a secondary source of data. These include paints, drawing, sculpting, writing, poem, diaries, and handicrafts. However, no participants had any materials and documents, except mobile phone messages. There was one female participant who typed short messages in her mobile phone while faced with unwanted pregnancy. This was her way of expressing her suffering.

### *Reflexive journal*

Reflexivity generally helps protect against self-indulgence, conceitedness, and solipsism (Marcuc, 1994). Waterman (1998) notes that reflexivity requires the researcher to closely inspect her own behaviour and feelings within people i.e., participants. Thus, the researcher recorded her impressions in a reflexive journal in order to reflect on and remain conscious of her thoughts, feelings, ideas, and personal or professional experience, which were related to the participants and insights in this study. The researcher recorded her background, perspectives, and thoughts related to termination of unwanted pregnancy and all emerging subject matter, which affected the study. She also described her reactions to participants. A reflexive journal was written continuously throughout the data collection and data analysis stages. She reflected on every situation, thought, idea, and subject that she identified as relevant to this study.

The example of what was recorded in her reflexive journal as presented below helps her to understand her values with respect to gender bias that oppressed the woman who experienced an unwanted pregnancy. The researcher became emotionally involved with the woman's experience and felt pity for a woman who had abortion complications while keeping her pregnancy and abortion a secret. However, the researcher reminded herself that it should not be too emotional. It should be understood instead because emotion might be bias with men. Moreover, the researcher had not obtained any information from men.

16 ตค. 50 ญ02 หลังการสัมภาษณ์ครั้งที่ 1 19.00-19.35 น. โรงพยาบาลหาดใหญ่

ผู้หญิงคนนึงยอมเอาชีวิตตัวเองเข้า เสี่ยงเพื่อปกปิดไม่ให้คนอื่นรู้ถึงการตั้งครรภ์ ยอมทนกับอาการเลือดออกจากช่องคลอดซึ่งบางวันออกมากบ้างน้อยบ้าง ตั้งเกือบ 2 เดือน และแม้ร่างกายขณะนั้นซัดลงมากและน้ำหนักลดแต่ก็ต้องทน เพื่อรอให้โรงเรียนปิดเทอมจะได้ขอพ่อแม่ไปเที่ยวบ้านเพื่อนที่ต่างจังหวัด แต่จริงๆแล้วเพื่อต้องการมาชมดลูกที่โรงพยาบาลต่างจังหวัด รักษาอาการเลือดออกนั้น ไม่กล้าไปโรงพยาบาลในจังหวัดที่ตนเองอาศัยอยู่เพราะกลัวว่าจะมีคนรู้จักรู้ว่าตนไปทำแท้งมา ผู้หญิงต้อง พยายาม ปกปิดเรื่องของตนเองทุกวิถีทางเพื่ออนาคตของตัวเองในการดำรงอยู่ในสังคม แม่พ่อก็ไม่สามารถบอกได้ แต่ชายคนรักสามารถนำเรื่องเหล่านี้พูดได้อย่างเปิดเผยกับพ่อแม่ตัวเอง โดยไม่ต้องกลัวผลกระทบมากเท่าผู้หญิง สะท้อนให้เห็นถึงสังคมมีความคาดหวังต่อบทบาทความเป็นผู้หญิง(ที่ดี)ในเรื่อง sexuality เช่น การที่ไม่มีเพศสัมพันธ์หรือตั้งครรภ์ก่อนสมรส เป็นต้น ในขณะที่สังคมยอมรับต่อการมีเพศสัมพันธ์ก่อนสมรสของผู้ชายได้มากกว่าผู้หญิง กล่าวได้ว่าเป็น gender bias ซึ่งเป็นสิ่งหนึ่งที่ทำให้ทางออกของผู้หญิงมีน้อยกว่าผู้ชายเมื่อเผชิญกับการตั้งครรภ์ไม่พึงประสงค์ ทำให้ผู้วิจัยรู้สึกสงสารกับความเป็นผู้หญิงเป็นอย่างมาก...แต่...ควรใช้คำว่า “เข้าใจ” มากกว่าสงสาร เพราะความสงสารทำให้เกิด bias ต่ออีกเพศหนึ่งได้ และอย่าลืม!! ยังไม่ได้คุยกับผู้ชายเลย อาจเข้าใจในความเป็นผู้ชายมากขึ้น

### *Non-hierarchical relationship*

Rapport and trust is the prerequisite to understanding the participants' experience. Since the aim of feminist research is to empower oppressed participants to speak for their own sake, the relationship between researchers and participants in feminist research is non-hierarchical (Harding, 1995). Equal positions reduced participants' senses of subordination that they might otherwise feel in the presence of a health professional and enhanced their sense of self-control. This kind of relationship facilitated the disclosure of sensitive and private information; as well as change in perspectives. The relationships could be established in several ways throughout the entire research process, starting with recruitment procedures and continuing until the end of the study. The researcher was conscious of an imbalance in power between herself and the participants because of her privileges as a doctoral student, a nurse, and a university instructor. Therefore, the researcher enhanced participants' sense of power by acknowledging them as experts having insights into the experience of unwanted pregnancy and subsequently choosing an abortion. Simultaneously, the researcher presented herself as a person who would like to learn, listen, and understand their stories.

Attention is a key element to elicit private experience (Webb, 1993). Warm attentiveness using phrases such as “tell me more”, “I want to hear your whole story”, or “I have all the time it takes to hear you” were used to encourage the participants to disclose their stories. Once the participants started to tell their stories, their monologue was not interrupted. However, the researcher shared her personal experience and feeling with the participants when appropriate; for instance, she told

the participants that she usually told her troubled stories to someone who was trustful. Reciprocal dialogue and sharing experience brought the participants and the researcher closer together, enhancing their relationship that would facilitate disclosure of information, and develop knowledge about women for women. In sharing experience, however, the researcher avoided interrupting or distorting stories through informing the participants that “My experience might be different from yours. I really want to listen to your stories.” Additional strategies to promote a non-hierarchical relationship included providing support, information, and help to the participants. For example, one woman who could not pay for her medical fee was provided with information about medical care benefits and referred to a nurse. Hopefully, participants might develop a sense that they are participating in a mutually beneficial relationship rather than a sense of being exploited by the researcher.

#### *Data Analysis Procedures*

Even though there is no certain way to analyze the stories being told, the analysis of narrative data entailed a reconstruction of interpretations of participants' stories to capture the salient perceptions and experience of Thai women and men when unwanted pregnancy that ends in abortion occurs. The data analysis procedures that were applied from Nilmanat (2001) was devised and implemented. The procedures consisted of four steps: familiarizing, coding, describing individual narratives, and structuring.

*The first step: familiarizing*

The data analysis took place concurrently with data collection. After interviewing each case, each interview that was audiotaped was transcribed verbatim. The researcher then read the transcript and listened to the audiotape simultaneously. In doing this, she could check each transcription for accuracy and became more familiar with her data. Each interview was reviewed several times so that changes in voice tone and temporary silences were noted whenever the topic was highly significant or emotionally laden. Doing so enabled her to immerse herself in the data. She also observed the participants' expressions, actions, behaviors, gestures, and characteristics and then immediately recorded field notes.

*The second step: coding*

Story content and context were analyzed. After reading the transcriptions and field notes of each participant several times, the researcher looked for and highlighted the repetition of their words, or sentences the participants used to describe or express their experiences in a particular context (Cohen, Kahn, & Steeves, 2000). She then cut the highlighted sections of the texts and grouped them into categories. Next, she discovered relationships between categories and found sub-themes and themes through the data. If data in categories were found to be unclear or unfit, she re-categorized the data and re-framed relationships between data categories.

*The third step: describing individual narratives*

This step involved writing the detailed description for each participant. The researcher began a closed reading of transcripts, field notes, and reflexive journal again for the structure of all participants. Thus, she could reorganize and described their stories based on the time series and emergent codes from the second step. These descriptive approaches helped the researcher to identify an overall pattern of complexity and the appropriate causal links to be analyzed.

*The fourth step: structuring*

Narrative was operationalized as the whole scheme of stories an individual participant related about her/his experiences. Therefore, the researcher analyzed all obtained codes and description of each participant simultaneously to search for the structure of the phenomenon that was found in the participants' stories. In order to heighten attention on these stories, the researcher categorized the data into the two core themes: "shared experiences of women and men" and "gender differences". Doing so narrative structure was "structure of male participation".

More importantly throughout the process, feminist theory merged in the four steps of the data analysis so that gender issues were the lens for the researcher to see the experiences and stories of the participants. For example, the researcher wrote about gender issues or biases that were reflected from the participants' stories in her reflexive journal. During the coding process, she also coded wording or sentences that she found related to gender issues and then developed the categories and themes based on them. This merging made the background, culture and society, through

which women and men perceived and interpreted the situations in which they live, more understandable.

### Establishment of Rigor

The rigor of this qualitative design is addressed by ensuring trustworthiness in the design and conduct of the research. Lincoln and Guba (1985) proposed techniques for the establishment of trustworthiness in naturalistic or qualitative inquiry. Trustworthiness consists of four concepts. They are credibility, transferability, dependability, and confirmability. In this study, trustworthiness was addressed and monitored using the following procedures.

#### *Credibility*

Credibility was addressed by member-checking and the external check. The purpose of member-checking is to obtain overall credibility, especially for the claim that the study findings are from the participants who experienced having an unwanted pregnancy terminated (Lincoln & Guba, 1985). Member-checking was implemented by providing an interview summary at the end of the interview and having each participant verify the summary of the researcher's interpretation of what he/she was saying. If there was a second interview, the summary was offered at the beginning of it. A summary at the end of an interview was ideal in that ideas were still fresh in the minds of both the researcher and the participant. Moreover, after the researcher discovered tentative findings, including themes, sub-themes and categories, three participants with different experiences were asked to validate themes and categories.

An external check of the inquiry process was employed in order to obtain credible findings. The procedure of peer-debriefing was used for this (Lincoln & Guba, 1985). Data analysis was reviewed by an advisor who is expert in qualitative methods, gender sensitivity and reproductive health. One panel discussion among the researcher, the dissertation advisory committee, and experts in qualitative methods and women's health were able to support the credibility of the findings. A meeting was arranged to discuss of data analysis and emerging categories and themes. One sub-theme, "lives following pregnancy termination", was generated as a result of the meeting. External checking was also conducted informally through conversations with fellow doctoral students and colleagues.

#### *Transferability*

To enhance the transferability of findings to other settings and situations, the researcher provided a thick description that enabled others interested in transferring research findings to similar contexts to make a decision about whether that transfer could benefit their setting. The thick description in qualitative research refers to the detail provided for context, emotion, and the webs of social relationships (Lincoln & Guba, 1985).

#### *Dependability*

Study findings are dependable when another researcher can transparently pursue the decision trail used by the researcher in the study (Guba & Lincoln as cited in Sandelowski, 1986). To assure dependability in this study, the researcher continued to make reflexive notes throughout data collection to support her selection

of categories, sub-themes and themes. Moreover, a few samples of interview transcriptions were verified by the dissertation supervisors. The criteria for inclusion of content and the preliminary themes were compared and discussed. Agreement between the researcher and the supervisors regarding the preliminary themes strengthened the dependability of the findings.

### *Confirmability*

Confirmability is the criterion of neutrality in qualitative research regarding the findings themselves, not the subjective or objective position of the researcher (Guba & Lincoln as cited in Sandelowski, 1986). Quotations of participants' statements were provided appropriately and accurately to support the emerging themes. Furthermore, reflexive notes were used to reflect both the participants' and the researcher's perspectives.

### *Protection of Human Subject*

This study was approved by the Institutional Review Board, Faculty of Nursing, Chiang Mai University (see Appendix D1) and the ethics committee of Prince of Songkla Hospital (see Appendix D2), Hatyai Hospital (see Appendix D3), and Songkhla Hospital (see Appendix D4) prior to data collection. Participants who agreed to take part in this study were informed of the confidential nature of the study. They were told what was expected of them if they agree to participate and were assured that their rights were safe guarded. In order to provide maximum assurance that participants understood their right to confidentiality and privacy, they were asked to provide oral consent once they were informed of the nature of the study, perceived

risks and benefits of participating, and the time commitment that would be needed to complete the interviews. The date, time, and place were recorded, but the names of the participants were not recorded on tape. On each transcript, an identification number was used instead of the participant's name. The interviews were conducted in a quiet, comfortable, safe, and private place such as a counseling room at the hospitals or the participants' home. The researcher's office address and telephone number were provided.

Even though the topic of this study was sensitive, the researcher expected that providing an opportunity for both women and men to tell their stories and to be listened to and understood could help to substantially reduce their emotional distress. In the study, if participants cried or appeared distressed when they recalled their experience, the researcher touched their hands and kept silent for a while. The decision to continue the interview was based on whether or not the participant wished to continue. In order to prevent possible conflict between partners or spouses and to gain more insights into the understanding of each participant, individuals were interviewed separately and information provided by each person was protected.

All participants were informed that they could withdraw from this study at any time just by saying so. They were also informed that withdrawal from the study did not affect their relationships with health care providers. Each participant was given a gift and an information sheet describing contraceptive methods upon completion of the study. Some assistance was offered if requested. For example, some participants who were admitted in the hospitals were provided information about medical care benefits and referred to a nurse who was working on the ward

where they were admitted. Ethically, the purpose of these practices was to demonstrate that each participant's time and input was considered valuable.

All interview data was stored in a computer file and will be retained without any identifying data for at least 5 years so that subsequent analysis is possible. The tapes and mobile messages of the participants, as well as the names, addresses, and telephone numbers of participants were kept in locked cabinets separate from the data and accessible only by the researcher. Information about names, addresses, telephone numbers, and the tapes, as well as the mobile messages were destroyed upon completion of the study. Participants were informed that copies of their interviews with all identifying information disguised were reviewed by the advisors who assisted with the data analysis.