

CHAPTER 4

FINDINGS AND DISCUSSION

The purpose of this chapter is to present the experiences of Thai women who have experienced an unwanted pregnancy that ended in abortion, and men who were part of an encounter leading to an unwanted pregnancy that ended in abortion. The chapter is separated into four parts, including part 1: characteristics of the participants, part 2: stories of individual participants, part 3: structures of male participation and part 4: discussion of findings.

Part 1: Characteristics of the Participants

All 23 participants consisted of 12 women and 11 men. There were 6 couples. The participants whose their partner or husband/wife did not attend the study were 6 women and 5 men. The participants' ages were between 18-36 years (mean = 22.3, SD = 4.9). Female average age was 21.2 years (SD = 4.4) and male average age was 23.4 years (SD=5.3). Everyone was Thai nationality. Most of them were Buddhists (87.0 %). Seventeen participants were graduated from high school or below; six participants were graduated from vocational school. One participant was unemployed and ten participants were employed. The average monthly income of the participants was 6,387 Baht. Fourteen participants had income below 6,000 Baht. However, the sufficiency of income was adequacy, and they owed no debt (74 %). Ten participants were staying with their partners in dormitories or rented rooms, eight persons were staying with their families. In this case, men were staying with their families more

than women, while women were staying in dormitories or rented rooms. The details of the participants' characteristics are described in Table 1.

Participants' reproductive characteristics were analyzed from 17 sets of data: 6 sets from 6 spouses, 6 sets from 6 male participants, and another 5 sets from 5 female participants whose their partner/husband did not participate in the study. This assembled reproductive characteristics of 17 women. The characteristics included marriage, number of pregnancy, number of pregnancy termination, and methods of pregnancy termination. Most of them were in single status (76.6 %). For the relationship with opposite sex that may cause pregnancy, most of them were not married legally (82.4 %). All of sexual intercourse occurred willingly, except one woman who told that she was forced by her partner.

A little more than half of the participants' pregnancy was the first time (53.0 %). Most of pregnancy termination was the first time (88.2 %). Most of them had no children (64.7 %). The birth control usage among most participants was withdrawal (66.7 %). Most male participants provided their information that they did not use any method to prevent pregnancy (60 %). Failure of withdrawal and having no preventive method caused most unwanted pregnancy. The method that most participants used for pregnancy termination was inserting of drugs into the vagina. The reproductive characteristics of participants' detail sort by participant couples, female participants and male participants' partner/wives was presented in Table 2. For the data of 12 individual participants, or 6 study couples (in case of the couples were the participants), the data of 6 female participants (in case of their partners/husbands were not the participants, and the data of 5 male participants (in case of their partners/wives were not the participants) are concluded in Table 3, 4, and 5 respectively.

Table 1

Demographic Data of the Participants

Demographic Characteristics	Female (n=12)		Male (n=11)		Total (n=23)	
	F ^a	%	F ^a	%	F ^a	%
Age (years)	M=21.2	SD=4.4	M=23.4	SD=5.3	M=22.3	SD=4.9
18-24	11	91.7	8	72.8	19	82.5
25-36	1	8.3	3	27.2	4	17.5
Nationality						
Thai	12	100.0	11	100.0	23	100.0
Religion						
Buddhism	11	91.7	9	81.8	20	87.0
Islam	1	8.3	2	18.2	3	13.0
Education						
Primary School	2	16.7	1	9.1	3	13.0
Junior High School	2	16.7	2	18.2	4	17.5
Senior High School	5	41.6	5	45.4	10	43.5
Junior Vocational School	2	16.7	1	9.1	3	13.0
Senior Vocational School	1	8.3	2	18.2	3	13.0
Employment						
Unemployed	1	8.3	0	0.0	1	4.3
Employed	4	33.3	6	54.6	10	43.5
Student	7	58.4	5	45.4	12	52.2

Table 1

Demographic Data of the Participants (cont.)

Demographic Data of the Narrators	Female (n=12)		Male (n=11)		Total (n=23)	
	F ^a	%	F ^a	%	F ^a	%
Personal Income	M = 5933.3		M = 6881.8		M = 6387.0	
(Baht/Month)	SD = 4695.1		SD = 4546.4		SD = 4544.5	
None-3,000	4	33.3	3	27.2	7	30.4
3,001-6,000	4	33.3	3	27.2	7	30.4
6,001-9,000	2	16.7	3	27.2	5	21.8
More Than 9,001	2	16.7	2	18.4	4	17.4
Adequacy of Income						
Inadequacy and Having Debt	2	16.7	1	9.1	3	13.0
Inadequacy but No Debt	0	0.0	0	0.0	0	0.0
Adequacy but Having Debt	1	8.3	2	18.2	3	13.0
Adequacy and No debt	9	75.0	8	72.7	17	74.0
Residence						
With partner	6	50.0	4	36.3	10	43.4
With friend	4	33.3	1	9.1	5	21.8
With family	2	16.7	6	54.6	8	34.8

Note. ^aF = Frequency

Table 2

Reproductive Characteristics of Participant Couples, Female Participants and Male Participants' Partner/Wives

Reproductive Characteristics	Participant Couples (n=6)		Female Participants (n=6)		Male Participants' Partner/Wives (n=5)		Total (n=17)	
	F ^a	%	F ^a	%	F ^a	%	F ^a	%
Marital Status								
Single	5	83.3	5	83.3	3	60.0	13	76.6
Couple	1	16.7	0	0.0	1	20.0	2	11.7
Separate	0	0.0	1	16.7	1	20.0	2	11.7
Sexual Relationship								
Partner	5	83.3	5	83.5	4	80.0	14	82.4
Spouse	1	16.7	1	16.7	1	20.0	3	17.6
Type of Intercourse								
Un-coerced Sex	6	100.0	5	83.5	5	100.0	16	94.1
Coerced Sex	0	0.0	1	16.7	0	0.0	1	5.9
Number of Pregnancy								
1	3	50.0	3	50.0	3	60.0	9	53.0
2	2	33.3	1	16.7	2	40.0	5	29.4
3	1	16.7	2	33.3	0	0.0	3	17.6
Number of Termination of Unwanted Pregnancy								
1	5	83.3	5	83.3	5	100.0	15	88.2
2	1	16.7	1	16.7	0	0.0	2	11.8
Number of Children								
None	5	83.3	3	50.0	3	60.0	11	64.7
1	0	0.0	3	50.0	2	40.0	5	29.4
2	1	16.7	0	0.0	0	0.0	1	5.9

Table 2

Reproductive Characteristics of Participants' Couple, Female/Male Participants or Male Participants' Partner/Wives (Cont.)

Reproductive Characteristics	Participants' couple (n=6)		Female Participants (n=6)		Male Participants (n=5)		Total (n=17)	
	F ^a	%	F ^a	%	F ^a	%	F ^a	%
Birth Control Usage*								
Pills	2	33.3	1	16.7	1	20.0	4	23.5
Emergency contraceptive pills	0	0.0	1	16.7	0	0.0	1	5.9
Withdrawal	2	33.3	4	66.7	1	20.0	9	52.9
None	2	33.3	1	16.7	3	60.0	5	29.4
Methods for Pregnancy Termination*								
Vaginal insertion of drugs	6	100.0	4	66.7	0	0.0	8	47.1
Curettage	1	16.7	2	33.3	2	40.0	5	29.4
Suction	1	16.7	0	0.0	2	40.0	3	17.6
Intravascular injection	0	0.0	0	0.0	1	20.0	1	5.9
Vaginal injection of oil and manual removal of fetus	0	0.0	1	16.7	0	0.0	1	5.9
Taking unusual drugs	1	16.7	0	0.0	0	0.0	1	5.9

Note. ^aF = Frequency

* = It could be answered more than 1 types.

Table 3

Data of 12 Individual Participants, or 6 study couples (In case of the couples were the participants)

Code ^a	Age (years)	Religion	Education ^b	Employment	Income (Baht/ Month)	Adequacy of Income ^c	Sexual Relationship	Number of Pregnancy	Number of Children	Number of Expected Children	Birth Control Usage ^d	Methods of Pregnancy Termination ^e
F01	20	Buddhism	JV	Student	4,000	A and ND	Partner	1	0	2	P	I
M01	21	Buddhism	JH	Employed	9,000	A and ND				2		
F02	18	Buddhism	JH	Student	3,000	A and ND	Partner	1	0	0	W	S
M02	23	Buddhism	SH	Student	6,000	A and ND				0		
F03	19	Buddhism	SH	Student	15,000	A and ND	Partner	2	0	1	None	I
M03	20	Buddhism	JV	Student	2,000	A and ND				3		
F04	18	Buddhism	JH	Student	3,000	A and ND	Partner	1	0	2	None	I and T
M04	18	Islam	JH	Student	3,000	A but HD				2		
F05*	19	Islam	SH	Student	2,000	A but HD	Partner	2	0	2	W	1 st time - C 2 nd time - I
M05	21	Islam	SH	Student	5,000	A and ND				3		
F06	34	Buddhism	PS	Employed	6,000	A and ND	Spouse	3	2	2	P	I
M06	36	Buddhism	SV	Employed	6,400	A and ND				2		

Note. ^aF = Female, M = Male

^bPS = Primary School, JH = Junior High School, SH = Senior High School, JV = Junior Vocational School, SV = Senior Vocational School

^cA = Adequacy, ND = No Debt, HD = Having Debt

^dP = Pills, W = Withdrawal

^eI = Vaginal insertion of drugs, S = Suction, T = Taking unusual drugs, C = Curettage

* = Twice of pregnancy termination

Table 4

Data of 6 Female Participants (In case of their partners/husbands were not the participants)

Code ^a	Age (years)	Religion	Education ^b	Employment	Income (Baht/ Month)	Adequacy of Income ^c	Sexual Relationship	Number of Pregnancy	Number of Children	Number of Expected Children	Birth Control Usage ^d	Methods of Pregnancy Termination ^e
F07 Male	21	Buddhism	JV	Student	3,700	A and ND	Partner	1	0	1	W	I
F08 [*] Male	23	Buddhism	JH	Ent. ^{***}	7,000	A and ND	Partner	3	1	2	1 st time - W 2 nd time - P	1 st time - I 2 nd time - I
F09 Male	22	Buddhism	PS	Ent. ^{***}	15,000	A and ND	Partner	3	1	2	EP	I and C
F10 Male	20	Buddhism	SH	Employed	25,000	NA ^{****}	Ex-spouse	2	1	1	None	C
F11 ^{**} Male	23	Buddhism	SV	Unemployed	None	IA and HD	Ex-partner	1	0	0	W	X
F12 Male	23	Buddhism	JV	Employed	8,000	A and ND	Ex-partner	1	0	2	W	I
F12 Male	18	Buddhism	SH	Student	6,500	A and ND	Ex-partner	1	0	2	W	I
F12 Male	23	Buddhism	SH	Employed	7,000	A but HD	Ex-partner	1	0	2	W	I

Note. ^aF = Female

^bPS = Primary School, JH = Junior High School, SH = Senior High School, JV = Junior Vocational School, SV = Senior Vocational School

^cA = Adequacy, ND = No Debt, IA = Inadequacy, HD = Having Debt

^dW = Withdrawal, P = Pills, EP = Emergency Contraceptive Pills

^eI = Insertion of drugs into the vagina, C = Curettage, X = Vaginal injection of oil and manual removal of fetus

* = Twice of pregnancy termination

** = Experienced coerced sex

*** = Employed in entertainment place

****NA = Non-Available Information

Table 5

Data of 5 Male Participants (In case of their partners/wives were not the participants)

Code ^a	Age (years)	Religion	Education ^b	Employment	Income (Baht/ Month)	Adequacy of Income ^c	Sexual Relationship	Number of Pregnancy	Number of Children	Number of Expected Children	Birth Control Usage ^d	Methods of Pregnancy Termination ^e
M13 Female	26	Buddhism	SH	Employed	13,000	A and ND	Partner	1	0	2	W	S
	22	Islam	US	Employed	NA*	NA*						
M14 Female	22	Buddhism	SH	Employed	6,300	A and ND	Partner	1	0	2	None	S
	22	Buddhism	SV	Employed	8,000	A and ND						
M15 Female	18	Buddhism	PS	Employed	3,000	A and ND	Spouse	2	1	1	None	C
	18	Buddhism	JH	Unemployed	None	A and ND						
M16 Female	29	Buddhism	SV	Employed	17,000	A but HD	Partner	2	1	2	None	IV
	16	Buddhism	JH	Student	4,000	A and ND						
M17 Female	24	Buddhism	SH	Student	5,000	A and ND	Ex-partner	1	0	3	P	C
	18	Buddhism	JH	Student	NA*	NA*						

Note. ^aM = Male

^bPS = Primary School, JH = Junior High School, SH = Senior High School, SV = Senior Vocational School, US = Undergraduate School

^cA = Adequacy, ND = No Debt, HD = Having Debt

^dW = Withdrawal, P = Pills

^eS = Suction, C = Curettage, IV = Intravascular Injection

* = Non-Available Information

Part 2: Stories of Individual Participants

Background of each participant is important. To understand the each participant's context what causes the need of participation, the story will describe about the relationship between the participants and their partner, the reasons for pregnancy termination, participation during pregnancy termination, and the situation after pregnancy termination. The researcher will represent the stories of each participant. For some cases, female and male participants may be partners or spouses; thus, they are presented as couples. Those are F01 and M01, F02 and M02, F03 and M03, F04 and M04, F05 and M05, F06 and M06. The other participants are presented individually. Those are F07, F08, F09, F10, F11, F12, M13, M14, M15, M16, and M17 because their partners/spouses did not participate in the study. The participants are presented separately as those whose partner/husband participated in pregnancy termination or male participants who participated in pregnancy termination. Those are F01 and M01, F02 and M02, F03 and M03, F04 and M04, F05 and M05, F06 and M06, F07, F08, F09, M13, M14, M15 and M16. For participants whose partner/husband did not participate in pregnancy termination or male participants who did not participate in pregnancy termination. Those are F10, F11, F12, and M17. To attain participants' confidentiality, their names are disguised with their identification numbers.

Participants whom Partner/Husband Participated in Pregnancy Termination or Male

Participants who Participated in Pregnancy Termination

F01 and M01

F01 was 20 years old, Buddhist, studying in a high vocational school. M01 was 21 years old, Buddhist, graduated from junior high school, working as an electrician. They had been seeing each other for 5-6 years. In the second year, M01 frequently came to stay at F01's dormitory overnight until he moved into F01's dormitory. M01's family knew that M01 was staying with F01 at the dormitory, but F01's family in another province just knew that F01 was staying with her friend. For all the time, M01 took good care of F01, and he also helped with her expenses.

When they were staying together, F01 took contraceptive pills to prevent pregnancy, and it was effective. F01 used to forget to take pills for 3-4 days but she was not pregnant. Therefore, she thought that it should be alright to stop taking the pills because she did not like taking pills. However 3 months later, F01 felt dizzy frequently. She thought that she might catch a cold, so she went to see the doctor.

The examination result showed that she was pregnant for 12 weeks. F01 was frightened, so she called M01. On the contrary, M01 was happy to have a child after knowing the news, so he told her to keep the baby because he made her pregnant and he had to take responsibility. *"It's male responsibility because men made it (pregnancy) happen. I gave him life, so I had to take care of him, otherwise I'd be selfish"* (M01, 271-273) *. F01 did not want to keep the baby; otherwise the college

* (M01, 271-273) refers to the story from **male** participant with an ID number of **01**, from the transcript lines **217** to **273**.

would not allow her to continue her study. She also wanted to continue on bachelor degree to make her parents proud of her. She could not tell her parents about this like M01 because her parents would be very sad and it was embarrassing to let her friends knew. She thought it was unfavorable for women to get pregnant; consequently, the women had to face the trouble or be responsible for pregnancy. Men were not pregnant, so they might avoid the responsibility for the baby. *“Men have nothing to lose. If women get pregnant, we have to take responsibility alone. The baby is inside our womb. Men aren’t pregnant with women” (F01, 198-220).*

Although F01 was scared of danger from pregnancy termination but she could not find the better way, so she decided to do pregnancy termination with her friend’s advice. She bought vaginal insertion medicines. At first, she inserted two tablets with M02’s help because she was advised that men could insert it deeper. F01 thought it was a good idea that made M01 to stay close with her. One day later, F01 had lower abdominal pain and bleeding like menstruating. After 3-4 days, the bleeding was stopped. Both of them felt relieved thinking that the mission was completed. However, one month later, F01 felt unusual thing in her body. Her belly was getting bigger and she had no menstruation. Then, she asked M01 to buy a pregnancy test kit again. The result was as she concerned. It showed that she was still pregnant. F01 was very worried but M01 still wanted her to keep the baby. Nevertheless, F01 insisted on her reason that she could not keep the baby. M01 complied with F01 reasons, so they bought 3 more medicines from her friend. M01 still helped F01 as he used to. After inserting medicines for 4-5 hours, F01 had severe lower abdominal pain. It was the worst pain in her life. F01 laid down twisting and turned paled. F01 thought that women had to take this pain because female conceived. M01 who was there all the time

did not know what to do and he did not know how to help. He just cried on her. After M01 was calmed, he called a bus to take F01 to the hospital.

F01 was treated by uterine curettage. She stayed at the hospital for 3 days with good care of M01. He did not go anywhere. He thought that if they had been happy together, he should take care of her to feel her suffering. M01 helped F01 about her basic needs, such as, taking her to toilet, cleaning her body, and preparing foods. He also paid for medical fee and encouraged F01 that she would not hurt by that situation again. M01 planned to make merit by offering things to Buddhist monks after F01 had recovered. He also planned to prevent the next pregnancy by using contraceptive pills as usual. However, M01 learned that his partner forgot to take the pills and that led to pregnancy, so he intended to remind her not to forget again. Although F01 felt relieved that the problem was solved but she still felt guilty of what she had done. F01 always thought that everybody loved their own children. Nobody wanted to do abortion. However, each person had his own reason for pregnancy termination. After she left the hospital, F01 went back to study as usual and intended to complete bachelor degree. M01 was recruited as a conscript and was stationed in another province for 1 year. He promised with F01 to come back for her every month.

F02 and M02

F02 was 18 years old, studying in a high school. M02, 23 years old, was an undergraduate student. Both of them were Buddhists. F02 and M02 had been seeing each other as partner for about a year. After they had met for about 3 months, their sex began by their willingness. When they had sex, M02 would prepare condoms,

otherwise he would do withdrawal because it was convenient and did not need daily contraceptive pills, which her parents might find it. F02 was very scared that her parents might know about her sex because F02's family did not know about their relationship and her family wanted F02 to graduate before having boyfriends.

However, M02's family was acknowledged that they were partner. Once, they did not prepare condoms, so they agreed to do withdrawal but that preventive action caused undesired consequences.

About a month had passed, F02 began to worry that her menstruation did not come, so she bought a pregnancy test kit. The result showed that she was pregnant. Her first feeling was fear. She was afraid that her family might know and her parents would be sad. They might blame on her and she might not be able to continue her study. Her father always taught her not to behave badly like the others who conceived while studying, otherwise he would not support her. F02 thought that premarital pregnant was unacceptable. She would be judged by the others but M02, who was a man, could be accepted by a society. When F02 called M02 about her pregnancy, he was not disappointed. M02 told F02 to keep the baby because he considered on his manhood and he made her get pregnant. Therefore, a man had to be responsible for his own action. As a manly person, M02 would earn for her living. M02 thought that pregnancy would make F02 and M02 to live together sooner. He did not want to meet each other only on holidays. Pregnancy termination was sin as well. However, F02 thought that women had to be responsible for pregnancy because of physical disadvantage that women conceived. *"Women who are pregnant have to bear a burden. It's a baby in female womb. I was so embarrassed because people could see me when I was going somewhere"* (F02, 846-850). However, F02 thought that M02

would not disappoint her because of love that M02 showed her. F02 felt confident that M02 would take responsibility for her and her child if she decided to keep the pregnancy. However, F02 thought they were not ready to be parents, so she tried to explain him that she admitted sin for their educational future in exchange. If they had a child, they would not be able to raise him because both of them did not have any income. Moreover, if their family knew, particularly for F02's family, they would be very sad. F02 could not accept the gossip about premarital pregnant. M02 accepted F02's reasons, and for her comfortableness, he agreed with pregnancy termination.

Both of them decided to do pregnant termination while F02 had been conceived for about 2 months. While she was waiting for the operation, M02 was with her because he knew that she was scared and his presence made her feel safe. When she returned home, she still had vaginal bleeding everyday, sometimes a lot, sometimes a little. M02 called at that place to ask, the officer replied that her blood would stop by itself. Until 2 months later, F02 still bled. On holiday, M02 visited F02 and took her to the clinic. The doctor said that there were some remnants in F02's uterus. He suggested her to have curettage at the hospital. F02 was scared to go to the hospital in her province because she was afraid that her parents might know. Thus, she waited until the school opened although she was very thin and had lost weight. She tried to conceal her pregnancy and abortion. At that time, M02 worked on part-time job to get money for F02's medical treatment. M02 thought he had to take responsibility by taking care of F02 because he made her pregnant. *"I had to admit my mistake anyway. I had to take care of her because this is the truth. Men are the doer, aren't them?"* (M02, 257-264), F02 agreed with M02's thought that men had to participate in pregnancy termination because men take part in the pregnancy.

“Men have to participate because we did it together, so we took the responsibility together” (F02, 163-164).

F02 was undergone uterine curettage and stayed at the hospital for 2 days with a good care of M02. M02 usually bought F02's favorite foods for her. Although F02 was able to go to study as usual but she felt guilty in her mind. Both of them promised that they would not let this situation to happen again. They took the last situation as a lesson. M02 would be responsible for birth control by using condoms because he knew that it could prevent both pregnancy and sexual transmitted diseases. He did not want F02 to take contraceptive pills because it affected her health when taking for a long term. In addition, F02 would prepare emergency contraceptive pills if they failed to use condoms.

F03 and M03

F03 was 19 years old, Buddhist, studying in a university. M03 was 20 years old, Buddhist, studying in a high vocational school. Although they were studying at different provinces but they visited each other frequently by taking turns. When M03 visited F03, he stayed at F03's dormitory, and when F03 visited M03, she stayed at M03's home with his family. Both of their families knew that they were seeing each other but F03's family did not know that F03 used to stay over night with M03. When they met each other, they usually had sex willingly. Sometimes they used condom but mostly they did not because they had not prepared.

After they had been seeing each other for about 3 years, F03 first realized her body change. She bought a pregnancy test kit and found that she was pregnant. F03 was very frightened, so she called M03. M03 was also frightened, but he decided

to keep the baby because he thought that he made F03 get pregnant. He should take responsibility for F03 and be responsible as the baby's father and be ready for taking care of his child and his wife. At that time, he was graduated from vocational school and was earning 7,000 Baht per month from his work. However, F03 was confused. She did not know what to do. She was scared of sin from abortion, but she could not keep the baby because she was studying. Although M03 had income at that time, but F03 thought that it was not enough to raise a child. Her family would not accept this and people might criticize her. F03 recognized about male privilege that the social norm allowed men to have sexual pleasure freely but did not expect him to be responsible for pregnancy; thus, women had to bear it. *"Men can have sex with anybody, but women can't. If women do as what men do, the society will insult the women as a bad woman or prostitute. But when men do, the society admires him that they are excellent, they have many girlfriends"* (F03, 394-398). While F03 was confusing, she slipped in the toilet. She bled that resembled to menstruation, for 3-4 days, then it stopped. After that, her symptom became normal. F03 bought a pregnancy test kit again and found that she was not pregnant. F03 felt very relieved that her trouble was gone. However, she pitied on her child and felt guilty. M03 was sad and also felt relieved to see that F03 did not need to worry about her pregnancy.

After that situation, at first, they regularly used condom when they had sex. But when time passed by, they used condom occasionally. Sometimes they flooded outside, sometimes they flooded inside. At last, they neglected to prevent pregnancy. Then the second situation happened. When over a year had passed, F03 found that she was pregnant. Like the first time, F03 was frightened, worried, and willing to terminate her pregnancy. Then she called M03. At this time, M03 intended not to let

it happen like the last time again. He told F03 to take good care of her pregnancy. He would resign from his vocational school to find a job and earn for family, but F03 wanted M03 and herself to continue the study. She explained the need for pregnancy termination that leaving the school was not good for their future and their status was not ready for having a child and family. They would not be able to raise the baby well. The major reason was that she was worrying about her family and the society that did not accept studying age pregnancy and they had not married yet. However, M03 tried to oppose F03 that he did not need the second abortion because it was harmful for F03 and abortion was sin. Although F03 was scared of abortion and sin when she compared between her fear and her future and people's thoughts, F03 wanted to risk her life in pregnancy termination. She told M03 that if he did not agree, she would do it on her own.

Finally, M03 complied F03 to make an abortion but he worried about F03, so he told her to visit him at his home in another province in order that he could take care of her. M03 bought an insertion medicine from his friend at the price 800 Baht per one tablet. About 11 p.m. of that night after M03's family members had been slept, M03 inserted one tablet for F03. About a few hours after insertion, F03 had severe lower abdominal pain and vaginal bleeding. M03 did not go anywhere; he kept vigil over her all the time. He carried F03 to the toilet because she bled extremely. However, her bleeding stopped and her abdominal pain was relieved.

While she was staying at M03's home, he took good care of her. He prepared foods, carried her to the toilet, and cleaned her body. M03 thought that if they spent lives happily together, they had to share the trouble together. F03 felt good that M03 took care of her while she was suffering pain from pregnancy termination. She also

thought that in this situation, men had to be with women because they had happiness together. *“When I was suffered, I wanted to let him feel too. I wanted him to sense my feeling, not only when we were happy together but when I had pain also”* (F03, 317-319). However, female physical nature that women conceived made F03 consider that women had to suffer from pregnancy termination. *“They (people) may expect female responsibility because women are the one who conceive, so she must suffer from abortion”* (F03, 416-422).

Three days later F03 still bled and had lower abdominal pain occasionally. Suddenly, while she was on M03's motorcycle on their way to have a meal, F03 had severe lower abdominal pain and fainted. M03 took her to the hospital immediately. F03 was undergone with uterine curettage. She rested at the hospital for 3 days. While she was staying at the hospital, M03 took care of her all the time. He helped her for daily activities and encouraged her. M03 wanted F03 to tell him what she wanted so that he could satisfy her needs. *“Just tell me what you wanted and I'd do that. I was concerned with her. I wanted her to feel comfortable”* (M03, 180-184). After she left the hospital, F03 and M03 wanted to offer things to Buddhist monks and dedicated their merit to the baby and asked for forgiveness. They went back to study as usual and took the situation as a worthy experience. Supporting each other of M03 and F03 sustained their relationship and made them closer. *“I feel that we had been through many things that made us closer and love each other more”* (M03, 60-63).

F04 and M04

F04 was 18 years old, Buddhist, studying in a high school. M04 was 18 years old, Muslim, studying in a high school. However, different religions did not

obstruct their love. They had been seeing each other with their parents' supervision. When M04 visited F04 at her home and went into her room, they opened the door so that their parents could see their sincerity. However, the chance for them to be left alone happened. They forgot the promise they gave to their parents, so they had sex. When the first time happened, the second and next times followed. Later, they used their friend's dormitory to have sex. They used to use a condom once. Both F04 and M04 did not like using condoms. M04 said that it lowered his feeling; F04 said the condom was slippery and she did not like it. Then, both of them did not use condoms anymore because they thought that F04 might not get pregnant.

Consequently, without using birth control method, F04 became pregnant. F04 used to have missing menstruation for 2 months, but it came as usual on the third month. But this time, it did not come on the fourth month and she felt something in her abdomen. F04 wondered, so she did a pregnancy test and found that she was pregnant. At that time, she felt as if the world was stopped for a while. F04 was frightened and cried. She called M04 and he was also frightened and did not know what to do. As he saw F04 crying, he became more worried. M04 told F04 that he would take responsibility. He would tell his parents and marry with her. Then M04 would leave from his school to work for her and their baby. F04 disagreed because that would make M04 to stop his education. F04 thought that M04 was a good man. He never had any problem with girls. He was diligent and he was a sportsman. For her, she used to have sex with her first boyfriend, so she thought she was not a good girl. If she had to keep the baby, she would tell her parents but she would not tell them who the baby's father was, in order that M04 would not involve this trouble. She also thought that she was the one who got pregnant; therefore, M04 was no need

to be responsible for the baby. M04 did not allow F04 to do that because M04 thought that he made her pregnant, so he had to take responsibility as well. *“I had to be accountable for what I have done. I did it” (M04, 78-84).*

In F04's deepest heart, she was scared of sin and she did not want to kill the baby. However, she wanted to continue her study and afraid that her parents would be disappointed at her studying age pregnancy. Her father was a military officer, known by people in the province. He would be very angry to know this. She also felt embarrassed with her friends and people if she had to continue her pregnancy. At that time, she conceived for almost 6 months. F04 was very stressful. She cried every night. Although M04 called to encourage her but it seemed like his encouragement's words always caused them to quarrel. M04 did not know what to do. He could just tell F04 that she had to consult with him before doing anything, did not decide on her own. Nevertheless, F04 decided to do abortion without telling M04. She consulted only with her friend in another province. Her friend suggested her to use vaginal insertion medicines. The cost was 1,200 Baht per one tablet. She went to do it at her friend's dormitory, but she did not tell M04 because she did not want to trouble him. Because she thought that it was her own pregnancy, she had to be responsible for this suffering. During the insertion and taking medicine mixed with painkiller, F04 had severe lower abdominal pain. Her friends there pressed her abdomen to push out the baby, but that made her cry painfully. Her friends did not know what to do, so they called M04. He hurried to her friend's dormitory. When M04 reached there, he was frightened and very pitied on F04 seeing her lying painfully on the bed with a lot of blood. He thought that he should not have neglected F04 to suffer from her pain alone. He decided to face that suffering together with F04 because he remembered of

their shared happiness. Then he told her friends to bring F04 to the hospital by a motorcycle.

When they arrived the hospital, the doctor had inserted more tablets and let F04 gave birth on her own. While the baby was coming out, M04 wanted to be with F04 all the time. However, he was scared of blood. He always had trembling hands and faint, so he did not stay with F04 all the time. He let F04 lie on the bed alone. He did not go anywhere but he was waiting for F04 in front of the room. F04 gave a son but he was dead. The baby had full organs, and that made F04 and M04 feel more guilt even though they were also relieved. The hospital informed F04's parents. When F04's parents arrived at the hospital, she was afraid to look at their parents but M04 came in to apologize and tell the story. The situation was not the same frightening as F04 thought. Her mother did not scold her but just asked why she did not tell her. Her father did not say anything but she knew that was angry. However, her parents forgave her and told her not to let it happen again. While she was staying at the hospital, M04 kept vigil over her all the time. He sat there holding her hands to encourage her. He would take responsibility for what happened. He also thought to worship the Allah to apologize his child. F04 passed the entrance examination. M04 decided that when he was graduated from high school, he would enter the same university as F04. F04 felt that all of her troubles were gone. From now on, she would study hard for her parents. She discussed with M04 about birth control methods to prevent the past event. They agreed that they would use condom.

F05 and M05

F05, 19 years old and M05, 21 years old were studying in the same university. Both of them were Muslims. They were seeing each other as partners for about 4 years. They rented a room and stayed together. Their families knew that they were seeing each other, but F05's family did not know that they stayed together. Only M05's family knew that. Every time they had sex, they used withdrawal to prevent pregnancy. Although they knew that it was risky, M05 was too embarrassed to buy condom. F05 used to consult with health care provider about birth control whether she could use injection or intra uterine device (IUD). The health care provider did not suggest those methods, saying that they were for married person. F05 tried to explain that she was staying with M05 like a spouse, but the health care provider still persisted and suggested her to take contraceptive pills instead. F05 did not want to take it because she always felt headache after taking that pills. Therefore, both of them decided to use withdrawal; consequently, that way caused pregnancy.

They experienced pregnancy twice. The reason for both pregnancy terminations was the same. They were studying and they were embarrassed, particularly for F05 who felt embarrassed for studying-age premarital pregnancy. F05 felt for her parents and cried all the time. As well as M05, he was so stressful and sensed F05's worry. If M05 told this to his parents, his family would have made them resign and get married. M05 thought it would ruin their future. They had the same understanding that women were always blamed, but it was normal for men no matter whether men took responsibility for pregnancy or not. Both of them decided to terminate the pregnancy at an illegal clinic. Medical fee was 7,000 Baht, so M05 had

to sell his mobile phone to bring the money for F05. F05 went to that clinic alone though she was so scared. This was because it was clinic's regulation. F05 stood for her pain. After the curettage operation, F05 had vaginal bleeding like menstruating. She returned to rest at her dormitory. M05 took good care of her. He prepared foods, supported her to the toilet, and did laundry for F05. A few days later, F05 recovered.

Two years after that, a similar situation happened to F05 and M05 again. This was because of withdrawal. Both F05 and M05 realized that the pregnancy could not continue and they had to terminate it again. However, F05 said that she would not go to that clinic again because she was so scared of that place. Then M05 consulted with his friends to find other ways to terminate pregnancy. They advised him to use insertion medicines. The price was 2,000 Baht. This time, M05 allocated some money from educational loan to buy the medicine for F05. After M05 inserted 3 tablets for F05, a few hours later F05 had severe lower abdominal pain. She bled extremely. M05 was frightened, so he took F05 to the hospital.

After F05 had curettage in the hospital and stayed there for a few days, M05 took close care for her as usual. He helped her changing her clothes, supported her to the toilet, comforted her, and encouraged her. On the day that F05 had to leave the hospital, M05 borrowed money from his friend to pay for medical fee for F05. After they had experienced pregnancy termination twice, F05 told M05 that she was hurt and so suffered. She thought that she had more pain than M05 because she was a woman who perform pregnancy termination. *"Women always are unfavorable because they have to suffer because the baby was with them. Men just earn for money only. Women are so suffered. I used to say that I want to be a man. I don't want to hurt"* (F05, 294-297). M05 told F05 that he sensed F05's pain. Therefore, he tried

to take care of F05 closely to encourage F05. *“I didn’t want to hurt her. I stayed with her, encouraged her so she’d not worry about anything”* (M05, 61-64). M05 decided to attend mosque to read the scripture as dedication for their child. That would make them feel better from their guilt that they had killed their child. They promised that they would not let this event happen again. Therefore, M05 used condom every time when they had sex. His friend brought him a box of condom from nearby public health center. From now on, M05 was not embarrassed to buy condom anymore.

F06 and M06

F06 was 34 years old, graduated primary school, and employed. M06 was 36 years old, graduated from higher vocational school, and employed. Both of them were Buddhists. F06 and M06 had been married for 10 years. Before F06 came to live with M06, she used to marry once. She had a son with her first husband. He was 13 years old now, living with F06’s parents in another province. F06 sent money for his educational fee and expenses every month. F06 felt that she was lucky to have M06 as her husband because he took good care of her. Conversely, her last husband always was drunk and did not care about the family. Although F06 and M06 did not have much income, totally 12,000 Baht a month, they had to pay for rented-house for about 2,000 Baht monthly and sent some money for her son. They also had to pay for debt they had loaned for emergency situation. Therefore, sometimes they did not have enough money to spend for 4 family members. Those were M06, F06, F06’s mother who came to raise their 2 years old daughter. However, they lived together with understanding all along.

Usually, F06 had been taking contraceptive pills for 10 years as she lived with M06. F06 never forgot it even once because M06 always reminded her about taking pills. Last time, she forgot to take pills for about a week and M06 forgot to remind her also. F06 did not know how to do if she forgot to take the pills, so she just let it go on because she thought she rarely had sex with M06. Nevertheless, F06 felt changes of her body when her menstruation did not come for about 2 months. Then F06 did a pregnancy test and found that she was pregnant. After that, F06 told this to M06. If it was another family, they would be happy to have a child. On the contrary, F06 and M06 looked at each other and embraced with tears. M06 kept saying sorry to F06 that he caused pregnancy because M06 remembered that night when he came back after drinking alcohol with friends. He asked to have sex with F06, but she rejected saying that she had not taken contraceptive pills for a while. M06 insisted and said that he would do withdrawal instead. However, he could not control himself because of alcohol. Initially, he wanted to keep the baby because he was sympathized with him and afraid of sin, including that M06 who caused pregnancy should take responsibility for the baby. However, they were concerned with their financial problems. They could not handle the expenses if they had to raise another child. Therefore, they decided to terminate the pregnancy. They did not tell M06's mother because they were afraid that her mother would blame them.

F06 asked her friends how to take the baby out by telling them that she was asking for another friend. She was afraid that her friend would judge her as about killing her own child. F06 knew clearly that everybody had his own reason. Every woman did not want to do abortion if she had choices. F06 received 2 tablets of vaginal insertion medicines at the price 2,000 Baht per tablet. At that night, M06

helped her to insert the tablets. Until the morning, she had blood clot coming out from her vagina and had severe lower abdominal pain. F06's mother saw her, and then M06 told everything to her. Her mother suggested them to go to the hospital. There, the doctor used ultrasound to examine and found that there was one baby left. Only one baby was out. That meant F06 had twin pregnancy and both of them felt that they had killed 2 children. However, they tried to think that it was just blood clot which made them feel relieved. Then the doctor inserted more tablets to make another blood clot come out, together with uterine curettage. F06 told the doctor that she wanted to have sterilization in order that she would not pregnant again.

While F06 was staying at the hospital, M06 took leave to take care of her closely. M06 prepared foods for her. He bought her favorite foods. He supported her to the toilet and cut her fingernails and toenails. He would do anything if F06 said. M06 also prayed to holy things in the hospital to save F06. M06 thought he hurt F06 both physically and mentally, therefore he had to take the best care of F06. *"I made her suffer. She hurt because of me. Actually, she didn't want to do (having sex). But I kept saying that she'd not be pregnant. I did it, so I had to take care of her"* (M06, 267-270). Good care of M06 made F06 feel good about that action and assured her that she had chosen the right person. It was because M06 helped taking care of her regardless of happiness or suffering. Although pregnancy termination made F06 and M06 feel relieved that the problem had been solved but guilt and sin still existed in their minds, especially for F06 who felt extreme guilt. Both F06 and M06 learned that having no birth control led to this situation. Therefore, they decided to have sterilization and F06 would do it.

F07

F07 was 21 years old, studying in a high vocational school, Buddhist, had a boyfriend since she was studying in vocational school. They are still seeing each other at present. It was about 3 years altogether. F07's boyfriend was 21 years old, Buddhist, also studying in the high vocational school. F07's first sex happened when her boyfriend persuaded her to his dormitory because his friend was not there. Staying together led to having sex with their willingness. F07 realized the chance of pregnancy, so she took emergency contraceptive pills. It was only once that she took emergency contraceptive pills because she had headache after she had taken the pills. Another reason was that she did not like taking pills. Therefore, in the next time, she asked her boyfriend to use a condom. Sometimes her boyfriend did not prepare condoms, so they used withdrawal instead and that led to F07's pregnancy.

When F07 knew that she was pregnant, she was frightened and did not know what to do. She called her boyfriend. He was also frightened; however, he told F07 to keep the baby, and he would be responsible for the baby. He did not want her to do abortion because he sympathized with her and it might be harmful. F07 also wanted her boyfriend to take responsibility for the baby because she thought that her boyfriend involved her pregnancy. F07 did not want to terminate the pregnancy if she had better choice, but it was because she and her boyfriend were studying. This might ruin their education and her family might not be able to accept her if she got pregnant at that time. Therefore, her boyfriend agreed with F07 and said that he would find money to buy the insertion medicines for her. Four-thousand Baht was needed to buy 4 tablets according to his friend's advice. F07 waited until her pregnancy was 4

months old so that her boyfriend could get enough money to buy the medicines. At that night, F07 came to stay at her boyfriend's room. Her boyfriend inserted the tablets into the vagina for her. After inserting the tablets, she had severe lower abdominal pain all night but her boyfriend took care of her all the time. Until the morning, blood clot came out and her symptom was relieved. F07 and her boyfriend thought that it was completed, so they went to study. However one day later, F07 had severe lower abdominal pain and she bled extremely. Her boyfriend took her to the hospital and borrowed money from his cousin to pay for her medical fee.

F07 had uterine curettage. She stayed at the hospital for 3 days. During that time, her boyfriend kept vigil over her after he had finished his study in the evening. He came to talk with her, or helped her to go to the toilet. F07 thought it was good and appropriated that her boyfriend participated in taking care of her when the consequences of pregnancy termination occur because pregnancy was caused by F07 and her boyfriend's action. *"It's because we have decided. We did it together, we were wrong together, so we have to take responsibility together"* (F07, 91-92). After she went out from the hospital, F07 continued on her study. In this situation, not only F07 was suffered but it proved her boyfriend's sincerity. He did not leave her but took care of her all the time. That made F07 felt relieved that she was not facing the trouble alone.

F08

F08 was 23 years old, Buddhist, graduated from high school, working in a restaurant. After she graduated from a high school, F06 came to stay with her ex-boyfriend, and had one daughter. Then F08 and her ex-boyfriend split up. At present,

F08's daughter was 6 years old and being raised by F08's parents. F08 firstly met her present boyfriend who came to the restaurant she was working at. F08's boyfriend was 23 years old, Buddhist. After he graduated from high school, her boyfriend helped doing his family's business. When F08 and her boyfriend decided to see each other, every day at noon, her boyfriend took her to have lunch and stayed with her until evening and then took her to work. At first, her boyfriend used withdrawal to prevent pregnancy every time they had sex. This action caused F08 to get pregnant after they had been seeing each other for one year.

When F08 knew that she was pregnant, she was so worried because her pregnancy hindered her work and she would have no income. F08 told her boyfriend about her pregnancy. Her boyfriend asked F08 how to do with this pregnancy. If F08 wanted to keep the baby, he would tell his parents and get married with her traditionally. Otherwise, if F08 wanted to terminate her pregnancy, he would find the way to do it. F08 decided to terminate her pregnancy because she thought she could not work while she was conceiving. That would make her lack of income and she could not support the family and her child. Moreover, her boyfriend wanted to continue his study on bachelor's degree. If she kept the baby and lived together as husband and wife, her boyfriend would not be able to continue his study because he had to work more to get money for his child's expenses.

This pregnancy termination, F08 used vaginal insertion medicines that her boyfriend bought 6 tablets at the price more than 1,000 Baht per tablet. The seller told that the number of tablet depended on the age of pregnancy. That is 1 month per 2 tablets. F08's boyfriend inserted the medicine into the vagina for her. After the tablets were inserted for about 4-5 hours, F08 felt something was moving in her

womb. Then it came through her vagina. There were body, arms, and legs. During that time, she had the most painful lower abdomen she never had in her life. Her boyfriend called his friend at the next door to help cutting umbilical cord because he was scared to see the blood. After that they brought F08 to the hospital to have her uterus curetted according to the suggestion of F08's friend that she had to do that after inserting the medicine for her safety. However, after she had been checked up by ultrasound, it appeared that her baby was out; thus, she did not need to have uterine curettage.

After the first pregnancy termination, F08 learned to change her contraceptive method to assure that she would not have undesirable pregnancy again. She changed from using withdrawal to taking contraceptive pills. One year later, the same situation happened. Her pregnancy occurred because she went to the drugstore to consult about the type of her contraceptive pills. The pills she had been taken caused dizziness. Sometimes she felt queasy. As F08 was rather thin, she needed a kind of pills that helped her increasing her weight. Then the storekeeper suggested her to stop taking her old pills for a while until she had menstruation, and then she could take a new kind of pills. However, he forgot to advise how to use other birth control methods while she stopped taking the pills. Therefore, F08 became pregnant again.

F08 did not feel the need for pregnancy termination because she wanted to live together with her boyfriend as a family and let her boyfriend to take responsibility as a father's baby. Accordingly, she thought that she was pregnant by having sex with her partner. However, when she considered about her work that would be obstructed by pregnancy, no work, no money, and her boyfriend was studying in the

first year of bachelor's degree, so she wanted him to study with all his capability. It was the same as the first time. Her boyfriend let her to decide. F08 decided to terminate the pregnancy. Her boyfriend inserted 6 tablets for her. However, this time was different from the first time that the baby came out. Her belly was stiff and there was water flowing from her vagina. She had lower abdominal pain but not much comparing with the first time. She thought it might be because the age of this pregnancy was more than the first time. This time, F08 conceived for almost 5 months. Her boyfriend did not sleep. He helped observing her symptom that had only occasional lower abdominal pain but nothing came out. Then, F08 asked her boyfriend to bring her to the hospital in the morning.

At the hospital, the doctor inserted more medicines and waited to bring forth the baby on her own. The pain of waiting to deliver aborted baby was the most painful in her life. It was more painful than giving birth to a child she used to have naturally. However, F08 went through that suffering. At that time, F08 wanted her boyfriend to be with her to feel her pain she was facing. However, her boyfriend went home when the doctor was inserting the medicine. F08 understood her boyfriend that he needed to rest because he had not slept for all night taking care of her. F08 could only call him and tell about her pain. F08 knew that telling her boyfriend about her pain did not relieve her. She just felt that she wanted to let her boyfriend to sense her pain and suffering, so that he could share the pain that F08 was facing. *"Then I called him to say that I hurt. It didn't relieve me. It still hurt as before but it was as if I wanted to say it hurt and he acknowledged. It was as if he felt pain with me"* (F08, 184-186). Although her boyfriend could not be with her, calling him to talk about her pain F08 was facing and hearing encouragement from her boyfriend made F08 was

glad that her boyfriend was not leaving. After bringing forth the baby, F08 had her uterus curetted and stayed at the hospital for 4 days. When leaving the hospital, although F08 could return to her work, she felt guilty in her mind that she had to terminate her pregnancy for 2 times. F08 would prevent pregnancy by taking contraceptive pills as before and consult about using the pills with health personnel in the hospital rather than from drugstores.

F09

F09, 22 years old, Buddhist, graduated from primary school, was working in a nightspot place. F09 used to have a family twice. She had a one year old child with her second husband. Her child was raised by her parents in another province while she was working as a sex-worker. She protected herself by telling her customers to use condoms every time. There was a customer who usually came to the nightspot she was working in. After that they became close and their relationship had changed to be partner. However, F09's partner already had a legal wife and one daughter. F09 understood and accepted her status as a mistress. First time they had sex, they always used a condom. Nevertheless, after they had been associated with each other for almost one year, F09 allowed her partner to have sex without using condom. She thought having sex with her partner was not sex working, so she was no need condoms. However, F09 prevented pregnancy by taking emergency contraceptive pills or safe period. Each month, F09 met her partner about 1-2 times, a few days for each.

After F09 had been associated with her partner for about one year, she felt that she was pregnant because of 2 months missing menstruation and confirmation

from a pregnancy test. She wondered why she was pregnant. She remembered that she took emergency contraceptive pills. No matter how this pregnancy occurred, F09 knew that she could not keep the baby because she realized her relationship with her partner. She also knew about her partner's financial status that he could not support F09's child. F09 alone did not have enough money to raise this child because she had to financially support her family and her son in another province. However, F09 hoped that her partner allowed her to keep her pregnancy and took responsibility for supporting her child because this baby was from him. F09 wanted to hear her partner's decision, so she called him about pregnancy. When her partner knew that, he kept silent for a while and told her that he could not take care of her because he had his own family. With this answer, F09 knew what he wanted her to do with her pregnancy. However, her partner would like to provide money she needed for pregnancy termination. F09 went to contact the illegal abortion place corresponding to her friend's advice. The officer charged 12,000 Baht, but her partner could support 5,000 Baht. Nevertheless, F09 felt good for her partner's help because it was better than doing nothing. She thought that the baby was with her, so she had to suffer from abortion on her own.

After three days inserting medicine into the vagina and undergoing curettage, F09 bled extremely and had severe lower abdominal pain. Therefore, her roommate took her to the hospital. Meanwhile, F09 wanted her partner to keep vigil over her, but she could only call for him because her partner was working in another province and staying with his family. However, just listening to his caring voice helped F09 feel better than being abandoned. After leaving the hospital, F09 recuperated at her dormitory for about one week then she went back to work

normally. When she returned to work, F09 worried that her friends or the others would know about her abortion. She was afraid of being gossiped by the others that her abortion was forced by her partner. However, F09 understood her partner's reason which made their relationship continued as before.

M13

M13 was 26 years old, Buddhist, graduated from high school, working in the government service. M13 and his girlfriend had been seeing each other for 9 years since his girlfriend was studying in a university. His girlfriend's mother told him not to have sex before graduate. M13 did as her mother request until she graduated and helped her family's fishery business. After that they began to have sex. It happened by their willingness. Every time they had sex, M13 used withdrawal to prevent pregnancy and this caused pregnancy. When his girlfriend knew that she was pregnant, she was frightened. She was afraid that her family would know, and she cried all the time. Her family always expected that she would keep Thai tradition and social norm that she must not have sexual intercourse and pregnancy before marriage. However, M13 was very glad to know that he was going to be a father. Thus, he told her that he would take responsibility. He would talk to his family and make a traditional marriage proposal for her. Nevertheless, his girlfriend told M13 that she wanted to take the baby out because her family would not accept this situation and people would gossip about this behavior. M13 tried to tell his girlfriend not to worry about other people, but his girlfriend thought her family could not accept premarital pregnancy. The pregnancy must be terminated.

When M13 had chance to take leave, he went to see his girlfriend at her home in another province. He took her to have ultrasound check at the clinic. The doctor told that her pregnancy was 20 weeks old and the baby was healthy. M13 was glad that his child was healthy. Conversely, the examination result made M13's girlfriend more worried because the baby was growing everyday, and she was afraid that her parents might notice. When M13 went back to work, he always looked at the ultrasound examination result. As he kept looking on it, he felt connected with his child. He was encouraged by his own baby. M13 always prayed that his girlfriend would change her mind and not worry about people's gossip. However, a few days later, his girlfriend called him and told that she went to another province to terminate the pregnancy because she was scared of seeing someone who knew her. It was done by using vacuum machine to suck the water, but the baby did not come out. This made him worried that the baby may be defective if he survived. He was also concerned about his girlfriend about her lower abdominal pain. M13 took a leave immediately to see his girlfriend. He saw his girlfriend still had pain and bleeding, so he took her to a hospital quickly.

At the hospital, the doctor said that the baby was dead and would come out. While his girlfriend was waiting for delivery, she was so worried how soon the baby would come out because she told her family to return shortly. She was afraid that her family might suspect. M13 did not understand why his girlfriend was so worried and concerned about complaint from her family and the society that she could risk her life and killed her baby. On the other hand, M13 dared to tell his mother since he knew that his girlfriend was pregnant. M13 considered and thought that the society was not fair that it judged only women when situation like this happened. It granted sexual

privilege for men, but women had to be responsible for pregnancy unwillingly. M13 thought that sex and pregnancy were caused by love and happiness of women and men, therefore they had to take responsibility for pregnancy together. *“Because love is a good thing. We were happy and generous to each other. When this situation happened, we had to take responsibility and not be selfish. That is, we didn’t abandon each other when we were suffered. For such relationship, they can’t take care of each other because they are selfish”* (M13, 497-500). Thus, M13 tried to participate by taking care of her, staying closely with her all the time, comforting, and encouraging her.

After this pregnancy termination, M13 thought that women should be strong and not worry about social judgment. Women should determine their own life. *“Don’t risk one own life to abort. Don’t afraid the others wouldn’t accept. Don’t depend on the others. We determine our own life”* (M13, 512-516). When she came out from the hospital, his girlfriend returned home happily. M13 went back to work as a soldier and called her regularly to encourage his girlfriend. M13 promised his girlfriend that he would not let pregnancy happen again until they were married and he would prevent pregnancy by using condoms.

M14

M14 was 22 years old, Buddhist, graduated from high school, and employed. He rented a room with his girlfriend, 22 years old, Buddhist, graduated from high vocational school, working as a customer assistant. They did not want to have children together because their parents did not know about their relationship and M14’s girlfriend wanted to save the money to continue her study on bachelor’s

degree. At the first time they had sex, they used a condom. However, when his girlfriend graduated from higher vocational school, he told her to take contraceptive pills, but she did not because she was afraid of being fat. Thus, M14 let her do as she wanted. However, both M14 and his girlfriend never used any birth control methods again.

Both M14 and his girlfriend felt depressed to know that she was pregnant because they did not want pregnancy to occur. M14 felt the pregnancy was his fault because when his girlfriend told that she did not want to take birth control pills, he should use condom. However, he never thought about birth control, especially when he was drunk, M14 would forget about birth control although his girlfriend warned him. Therefore, he should take responsibility for the baby. M14's girlfriend told him at once that she could not keep the baby because her family did not know out their relationship, and she still wanted to continue her study. If she was pregnant, her family would blame her and she would not be able to continue her study.

M14 understood her reason and he thought that he had sex with her until she was pregnant, so he had to take responsibility for the pregnancy termination. Therefore, he helped her to find the way to terminate pregnancy. He asked her whether she wanted insertion medicines or went to have the operation that needs tools. His girlfriend would like to try insertion medicines because it was not scary as tools. M14 bought 3 tablets of insertion medicines from his friend at the price 1,000 Baht per one tablet by using his own money. M14 helped his girlfriend to insert the medicines.

After that, his girlfriend had lower abdominal pain, and blood clot came out for 1-2 days then it stopped. They thought her pregnancy was terminated, so they felt relieved, especially for M14's girlfriend. However, one month later, his girlfriend did

a pregnancy test. It showed that she was still pregnant. That result made them stressed again. M14's friend suggested him the place to do pregnancy termination. M14 and his girlfriend had to pay 6,000 Baht for the officer who inserted the rubber tube into her vagina to suck the baby out. The officer told them to go back and the baby would come out after one day. However, one day later, there was nothing came out but his girlfriend had high fever and severe abdominal pain. M14 called back to that place, the officer said that it was a normal symptom, just waited for the baby to come out. M14 did not know how to do. He only gave her some medicines for reliving her pain and fever and helped feeding water and foods, and rubbed her body. One more day had passed but his girlfriend was not getting better. M14 could only cry for her.

Finally, although he was scared to bring her to the hospital because he was afraid that he would be prosecuted, M14 could not stand for her painful condition, so he decided to bring her to the hospital. While he was at the hospital, M14 took care of his girlfriend all the time and he did not go anywhere. He also held her hands and encouraged her all the time because he thought he was the cause that made she become like this. M14 felt that a man who let his girlfriend to terminate pregnancy did not mean he had no responsibility. Participation for pregnancy termination was the responsibility that a man provided for a woman. This responsibility was taking care of a woman, regardless of before, during, or after pregnancy termination as M14 did for his girlfriend. *"Firstly, I thought that man had no responsibility. He took her to abort. However, I can profoundly tell you that I'm responsible because I did. If I didn't take responsibility, I wouldn't take her to the hospital, I wouldn't take care of her. I would leave her alone. Sometimes people are misunderstanding. They don't*

determine. They just look at that point only but not the others” (M14, 441-447). In addition, M14 had learned about the importance of using contraceptive methods. He planned to ask his girlfriend to use contraceptive pills for pregnancy prevention because he believed that women were the appropriate person to be responsible for contraception.

M15

M15, 18 year old, Buddhist, after graduated from high school did not want to continue on his study because he was not good at studying. Therefore, he helped his mother in trading and lived together with his wife without registering a marriage certificate. However, their parents acknowledged. M15's wife was 18 years old. After she graduated from the 3rd year of high school, she came to stay with M15 without working. After he had been living with his wife for 2 years and had their first son, M15 and his wife did not want to have a next child. They wanted to use contraceptive injection. A health personnel of the hospital suggested that injection was not used in postpartum period. However, after they went to have postpartum check up, another health personnel told them to wait for menstruation if injection was used. However, the health personnel did not suggest other contraceptive methods while they were waiting menstruation. They waited for 4 months, but his wife's menstruation did not come. Thus, they went to check up at the public health center. The results showed that his wife was pregnant. Both M15 and his wife did not know how to do. M15 wanted to keep the baby because he caused pregnancy. He was also scared of sin and sympathized on the baby if he had to take him out. Nevertheless, he thought that his older son was still young, only 5 months old. He was afraid he could

not take care of him well if his wife had to conceive again at this time. Their expense would increase. Therefore, they consulted with M15's mother because M15's mother was the head of family since his father left the family when he was very young. These days, both M15 and his wife earned money from M15's mother for helping her selling things at the market. His mother gave him 100 Baht daily.

When he consulted with his mother, she suggested pregnancy termination because he might not be able to take care of another child due to higher expenses. Moreover, M15's wife had just delivered a child. It would not good for her health to be pregnant again. Therefore, both of them decided to do pregnancy termination. M15's mother took M15's wife, and told M15 to wait at home to take care of his child. M15 thought it was because his wife conceived, so she had to go the abortion place on her own. He did not conceive, so he was no need to go with his wife. After his wife had returned from doing pregnancy termination, she told M15 that the officer used an iron bar to curette in her uterus. It was so scary, and she hurt a lot. He could only sympathize on her, so he told his wife to rest, and he would take care of the child. However, 3 days later, his wife still had lower abdominal pain and bled all the time. He saw that she was very pale, so he took his wife to the hospital.

M15's wife stayed at the hospital for 5 days to have her uterus curetted and receive antibiotics intravenously. At that time, M15 came to stay with her all the time. He assisted her to the toilet and prepared foods for her. Staying with his wife made him feel that he was close to his wife and he understood each other more. After he returned home, M15 and his wife planned to take contraceptive pills to prevent pregnancy.

M16

M16 was 29 years old, Buddhist, graduated from a high vocational school. He was working as a company's employee. He was married and had a son. When his son was one and half years old, M16 and his wife split off because his wife did not like M16's behavior that he always went to nightspots. However, they had not divorced. M16 found his present partner who was working as a customer assistant in the nightspot. His partner was only 16 years old, graduated from lower secondary school. They were making relationship without M16's family and his partner's family acknowledgement. M16 told his partner to quit her job because she might be condemned. He rented a room for his partner and gave her some money for her monthly expenses. He also allowed her to continue her study in the 1st grade of vocational school. Every day after he had finished his job, M16 would come to see his partner at the dormitory and stayed together until late night, then M16 returned home. The reason why he could not stay with his partner was because he was worried about his son who was staying alone with M16's parents. Although M16's partner understood M16's reason, she always asked him when he would divorce from his wife who had been separated from him almost a year. M16 was afraid of being divorced from his wife because his wife might claim the right to take care of the child. M16 wanted to take care of the child because his son might have difficulty living with his wife who had lower income comparing to himself.

When they began their relationship, M16's partner took contraceptive pills to prevent pregnancy. However, they had stopped using after 2 months because the pills made her fat. After they had stopped taking the pills, M16 and his partner did

not use any contraceptive methods. Three months later, M16's partner was not likely to be pregnant. Thus, they thought funny that one of them was barren, and they neglected to prevent pregnancy. Two months later, his partner's menstruation had not come. M16 brought his partner to the clinic and found that his partner was pregnant for 12 weeks. Both M16 and his partner were stunned by what they heard. However, M16 thought that he had to take responsibility for his partner and his child because they were his beloved ones. More importantly, he was the one who caused pregnancy. Nevertheless, his partner did not want to be pregnant because she wanted to continue her study and she was afraid that her family in another province would know about her premarital pregnancy.

Therefore, M16 tried to find the place that could take the baby out. He found a place according to his friend suggestion. The place owner allowed M16's partner to stay there and told him to return home. He would call M16 to bring her back after it has been done. M16 felt worried about his partner, afraid that she would be in danger. In the next morning, he hurried to visit her at that place but the officer did not allow him. M16 could do only asking about her symptom and left the food for her. The second day, M16 visited his partner again. When he saw his partner condition through the window, M16 felt sympathized with her because she was exhausted and had severe lower abdominal pain. Her blood permeated on her sarong. The place owner told that they had given her 2 injection to drive off the blood clot, but the baby was still inside. There was just permeating blood. The officer let her stay there to wait for the baby to come out, but M16 did not want his partner to risk her life, so he took her back. He paid for injection totally 15,000 Baht. Before taking his partner to the hospital, M16 intended to take care of his partner with his full capability because the situation

happened because of two persons, M16 and his partner. Therefore, when his partner had to face pregnancy termination, he had to take responsibility as well. *“We took responsibility for everything together because we did it together” (M16, 33-34).*

At the hospital, the doctor curetted her uterus and let her stay at the hospital for 3 days. M16 took leave from his job to take care of her. He took care of her activities, such as rubbing her body and leading her to the toilet. When this situation has passed, M16 felt that he loved her more and sensed that she also loved him.

Participants whom Partner/Husband did not Participate in Pregnancy Termination or Male Participants who did not Participate in Pregnancy Termination

F10

F10, 20 years old, Buddhist, graduated from high school, after she has graduated, decided to live together with her husband without registering a marriage certificate. Parents of both sides knew their decision to live together as husband and wife. They had one child, but they sent him to stay with F10's parents in another province because both of them had to work. F10 and her husband had been sending money for her parents as the expenses for their child almost every month. Sometimes they did not have enough money even for their expenses. In the third year, F10 felt that her husband was changed. He did not return home, he always quarreled, and finally he left her with the reason that they could not get along well with each other. F10 tried to beg him to stay and think about their love and their 2 years old son.

Unfortunately, her boyfriend rejected to live together with F10 and told the truth that he had a new partner. When her husband left her, she cried everyday, thinking that

what she had done wrong and why beloved one who said would be with her together had left her.

When her ex-husband moved out to stay with his new partner about 2 months, F10 felt something weird about her body. Her menstruation had missed for one month, so she did a pregnancy test and found that she was pregnant. She was worried and happy at the same time. Her worry was because she was working alone and she was afraid that her income might be not enough for her child's expenses. However, F10 was happy because she hoped that her ex-husband might return to her, live together with her and take responsible as this child's father. It was because he involved in this pregnancy. Then she called her ex-husband to tell him about her pregnancy but he rejected and did not respond as she expected. Some of the problem was due to her non-assertiveness. She did not say directly or openly about what she wanted. *"He said he had a new girlfriend. He didn't know how to do. He asked what I needed and I replied it depended on him. Actually, I wanted him to be with me or just send money for the child was alright"* (F10, 125-127, 194-195).

Her hope in her heart was disappeared at once. Since she did not have partner and her financial status was not good, she decided to solve this problem by pregnancy termination. She thought that if her ex-husband did not leave her, she might not need to terminate pregnancy. F10 had consulted with her friends and sister to find the way to terminate pregnancy. After that, she quitted her job to stay with her sister who was staying nearby province to terminate her pregnancy by curettage.

When that day came, F10 could only cry because she was scared and sympathize with the baby in her womb. She was sad that she had to confront and took responsibility for pregnancy termination alone. This showed injustice. In deed, pregnancy was

caused by two persons; therefore two persons had to take responsibility not only her.

“We did it together but finally I had to take responsibility on my own. I had to manage this pregnancy. When a man is satisfied, he’s gone. This is unfair” (F10, 430-432).

After pregnancy termination, F10 had lower abdominal pain everyday and bled through her vagina like menstruation. Her sister suggested her to check at the hospital. The doctor asked her stay there for 2 days to check for any symptoms and prove by ultrasound. The doctor found that nothing retained in her uterus. Thus, the doctor allowed her to return home. While she was staying at the hospital, F10 felt so lonely that nobody took care of her. Although she had her sister taking vigil over her, she still needed care from her partner. However, after this terrible situation, F10 had learned to create her own strength even if she had lost her husband. If she could turn it back, she might not have abortion, and she would raise the baby on her own.

F11

F11, 23 years old, Buddhist, graduated from a high vocational school, was working as a salesperson. Basically, F11 was a well-behaved person and respectful of her parents. Her family expected her to graduate bachelor’s degree. F11 had never had a boyfriend before and she thought that she would not have premarital sex. She could not accept some friends who had many boyfriends because F11 believed that women must have only one love. Until the final year of higher vocational school, F11 found a boyfriend, but their parents did not know about their relationship. Her boyfriend was 23 years old, Buddhist, graduated from vocational school, working in the government service as a soldier. Previously, F11’s boyfriend used to have many girlfriends, and he

used to be married once. He had one child whom his parents in another province was taking care of. F11's boyfriend split off with his wife because he was gallant.

Her first sex with her boyfriend was what F11 blamed herself that she allowed it to happen because she went to her boyfriend's room privately and willing to have sex. This was the cause of terrible experience for her and her family. Therefore, when pregnancy occurred, she could not blame on anybody but herself. At the first time of having sex, her boyfriend used a condom prepared to prevent pregnancy. However in the next time, her boyfriend did not use condom but he did withdrawal instead. Whenever her boyfriend wanted to have sex, F11 must respond to that need at once. If F11 rejected with the reason that she was tired from work or she was sick, her boyfriend always said rejecting to have sex with him meant she did not love him. Many times F11 had to have sex with him unwillingly. Sometimes her boyfriend forced her if she rejected. Although F11 did not like her boyfriend's behavior, F11 told herself that she must stay with this boyfriend because no any men wanted impure women.

Withdrawal was the cause of F11's pregnancy. When F11 had conceived for about 3 months, she had been seeing with her boyfriend for 1 year and 3 months and graduated from higher vocational school already. At that time, she was working as a salesperson in the department store. When she knew that she was pregnant, she was frightened and felt about this situation. She thought she has done wrong to her family and misbehaved that she had premarital pregnancy. She might be condemned by people and that would defame her family. Then she told her boyfriend about pregnancy in order that he would take responsibility as a baby's father and propose traditional marriage to lessen the shame of her and her family. It was because her boyfriend involved pregnancy. *"I wanted him to be responsible for this. He did it to*

me. He initiated fist (having sex). He must take responsibility for his action.

Something likes, proposed marriage then got married, and he'd be a father who worked for his child" (F11, 937-941).

However, her boyfriend avoided and told her to wait. If F11 called him, her boyfriend always told her to run away from her family and lived together with him, so that she would not need to wait. F11 waited for him anxiously while her womb was growing everyday. She thought that her boyfriend would not be responsible for this, so F11 blamed herself that she misbehaved. She allowed him to have sex, so she deserved to take responsibility for pregnancy on her own. *"It was my fault that I behaved like this. I was pregnant and my father didn't know. I went to Bangkok with him. Then he came to have sex again when I was at Songkhla. I was almost graduated. I did it myself. I didn't want to blame anybody. Just let it go. I couldn't blame him, I had to take responsibility" (F11, 413-417).* Her family noticed her physical changes, stress and anxiety, so F11 told them the truth. F11's father thought F11's boyfriend would not return to her, so he suggested her to terminate pregnancy. The family feared that people might gossip that F11 conceived without the baby's father and that would disgrace her and her family.

F11 and her family decided to terminate pregnancy by going to a place. They injected oil into her vagina and picked out the conceptive products. During that time, she was so painful, both physically and mentally. She wondered if her boyfriend knew how much she suffered. Since she was a woman who conceived, she had to suffer alone. Conversely, her boyfriend was a man who did not conceive, he could avoid this pain from pregnancy termination. After she stayed at pregnancy termination place for 3

days, but it seemed unsuccessful, and F11 was very exhausted. She also had severe lower abdominal pain and fever, so F11's family brought her to the hospital.

While F11 was in the hospital, she needed care from her boyfriend extremely, especially comfort and encouragement from her partner. It was just her need because her boyfriend had already left her. However, the terrible experiences as being left by her boyfriend and pregnancy termination made her stronger. She had changed her attitude and she did not blame herself as before. She gave value to femininity more than adherence of virginity that devalued herself. If she could turn it back, she would not terminate pregnancy but she would raise up her child on her own as a single mom. *"It doesn't matter that I've lost my virginity. Don't be sad, don't care. Don't care men. We behave ourselves well and do a job. We're no need for anybody. He is my son, my lineage. I've to raise him well. Although he has no father, I can take care of him. Women can work for children. No need to depend on anybody. No need for father"* (F11, 928-930, 952-954). After that F11 went back to work at the department store as before and intended to continue her bachelor's degree, so that her family would be proud of her.

F12

F12, 18 years old, Buddhist, was studying in a university. She rented a room to live alone. She had the first boyfriend when she studied in the university. F12's boyfriend was 23 years old, Buddhist, graduated from high school and did not continue this study. He helped his family's business. F12's boyfriend used to marry once but already divorced. He had a daughter with his ex-wife, and his ex-wife was taking care of her. F12 did not know the reason why her boyfriend divorced from his

ex-wife. Until F12 had been seeing him for 5 months, F12 thought that his ex-wife divorced from him due to his violence. He always used violence with F12. When he was angry, he often threw things to her or pulled her. After every time they had finished quarreling, F12 intended to split up with her boyfriend. When her boyfriend thaw, he always bought things to reconcile and took care of her well and promised that he would not be violent to her again. F12 always complied and gave him a chance. However, violent situations continued to happen repeatedly. F12 was not dare to tell her family because she was afraid they might be worried.

Before F12's boyfriend met F12, he rent a house on his own. However, when he became F12's boyfriend, he moved into F12's room with the reason that he missed her and wanted to stay close with her. Her boyfriend's family knew that they were staying together, but F12's family did not know, just knew that they were partner. F12 chose contraceptive pills to prevent pregnancy. However, after she had taken pills for a while, she became fat, so she stopped it and asked her boyfriend to use condom instead. The situation that caused pregnancy was a withdrawal mistake. F12 knew that she was pregnant when her pregnancy was 2 and half months. She went to check up at the clinic because she had frequent headache and missing menstruation. She was very frightened when she knew that she was pregnant because she was studying and her family may blame her. On the contrary, F12's boyfriend was glad that she was pregnant. He tried to buy supplementary foods to nurture her pregnancy and told her family. Her boyfriend's care made her feel good and thought that her boyfriend was responsible for his action that was his pregnancy participation. She also thought that her pregnancy could change his violent characteristic and she saw that her boyfriend's family did not blame anything. Then, F12 decided to tell her family about pregnancy. When F12's

family knew about this, they suggested her to suspend her study until she gave birth, and then she could go back to continue. F12's family would take care of their child after she gave birth and when F12 had graduated, she would marry with her boyfriend and came to stay together. F12 was very happy about her family's suggestion.

When F12 was pregnant for almost 5 months, her hope was ended because her boyfriend had a new partner and he always made quarrels with her. As before, her boyfriend used violence with her while quarreling. Then her boyfriend moved to another province with a new woman accompany with. F12 felt sad with her boyfriend's behavior. She consulted this with her family and everyone including her decided that she should not keep the baby because he had no father. He might get into trouble when he was grown up. Moreover, if she kept the baby, her boyfriend might return to reconcile with her and she might be comply again. Both her and her family did not want her to involve with her boyfriend anymore. Therefore, F12 decided to terminate the pregnancy at 20 weeks old without telling her boyfriend. F12 knew how to terminate pregnancy from her friend. At first her friend suggested her to go to an illegal clinic; however, the atmosphere and tools were very scary. Thus, she changed her mind and bought 6 tablets of insertion medicine from her friend. F12 inserted all 6 tablets on her own. A few hours later, she had severe lower abdominal pain and there were a lot of blood clots coming out from her vagina. At that time, F12 was at her friend dormitory, so her friend brought her to the hospital.

While she was staying at the hospital, although many friends came to keep vigil over her, but F12 felt lonely because she needed her boyfriend to take care of her closely, rub her body, encourage, so that she would feel relieved. At this moment, F12 felt hurt both physically and mentally that her boyfriend had left her and did not

participate in taking care of her. However, F12 thought that she conceived, so she had to take responsibility for suffering on her own. Her boyfriend was a man, he did not conceive, so he was able to avoid this responsibility or participation. After she went off from the hospital, F12 waited for the next semester to return for study. She kept those experiences as her lesson not to let this situation happen again. She would choose a man who did not use violent and realized about using effective contraceptive methods.

M17

M17, 24 years old, Buddhist, was studying in a university. After he graduated from junior high school, he did not want to study, so he went off to stay at home and did not work. Then, he met with his girlfriend while he was 18 years old. At that time, M17's girlfriend was 18 years old as same as him. She was studying in high school. They saw each other while their families did not know. They always had sex secretly at M17's house while there was nobody. M17 had prepared to have sex with his girlfriend, so he bought condoms. In the first year, they used condoms, but sometimes M17 did not use because he did not prepare. In the second year, his girlfriend took contraceptive pills instead. Unfortunately, his girlfriend forgot to take the pills once. However, M17 and his girlfriend did not think she would conceive. Thus, they did not concern about contraception and this caused pregnancy.

When M17 knew that his girlfriend conceived, he was frightened because he was not ready to have a child and he did not like being confined by marriage. He wanted to spend his single life. Then M17 told his girlfriend truthfully and begged her not to tell her family that he was the father of the baby. Thus, his girlfriend had to terminate the pregnancy. His girlfriend's decision about pregnancy termination made him be happy

and feel relieved. M17 and his girlfriend did not have enough money to spend for this. Then, his girlfriend had to tell her family about her pregnancy but she did not tell them who the baby's father was, as M17 had begged her. Her mother took her to an abortion place. Before she went, she called M17 that her mother would take her to terminate pregnancy. M17 did not ask anything about her. He just asked if her parents blamed him. When she said that they did not blame and mind anybody, he felt so relieved because he was afraid that her family would make him be responsible for pregnancy.

After pregnancy termination, his girlfriend did not have any complications. She recovered after resting a few days at home. M17 never visited his girlfriend at her home because he was afraid that her parents might know that M17 was the baby's father. Sometimes they called and talked together. His girlfriend told him how pregnancy termination was. She had been given 2 injections, but the baby did not come out. Therefore, she changed the place. The officer inserted his tool to curette inside her uterus. She was so scared and painful. However, M17 did not feel anything because he thought he could not help her; his girlfriend conceived, so she had to suffer from the pregnancy termination. *"I didn't feel anything because I couldn't help. The baby was with her, she must hurt anyway"* (M17, 575-576).

However, M17 reminded his girlfriend to take some medicines for reliving her pain.

After the pregnancy termination, M17 and his girlfriend were still seeing each other as before. M17 was so scared about pregnancy, then he reminded his girlfriend not to forget to take the pills. His girlfriend passed entrance examination and study in the university; M17 had continued on non-formal education until he graduated from high school and continued on bachelor's degree. They became estranged. M17 had a new girlfriend, and then he split up with his girlfriend.

Part 3: Structure of Male Participation

From coding of all stories' transcripts and conclusion of each participant's story, the researcher has integrated and concluded as structure of male participation in unwanted pregnancy termination from the perspective of women and men. The structure started from "shared experiences of women and men". That is, both women and men had mutual experiences since they realized pregnancy occurrence until it ended with pregnancy termination. It consisted of 1) responsibilities to be parents of unborn child, 2) participation in pregnancy termination, 3) male caring in pregnancy termination, and 4) lives following pregnancy termination. There were the same and different perceptions of women about their needs or no need for male participation. Similarly, men had both the same and different perception. Considering on both women and men, they had the same and different perception as well.

Women's and men's perception did not depend on whether they were biologically female or male, but it was gender values which they held. The perceptions that men had not to be responsible for the baby, men had not to participate in pregnancy termination, and women were stigmatized from pregnancy termination were influenced by three types of "gender differences": 1) the gender values of female inferior, male superior, 2) the communication of female non-assertiveness, male expressiveness, and 3) the nature of female bravery, male timidity. The findings are summarized in Figure 1. The definitions of structure of male participation in unwanted pregnancy termination are provided in table 6.

Figure 1

Summary of Structure of Male Participation in Unwanted Pregnancy Termination

1. Shared Experiences of Women and Men			
1.1 Responsibilities to be Parents of Unborn Child	1.2 Participation in Pregnancy Termination	1.3 Male Caring in Pregnancy Termination	1.4 Lives following Pregnancy Termination
1.1.1 Male Conducts, Male Responsibilities	1.2.1 Mutual Happiness, Mutual Suffering 1.2.2 Mutual Sex, Shared Responsibilities	1.3.1 Assisting Pregnancy Termination 1.3.2 Not Abandoning 1.3.3 Caring Heart by Heart 1.3.4 Expiating 1.3.5 Basic Need Care 1.3.6 Financial Care	1.4.1 Stronger Bonding 1.4.2 Stronger Women 1.4.3 Learning to Do the Right Things 1.4.4 Liberated but Stigmatized Women
1.1.2 Female Belly, Female Responsibilities 1.1.3 Male Privilege, Female Surrender	1.2.3 Female Belly, Female Suffering		



2. Gender Differences	
2.1 The Gender Values of Female Inferior, Male Superior	2.2 The Communication of Female Non-Assertiveness, Male Expressiveness 2.3 The Nature of Female Bravery, Male Timidity

Table 6

Definitions of Structure of Male Participation in Unwanted Pregnancy Termination

Term	Definition
1. Shared experiences of women and men	Women and men have mutual experience since pregnancy occurrence until pregnancy termination, possibly the same or differences not according to biological sex but by gender values.
1.1 Responsibilities to be parents of unborn child	Women's and men's perception about parental responsibility for the baby when pregnancy occurs.
1.1.1 Male conduct, male responsibility	Men's conducts are the causes of pregnancy, thus men should be responsible for the baby as a father.
1.1.2 Female belly, female responsibility	Women carry pregnancy, so women have to be responsible for the baby alone.
1.1.3 Male privilege, female surrender	Men have privilege to be irresponsible while women are forced to be responsible for the baby.
1.2 Participation in pregnancy termination	Perception of women and men about male participation when pregnancy termination occurs.
1.2.1 Mutual happiness, mutual suffering	If women and men have shared happiness; therefore, when women suffer from pregnancy termination, men should share the trouble by sensing their pain and taking care of suffering women.

Table 6

Definitions of Structure of Male Participation in Unwanted Pregnancy Termination (cont.)

Term	Definition
1.2.2 Mutual sex, shared responsibilities	Pregnancy is caused by having sex of both women and men regardless of whether it is based on shared happiness or not; thus, pregnancy termination is deemed to be responsibility of both women and men.
1.2.3 Female belly, female suffering	Women are the one who carry pregnant; therefore, all suffering caused by pregnancy termination belongs to the women, allowing men to be irresponsible for pregnancy termination.
1.3 Male caring in pregnancy termination	Perception of women and men about care that men should provide to women when pregnancy termination occurs.
1.3.1 Assisting pregnancy termination	Men help women in finding information about pregnancy termination, taking them to do, help doing pregnancy termination, and observing the results after pregnancy termination.
1.3.2 Not abandoning	Men support women by not neglecting women when they have to precede pregnancy termination through: 1) standing by all the time, 2) waiting in front of the room, or 3) using telephone.

Table 6

Definitions of Structure of Male Participation in Unwanted Pregnancy Termination (cont.)

Term	Definition
1.3.3 Caring heart by heart	Men use their heart to take care of female mind with love and sincerity, by soothing and encouraging women when they have to face pregnancy termination.
1.3.4 Expiating	Men's feelings of guilt from pregnancy termination are healed by making merit according to their religious beliefs.
1.3.5 Basic need care	Men support women in their primary needs, including food, hygiene, excretion, comfort, and security.
1.3.6 Financial care	Men help women by supporting money for pregnancy termination and/or complication treatments.
1.4 Lives following pregnancy termination	The result that occurs to women's and men's life from male participation about pregnancy termination, whether positive or negative impact depends on each person's context.
1.4.1 Stronger bonding	Prolonged and closer intimate relationship between a woman and a man following male participation in taking care of a woman during pregnancy termination.
1.4.2 Stronger women	Higher women's strength in terms of valuing womanhood, having ability to survive and self-dependence after going through pregnancy termination suffering.

Table 6

Definitions of Structure of Male Participation in Unwanted Pregnancy Termination (cont.)

Term	Definition
1.4.3 Learning to do the right things	Learning to avoid repeated undesirable pregnancy by applying proper birth control.
1.4.4 Liberated but stigmatized women	Female living free from burdens of undesirable pregnancy by terminating the pregnancy, but being stigmatized in exchange.
2. Gender differences	The different values between womanhood and manhood that lead men to be irresponsible to the baby and do not participate in pregnancy termination, but women are stigmatized by pregnancy termination.
2.1 The gender values of female inferior, male superior	Gender values that specify female status inferior to men in the aspect of sexuality and reproductive health.
2.2 The communication of female non-assertiveness, male expressiveness	Communication in the characteristic that women are non-assertive while men are expressive and need women to communicate openly.
2.3 The nature of female bravery, male timidity	Nature characteristic of different personality of women and men that women dare and confront with while men are afraid of pregnancy termination, especially blood.

Shared Experiences of Women and Men

Having shared experiences of women and men when they knew that pregnancy occurred, especially undesirable pregnancy, until pregnancy was terminated, included 4 chronological events: 1) responsibilities to be parents of unborn child, 2) participation in pregnancy termination, 3) male caring in pregnancy termination, and 4) lives following pregnancy termination. There were the same and different perception of women and men, that is, the need and no need for male participation, according to the participants' context, not their biological sex.

Responsibilities to be parents of unborn child

When pregnancy occurred, regardless of planned or unplanned pregnancy, both women and men wondered whether who should be responsible to be the baby's parents. Based on varied reasons, some research participants thought that, "male conducts, male responsibilities", some thought, "female belly, female responsibilities", or this maybe "male privilege, female surrender".

Male conducts, male responsibilities. Some research participants suggested that men should be responsible as baby's father because they were the one who caused pregnancy due to their initiation or their action that led to sex. Therefore, men should be responsible for the consequences. A woman explained as follows:

I wanted him to take responsibility because he started to have sex, so he had to be responsible. Something like, getting married and then he became a father who worked for his child. *(F11, 937-941)

* (F11, 937-941) refers to the story from **female** participants with an ID number of **11**, from the transcript line **973** to **941**.

A man told the story corresponding to female aspect that men should take responsibility for the baby. Although in this case, his partner allowed him to be irresponsible. However, this man wanted to take responsibility because he realized that he initiated sex which led to pregnancy finally.

At the first time, my girlfriend wanted to separate. She said that she didn't want to ruin my future but I said no, I had to take my responsibility, it was my fault. My girlfriend didn't want me to involve. Before her mother came, she said that she would tell her we had not had sex. I didn't agree and I didn't go back. I'd better accept this fact because I couldn't escape from it. Whatever is going to happen, will happen. I had to take responsibility in my action because it happened, I did that. (M04, 78-84)

Although sex was not based on love, men should take responsibility as baby's father when men caused pregnancy, as shown in this man's words:

If I don't love her and she's accidentally pregnant because of me, I have to take responsibility because the baby is mine. We have to be responsible for what we have done, right? So, I have to take care of her. (M04, 414-418)

Men who were not responsible for the pregnancy due to their action were viewed as "selfishness", as mentioned by this man:

It is men's duty because we did it (pregnancy). We made him born, we had to be responsible by taking care of him otherwise it's selfishness. (M01, 271-273)

Men who were not responsible for pregnancy were also seen as "unmanly character", as shown in this male participant's words:

If that happened, you are a man, you have to take responsibility of what you did. You can't neglect women like that. It's like you're not a man, unmanly. (M02, 336-338)

According to another man who emphasized about “manly character” (ลูกผู้ชาย) in taking responsibility of what one’s has done, including taking responsibility as a baby’s father.

I pity on her. I did that, I am a man, I was wrong. If I did, but taking no responsibility, leave her and the baby, this is not mannishness. I will tell the situation, for instance, how do men feel if it happened to his sister? (M04, 689-693)

In brief, the participant’s perception that pregnancy was caused by male sexual initiation and conduct assigned men to be responsible as a baby’s father. A man who was not responsible was viewed as selfish or unmanly. However, physical nature of women forced women to take responsibility as mentioned next.

Female belly, female responsibilities. Conversely from “male conducts, male responsibilities”, women were forced to take responsibility on pregnancy instead of men because women carried pregnancy. Women’s physical nature that they were pregnant made them to take responsibility with no choice and they were unable to share their load for anybody. On the other hand, men’s physical nature was the ability to conceal their sexual behavior. Thus, men were free from the obligation to be the baby’s father, as addressed in these women’s statements:

It is like, a man who had sex and neglect because he isn’t affected. But a woman who’s pregnant has to accept the burden because the baby’s inside. It’s also shameful because everybody knows when going around. But for male, if nobody knows they are a couple, people would not realize that it was because of a man. So, a man is free. (F02, 846-850)

Men have nothing to lose, that is, if I’m pregnant, I have to take responsibility alone. The baby’s inside my womb, a man doesn’t participate pregnancy. It’s alright for me to stay at home many months, but he can wander around. It’s as if he did nothing. (F01, 198-199, 220-221)

Another woman also thought that her partner had no problem for neglecting his baby. Moreover, it helped him to pursue his education. Therefore, she willingly accepted to take responsibility of her baby alone.

I don't know what to say. I sympathize with him. The baby's with me now and he did nothing. He's a man; I think he won't have any problem. If I let him go, he won't have any problem with his parents and he'll be able to continue his study. He's no need to waste the time for me. (F04, 418-420)

In a similar women's perspective, a man expressed his opinions about women's physical nature that women had to carry pregnancy but men's body allowed them to find sexual happiness without concerning about the consequences from sex, particularly undesired pregnancy. This allowed men to be irresponsible as the baby's father, especially for men who did not want to be accountable.

It's because that women get pregnant. When any problem arises, people know that they get pregnant but men take advantages. The men don't concern, so they leave easily. Men aren't affected, men aren't pregnant. Nobody knows what they have done. If they got a woman, it is considered cool. But for women, if they have sex with someone, it's so shameful. Everybody knows without saying any word because they see that the women get pregnant. (M05, 460-465)

Male privilege, female surrender. From “granting privilege for men” in having sexual happiness freely and taking no responsibility for the consequences or pregnancy, instead, men were admired as excellent. Conversely, sex was a taboo for women and they were blamed for the unexpected consequences of their sexual encounter. Women were forced to accept those male privileges and to comply pregnancy responsibility.

Men have rights to have sex with anybody, but why women can't? If a woman does the same as a man, the society will judge this woman like a bad woman, she's promiscuous. When a man does, the society admires him that he's good, cool, he gets many girls. But when a woman does the same, she becomes a very bad woman. She'll be insulted as if she's low class. Most of people will judge like that. It's absolutely converse. Then, when women get pregnant, the society also expects responsibility from women because they look down upon women. (F03, 394-402)

Male privilege forced women to comply pregnancy responsibility unwillingly, especially for women who used to have sex. Women were determined as a woman lacking a good woman's characteristic. Therefore, she had to be responsible for her pregnancy alone.

At first, I thought I would tell my parents about my pregnancy but I wouldn't talk about the man. I wanted him to have a good future, not spoiling him. He never had any girlfriend but I used to have many. I had sex with men already, so I wanted to let him go. (F04, 408-415)

While men obtained sex privilege, women were regulated to have no sex or pre-marriage pregnancy. These values were internalized by women since they were born. If women allowed sexual intercourse to happen, they were guilty and had to take responsibility in their pregnancy caused by their violation of social regulation.

It's my fault that I behaved like this, I'm pregnant but my father didn't know. When I stayed in Bangkok, I lived with him. When I was in Songkhla, he came again and we had sex. I did it on my own. I don't want to blame anybody. If I didn't allow him, or I was unwilling, it wouldn't have happened. I don't worry. How did I blame him? I had to take that responsibility. (F11, 413-417)

He is my boyfriend, right? When this situation like pregnancy occurs, so what if the man doesn't accept me? What if he leaves me? The society will say women're always wrong. Why did you allow him to have sex with you? Why didn't you take care of yourself? (F01, 397-701)

Another man also recognized about male sexual privilege. Men did not need to take responsibility of their sexual pleasure, especially, to become a father.

Conversely, they were admirable. In contrast, women were condemned for “being pregnant without a baby’s father” (ท้องไม่มีพ่อ).

They consider differently between women and men. It’s common for men whether they will take responsibility or not. For men who make women get pregnant, they think being a playboy (เสือผู้หญิง) is great. The society neither blames nor stigmatizes men. But for women, the society considers as a promiscuous woman, pregnant without baby’s father or something like that. (M05, 601-607)

Male privilege but female oppression in sexuality was a double standard treating women and men differently. This unfairness reflected gender inequity as analyzed by this woman:

Mostly, the society doesn’t judge men. They usually judge women. Men’s actions don’t affect the society. The society doesn’t look down upon men but insults women that they let herself go sexually. The society also blames women as night life girls or becoming sexually out of control (ใจแตก).

Mostly, women are defamed. This happens maybe because they look the world in the aspect of inequity. I think it maybe that way. They are conservative. Actually, men can wench but women can’t.” (F03, 382-391)

Male privilege has been existing in Thai society for a long time by socialization process that convey from generation to generation. However, some research participants disagreed with male privilege although they did not understand the causes.

I think it came from our ancestors. I don’t know why, actually a woman can’t have many boyfriends. What do they say if a man has many girlfriends? Excellent! This is crazy. They think women are inferior. Women are inferior to men in Thailand only. In our Siam being, I can’t tell actually. I can tell roughly, but I don’t know why. It has been being like that. (M13, 556-564)

In conclusion, men had privilege to find sexual pleasure freely without expectation to be responsible for the consequences; instead, they were admired as an excellent man. Conversely, the society blamed women and expected responsibility from women, particularly for studying girls or unmarried women, who allowed sexual intercourse to happen. Thus, women had to accept male privilege and to take responsibility of having pregnancy alone. These surrenders reflected gender inequity.

It is obvious that when undesirable pregnancy occurred, women and men perceived about responsibility of being the baby's parents in three forms based on the reasons they had. Firstly, men had to be the baby's father because the men initiated sexual intercourse and caused pregnancy. Secondly, women had to take responsibility because they were the one who got pregnant. Finally, men have privilege to have sexual pleasure without having to take responsibility for the baby whereas it was women's fault that they allowed sex to happen, and so they had to surrender to be responsible for "pregnancy without the baby's father". The first part of the participants' shared stories was narrated and structured in terms of whose responsibilities for a baby's parents when unwanted pregnancy occurred. When pregnancy termination was chosen, the participants' shared stories moved on to the next aspect of who participated in pregnancy termination, in what way, and why. Their stories will be narrated next.

Participation in pregnancy termination

In this study, most women decided to terminate their pregnancy in order to continue their lives normally. The decision was based on social norm that prohibits sex or pregnancy before marriage. Women are usually blamed and/or cannot continue

their study because the society unlikely accepts the behavior as well as bring disgrace and sorrow to their families. Although their partner wanted them to continue the pregnancy and wanted to participate by accepting responsible for the baby, the women needed male participation by “giving freedom” to them. The women wanted to make their own decision. Corresponding to the following women’s words:

He told me that I wasn’t to take it (the pregnancy) out but kept it instead. He’d tell his parents to talk with my parents...but I didn’t agree. I’d make my own decision. I could not keep it. I wanted to continue my study...My mother couldn’t accept this. She’s very conservative. She always said that if I had a boyfriend and had the behavior like this, I must leave the school and stay at home. It is shameful. (F07, 6-8, 32-33, 182-185)

Firstly, he didn’t want me to take it out. He said he’d tell his parents to come and propose for marriage. He was willing to take all responsibilities...However, I wanted to take it out anyway. I had to study and he had to study...I felt ashamed that I got pregnant before getting married. (F04, 75-76, 293-300)

My boyfriend said I should keep it (a baby). However, I was worried about my study because I almost finish high school. Therefore, I’d better take it out in order to continue my study...I was afraid that my school’d know and fire me...I was afraid that my parents’d know, and they’d feel sad. They’d scold me that they supported my study but I did this...Moreover, people’d gossip if they knew that I was pregnant before getting married. (F02, 206-209, 217-219, 245, 378)

Some men knew that women wanted to make their own decision for their lives. That is pregnancy termination.

I said we’d keep it but she told me that she was studying...She wanted to take it out. She said she wanted to graduate first. (M01, 43-45, 167)

I didn’t want her to abort. I wanted to have a baby because I had a job already. I thought I could handle this but she didn’t agree...She said we hadn’t been married yet...Her family couldn’t accept this if they knew that she was pregnant. They expected us to get married before getting pregnant. (M13, 175-176, 252, 338-339)

In another context, when some women knew that they were pregnant, they did not want to abort. They would decide to continue their pregnancy if their partner accepted responsibility as a baby's father. If their partner were not able to take such role, the women had to make a choice by terminating her pregnancy so that she could live in the society normally. Pregnancy without the baby's father (ท้องไม่มีพ่อ) is unacceptable for the society, particularly getting pregnancy before marriage (ท้องก่อนแต่ง).

A woman realized her pregnancy that she needed male participation by making a marriage proposal and taking responsibility as a husband and a baby's father. Unfortunately, her partner left her; thus, she had to terminate her pregnancy even if she graduated and had a job. Pregnancy before marriage, without a father of the baby brings disgrace and blemish to the family.

He didn't come to make a marriage proposal. My family's rather conservative. My father wanted him to propose and get married first. My father was stressful....My neighbor liked to gossip. My family'd be defamed. Thus, I decided to take it out. (F11, 29-32, 766-768)

Another woman wanted to terminate her pregnancy because her husband left her. He did not take responsibility for her and her baby. If he did not leave her, she might not have to abort.

He said that he'd a new girlfriend. He didn't know what to do...There was no choice. So I had to take it out. I knew I couldn't raise him (her baby). I had no money. Therefore, I decided to do it (abortion)...If he didn't have a new one, I mightn't have taken it out. (F10, 25-27, 132, 146, 155)

In conclusion according to making a decision for pregnancy termination, women need male participation by "giving freedom" to them whether the women

want to continue or terminate their pregnancy depending on the context of each woman. Norms and culture are the main factors influencing their decision.

When pregnancy termination was determined, some research participants, both men and women, realized about male participation in pregnancy termination because the couple shared mutual intimacy, life, enjoyment, and sexual pleasure. When there was suffering from pregnancy termination, the couple should confront the problems and share the troubles together: “mutual happiness, mutual suffering”. Some women and men thought that pregnancy was caused by two persons’ sexual encounter whether having mutual happiness or not. Therefore, both women and men should share the responsibility of pregnancy termination: “mutual sex, shared responsibilities”. However, some research participants believed that women were the ones who were pregnant, that physical nature allowed men to be irresponsible to pregnancy termination and caused women to suffer from pregnancy termination alone; therefore, it is “female belly, female suffering”.

Mutual happiness, mutual suffering. From the participants’ perspectives, being partners or spouses was based on mutual love that made them shared happiness together. Therefore, when one of them had suffering, the other should share the trouble together as well. When a woman was physically and mentally suffering pregnancy termination, a man should share that suffering by taking parts in the termination. If a man did not share troubles that showed their selfishness, as seen in a man’s words:

Love is a good thing. We share happiness together. When this situation happens, we have to take responsibility. That is non-selfishness. We don’t abandon each other when trouble occurs. If they can’t look after each other, it means they are selfish. (M13, 497-500)

In this study, men shared troubles or suffering by sensing his partner's pain and taking a good care of her when she confronted pregnancy termination situation. According to a woman who wanted her partner to sense her pain when pregnancy termination occurred, she needed her partner to share her trouble, in the following ways:

When I'm suffered, I need him to feel the pain to sense my feelings. It should not be like, we're happy together but he doesn't concern when I suffer. I want him to listen to everything. I feel good to know that he'll always be with me regardless of happiness or suffering. It's like he listens to me everything. (F03, 317-319)

Another woman wanted her partner to sense her pain that was caused by pregnancy termination. Although her partner's senses did not relieve her pain, her partner's acknowledgement made her feel better.

So, I called him. Just told him that it hurt. It didn't relieve my pain. It still existed but it's just like I wanted to tell it hurts. He said something like he understood as if he was feeling the same. (F08, 184-186)

Not only a woman needed a man to share the troubles by sensing the pain, a man also wanted to feel his partner's pain which made him suffered as well.

She suffered a lot, it was so painful. She's hurt, she cried. I felt for her. I also suffered. (M06, 333-334)

Similarly, another man told that although he could not feel physical pain like his partner, he could sense the pain in his mind when seeing his partner in suffering.

I sympathized on her because I saw she was having pain. I couldn't take it for her. It hurt my mind to see her that way. (M13, 467-469)

Besides sensing pain, taking care of women during pregnancy termination is another way to show men's sharing troubles, as stated by this woman:

My husband took care of me. He took me to toilet. He always bought me foods. He helped me everything. Nurse didn't come to look after me. My husband was so worry, so he did every thing. He didn't go anywhere and I felt good. When we share happiness together, when we have trouble, we help each other. It's O.K. He can take care of me. (F06, 264-269)

A male research participant had similar aspects about sharing happiness and trouble as female aspects when facing pregnancy termination. Men should not neglect the women. Instead they should take care of the women like when they were happy together.

That is, I shouldn't leave her. I must continue to take care of her. We have been happy together. We faced troubles together. We hold hands, no matter what happens. We confront it together and take care of each other. (M04, 706-708)

The same man realized that his partner had to suffer pain and hemorrhage from pregnancy termination. He participated in that suffering by comforting, staying with her, and helping take her to the hospital.

I saw my friend press my girlfriend's belly. At first, my friend told me to pick the baby out. I was scared. I sympathized on her. She must be painful. I didn't know what to do. I comforted her like, 'I'm here, don't be scared.' I asked her if she hurt. I couldn't stand to see this. I couldn't do anything. She became unconscious. I saw her bleed a lot, so my friend and I decided to bring her to the hospital otherwise she might bleed and shock. (M04, 165-172)

Another man shared troubles with his partner when she suffered from infection. He tried to find the way to treat, took care by offering foods, medicines, and took her to the hospital.

One day later, she chilled although her body was hot. She also had pain in her belly. I sympathized on her, so I called the one who conducted pregnancy termination. He said, 'wait for a while, the fetus will come out.' I believed and waited. Another night had passed until the morning, the fetus still didn't come. My girl friends still had pain in her belly, felt cold and hot alternately. I called him again, he said I had to wait but I couldn't wait any longer because her symptom was so severe. I pitied her. I cried. I could only fed her water and food, gave her medicines. Then I took her to the hospital. (M14, 202-210)

In summery, "mutual happiness, mutual suffering" was emerged based on the conditions that a man and a woman loved each other and shared happiness together; when one of them had troubles, both of them should share the suffering together. While undergoing pregnancy termination, a man should sense his partner's pain and take a good care of her.

Mutual sexes, shared responsibilities. From this study, some women and men believed that pregnancy termination was considered to be shared responsibility of both women and men. The reason was that pregnancy was caused by mutual sex between a man and a woman, regardless of based on love or happiness, as addressed by these women:

He had to be responsible for what he has done. It happened not because of only one side, it's because of both sides. Since that it happened, we have done this, so we should take it together. (F03, 344-348)

It's our decision because we did it together, we made mistakes together, and we had sex together, so we had to take responsibility together. (F07, 91-92)

Men have to participate. We did it together, so we must take responsibility together. (F02, 163)

Men had the same aspect as women that when women and men had sex, whether it was based on love or not, leading to termination of unwanted pregnancy, the women and men had to take responsibility, as seen in this man's statements:

We have done (having sex) together, we have to take responsibility although don't love. But with my girlfriend, I take responsibility because I love her. Anyway, if I don't love, I still take responsibility but I'll tell her something like, I don't love you. (M14, 394-396)

Sexual intercourse was mutual actions of both women and men as mentioned above. However, when the unexpected consequences of sex occurred, such as pregnancy, women had to take responsibility alone. This reflected "unfairness", corresponding to a woman, whom her husband left her and did not participate in pregnancy termination, gave an expression of her life as follows:

We did it together but I had to take responsibility as last. I had to handle with this pregnancy. A man leaves when he's satisfied. It's unfair. (F10, 430-432)

A man had the similar opinion as the above woman. Although his partner allowed him not to take responsibility or involved pregnancy termination, this man wanted to share this responsibility. He believed that sex happened because of two persons' actions. Therefore, when pregnancy occurred and needed for termination, both of them should share responsibility. This shows "unselfishness".

She said she didn't want to ruin my future. I didn't need to involve anything. I had to study. But I think it's unacceptable. We did it together. I don't want to be selfish. I can't leave her alone." (M04, 86-88)

Considering male responsibility for pregnancy termination, in addition to the reason of mutual sex, men often initiated sexual intercourse. Sex was seen to be male conducts. Therefore, men should take care of women when pregnancy termination was needed. A man fully realized his own action and took full responsibility for it was call “manly character” (ลูกผู้ชาย) as addressed by this male participant:

Men have to accept, no matter what they did. It is manly character; men have to admit their mistakes, be responsible for taking care of women. This is the truth. Men are a doer, aren't they? (M02, 257-264)

According to these two men, they believed that they caused pregnancy, so they should participate by taking care of their partners during pregnancy termination.

I saw her very sick, so I had to help, such as doing the laundry for her. It's also my fault. I made her pregnant, so I had to help her. I'll do what I can. (M05, 53-55)

I should give her will power, take care of her. Let her know that she's not alone. I'm not leaving her. I'm taking responsibility of what I have done, that is having sex with her. (M04, 628-630)

Another man who has similar opinion told that although his wife rejected sex because she had not taken contraceptive pills for several days and he was drunk, so he may not be able to control his ejaculation, possibly causing pregnancy.

However, he still continued to have sex. Therefore, when pregnancy occurred and finally ended with pregnancy termination, he had to take care of her.

I made her suffer. She suffered because of me. Actually, she rejected (to have sex), but I insisted. I told her that you wouldn't get pregnant. I did that, so I had to take good care of her. (M06, 267-270)

Moreover, women had the same opinion as men. They believed that men were a main factor which caused sexual intercourse. Therefore, men should take care of women when pregnancy termination occurred. A woman told her stories as follows:

It was men's fault. Men came to have sex with women. They made women get pregnant. It doesn't make sense to leave women. The men can contact the hospital, take care like partners that keep vigil over a sick. It'll be O.K. (F02, 438-441)

However, health personnel can take the role in supporting men to participate when pregnancy termination occurs. Nevertheless, health personnel are also cultivated by the society that reproductive health, including pregnancy termination is female responsibility. Therefore, the information about treatment for clients who have complications due to pregnancy termination is focusing on women only. They omit to bring men to participate in information process. This keeps men out from the participation. In fact, when pregnancy occurs by both persons, they both should take responsibility for pregnancy termination together. A man whom his wife had insertion of drugs into the vagina for terminating her pregnancy took his wife to the hospital due to severe abdominal pain. After ultrasound process, they found that it was twins. One fetus had already come out, but another one was still inside. They could keep the fetus otherwise the doctor would perform curettage. The nurse gave this information for his wife, but did not encourage him to participate as listening to it.

The nurse didn't call me. She only called my wife to talk. Actually, I wanted to listen. We should have decided together. We did it together. The nurse asked that one baby was out, what we're going to do with another one. If you didn't want, the doctor would curette it. (M06, 201-204)

In summary, based on the beliefs that sex was mutual acts of both a man and a woman, and that a man was likely to initiate sex in spite of no protection, a man had to take responsibility for causing pregnancy and taking parts in when pregnancy was terminated. If a man did not, he was selfish and unmanly.

Female belly, female suffering. Unlike with “mutual happiness, mutual suffering” and “mutual sex, shared responsibilities”, some women and men had the view point that men did not need to participate in pregnancy termination based on the belief that women were the ones got pregnant. Thus, any sufferings that were from pregnancy termination belonged to women. This allowed men to be irresponsible for pregnancy termination. The study found that women’s sufferings from pregnancy termination were pain, fear, and harm, such as from severe hemorrhage that may lead to death.

A woman believed that female physical nature determined her as the one who was pregnant. Therefore, the society expected her to be responsible for pregnancy termination. This included responsibility to the pain caused by pregnancy termination. Conversely, men were not responsible for pain because they did not get pregnant.

They expect female responsibility more than male responsibility because women are the ones who get pregnant. Therefore, women have to be responsible. Men don’t aware, don’t hurt like women. So, I think it’s women that the society’s expecting. (F03, 416-422)

Another woman told about physical disadvantage that women had to be pregnant. This made women suffer alone from pregnancy termination, including complications of pregnancy termination.

Women always loose because they have to suffer. The baby is with them. Men just find money only, but women are so suffering. I used to say that being a man is better because a woman is very painful. I get the double pain from insertion of drugs into the vagina for abortion and being curetted for treating the complication. (F05, 294-297)

A man also perceived that women conceived, so they must receive pain from pregnancy termination. This man said that his partner told him about pregnancy termination process that really hurt her. This man thought that he could not help because it was she who got pregnant, so she had to receive pain from pregnancy termination. This allowed the man to be free from participation.

I felt nothing because I couldn't help. The baby was with her, she must hurt. (M17, 575-576)

In addition to physical suffering from pregnancy termination, women also suffered fear of bringing herself to enter pregnancy termination process. Because termination of unwanted pregnancy in Thailand is illegal, pregnancy termination services are provided secretly. Mostly, pregnant women are allowed to come to the services alone. This obstructs male participation in taking care of women. Therefore, women have to suffer from fear of pregnancy termination alone.

On that day, the one who conducted abortion told me to go alone. It might be the baby was with me. My boyfriend wanted to attend, but he weren't allowed. It seemed like he was trying to conceal the place from everybody. I won't go there again. I was so scared. When I was there, my bag was examined. They were afraid that I might bring something along. They're afraid I might know who and where they're. They told me to swear not to tell anyone about the place, otherwise I would die in seven days. It was so scary. They asked me to put on black clothes. It covered up every part. I wore black shirt and black trousers. It made me scared. (F05, 79-84, 157-160)

Men also perceived that women conceived, thus the women had to suffer from pregnancy termination, including pain and bleeding. This man's partner had terminated her pregnancy by inserting drugs into her vagina and taking some medicines. Her friend helped her by pressing her abdomen hoping the fetus to come out. That action caused bleeding.

I saw her friend press her abdomen. The fetus's inside her womb, she must hurt. Her condition was so bad and she was getting unconscious. I saw some kind of water flowed out, and she bleed a lot. I was afraid she would be shocked. (M04, 165-168)

From 5 participants' experience mentioned above, the most female suffering was pain. Fear and bleeding were also experienced. The following example shows a man's perspective that women had to suffer from pregnancy termination in several conditions, such as fever, and that may lead to death.

She still had pain in her belly, felt cold and hot alternately. At that time I didn't know if she would survive because her symptom was so severe. I was sympathized on her, but I couldn't do anything. The baby was with her, I didn't know what to do. (M14, 202-206)

In conclusion, "female belly, female suffering" was emerged based on the participants' experience in that physical nature made women have to be responsible alone for suffering she received from pregnancy termination. This allowed men not to participate in pregnancy termination because men did not get pregnant. Female sufferings from pregnancy termination included pain, fear, and harm.

According to female and male perspectives about male participation in pregnancy termination, the reason the men should participate was that women and men had mutual love, they were happy, and had sex together. Therefore, when

suffering from pregnancy termination occurred, the men should share the trouble with the women. Pregnancy happened because of female and male sexual intercourse, but mostly by male initiation. Based on mutual sex regardless of mutual happiness or not, men had to be responsible for pregnancy like women and take parts in pregnancy termination. The reason that allowed men not to participate in was based on women's physical nature of carrying pregnancy. Therefore, women had to suffer from pregnancy termination alone. However, if men participated in pregnancy termination, they took care of women in various ways as will be described hereafter.

Male caring in pregnancy termination

When men were responsible for pregnancy termination, the kind of responsibility was taking care of women before, during or after pregnancy termination. A man opposed to the society that sometimes accused men as irresponsible. He believed that participation in pregnancy termination was male responsibility to women by taking care of them.

The society might think why a man is irresponsible, why he lets a woman to abort. Actually, I can say that I'm taking responsibility. If I don't, I won't do like this. I won't take her to the hospital. I won't take care of her. I would just leave her alone. Sometimes people misunderstand. They don't consider. They just look at a particular point. They don't look from other aspects. (M14, 441-447)

Male responsibility was not just continuing the pregnancy or being a baby's father. Each person has her/his own reason for making decision whether pregnancy should be continued or terminated. If pregnancy termination was chosen, taking care of women also indicated male responsibility.

Some people may think this man's irresponsible. He makes the woman to abort. Actually, he has his own responsibility. He takes care and doesn't leave when this situation happens. Other people aren't in the same situation, so they don't know what the truth is and why we have to abort. (F08, 341-344)

Pregnancy termination affects women in many aspects, including physical, mental, and financial. Moreover, pregnancy termination is killing or a life-destroying act and a sin for Thai society. These burdens led the women needed caring from their partners in 6 forms: 1) assisting pregnancy termination, 2) not abandoning, 3) caring heart by heart, 4) expiating, 5) basic need care, and 6) financial care.

Assisting pregnancy termination. In pregnancy termination, men were able to help women since decision to terminate the pregnancy, during pregnancy termination, and after pregnancy termination by searching information about pregnancy termination, taking women to do, or attending pregnancy termination, including observing for the results after pregnancy termination. The willingness in assisting was to ensure that women had an efficient and safe pregnancy termination.

Some research participants told that when pregnancy termination was decided, their partners searched for the information to get the safest method for their partners, according to 2 women's words as follows:

Then my boyfriend called him (his friend) to ask how much it cost, how to use, and if there were any side effect. He replied there weren't side effect. This drug was used by inserting deeply...My boyfriend asked about what symptom they had and if there were any side effects. He said they're fine. So, my boyfriend let me to do it. (F03, 92-98)

He helped finding suggestion. He asked nurse, his friend's cousin, if it's dangerous to do this. She said it's risky. And then he asked how to manage, what kind of food to eat. He went to ask from many persons to find the method that's not painful. (F07, 109-113)

Similar to a man who helped his wife by looking for medicines to terminate pregnancy from his friends, including inquiring additional information to assure his wife's safety.

I asked my friends if they had that kind of medicine. I asked at drugstores in Hadyai. They said they didn't have. Fortunately, I have a friend who used to buy it for his girlfriend. It cost 1,500 Baht. I got one, but not sure if it's safe. I was afraid it might be dangerous, so I asked my friends who used to do. They confirmed that it was the right one. Then I took it. (M06, 118-122)

When information about methods or places for pregnancy termination were obtained, taking women to pregnancy termination place was a kind of taking care that men could help women in order that the women would feel warm, as shown in this man's words:

We went there together. My partner's friend told her to go there, so I took her and asked the one who would conduct the abortion to ensure safety. She felt warm because I accompanied with her. (M02, 38-40)

However, the society cultivates that reproductive health, including pregnancy termination is "not men's duty" or "men do not know" about pregnancy termination. Therefore, men are kept away from participating or taking care of women. Actually, a man wanted to go to pregnancy termination place with his wife because he was worrying about her. His mother told him to wait at home, and she would take her there. The man gave the reason that his mother, as a woman, may know this thing better than a man.

Mom didn't allow me to go. I wanted to go. I wanted to know how to do and if it's dangerous. I was worrying...It's because mom's a woman. She should know more than a man. (M15, 95-97, 103-105)

Assisting pregnancy termination, for example, inserting drugs into vagina was the method that was mostly used by the research participants. This was one way for a man to take care of a woman during pregnancy termination because a woman could not insert the drugs by herself or may not be able to insert effectively, corresponding to these women words:

I had to lift up my legs. I couldn't insert on my own, so my boyfriend had to insert it. (F03, 443-444)

I didn't know either. I just couldn't. I had to ask my boyfriend to do. I didn't know how to do, but men should know how, something like lifting up my legs and then insert deeply. (F06, 98-100)

A man also perceived that inserting medicine for a woman make pregnancy termination be more efficient, according to this man's words:

I inserted for her. They said that men should insert and it would get in deeper, then the medicine would be more effective. (M05, 157-159)

Besides helping women by inserting medicine to make pregnancy termination more efficient, the presence of men also helped the women by observing for complications caused by pregnancy termination.

It couldn't reach if I did on my own. The more deeper, the much better. When I was doing (inserting medicines), we were together. It's dangerous to do it alone. We should help each other when there were complications of pregnancy termination such as hemorrhage. (F05, 209-210)

Observation of the result after pregnancy termination was men's crucial roles of pregnancy termination because it was related to women's life. If a man took

care closely during this period, he could bring a woman to the hospital when her symptom was getting more severe, corresponding to a woman's words:

At that time, I inserted at 11 p.m. The medicine was activated approximately at 1-2 a.m. I had pain in my lower abdomen. It was so painful that I couldn't stand up. Then I felt as if menstruation was coming. My boyfriend helped me to check on it. He saw my blood, so he carried me to the toilet. He saw me bleeding extremely, so he carried me to the hospital. If he wasn't there, I would be terrible. (F03, 137-140)

In brief, men could take parts in pregnancy termination by assisting their partners get information, by taking them to do, by inserting medicines into vagina, by attending and observing for the results.

Not abandoning. In this study, taking care by not abandoning when women had to terminate pregnancy could be done in three forms: 1) staying closely, 2) waiting in front of the room, and 3) using telephone.

"I need someone whom I love to be nearby" (F11, 292). Not abandoning by which a man stayed closely with a woman during the pregnancy termination procedures was something that women and men considered as the best way to comfort women. A woman did not feel lonely, and had will power to face with the problems.

Having a partner nearby, although he could not help physically, was the important thing that made the woman feel warm and encouraged.

May be just give assistance, take something, or do nothing, staying closely is enough. I don't need him to do much. It just let me warm that he isn't going anywhere. Some men think that have sex and then leave, it's women's duty and the women have to take care of themselves. It shouldn't be like that. (F03, 114-120)

He couldn't help me now. It was depending on the doctor. But I just felt that I got will power to have him nearby, taking care and not leaving. (F04, 713-715)

According to another woman, her boyfriend's presence made her feel warm, including that she would not hurt herself.

I feel relieved that my boyfriend's nearby, something like, I'm not alone. I feel warm and not worry so much that I may not hurt myself. I saw the case that my friend's boyfriend left her, and then she hurt herself. (F07, 211-216)

Men had similar opinions as well as women. A man realized that his partner suffered and felt painful from pregnancy termination. He thought that she needed him to stay closely, so that she could get will power and feel relieved from not abandoning. Because of this, he needed to stay closely with her. Therefore, this man treated his partner based on his need which was congruent with his partner's need.

She wanted to stay closely all the time. She wanted to be with me, didn't she? She wanted to stay closely like this so she felt not abandoning her. She's not alone. It's the feeling. It's something like, when we love someone, we want to stay closely. When we have any trouble, we need will power from our partners. It's that kind of feeling. (M04, 640-646)

Conversely, if a woman was abandoned to face the crisis of pregnancy termination alone, she would be depressed. A man did not want his partner to be in such sorrow, so he tried to stay closely all the time, corresponding to a man who told his friend's experience whom her partner left her.

I didn't want her to be hurt. I stayed with her, gave her will power, so she felt relieved. I heard about someone whom her boyfriend left her after she had conceived. She had to do everything alone. She looked for the place for doing abortion alone. She managed on her own. She felt hurt. She wanted someone to be with her. (M05, 61-64)

In some stages of pregnancy termination, men could not stay closely with women, because it was the place's regulation. Another way of not abandoning was

waiting in front of the room in that place. This showed a man concerns on a woman who was facing risk of her life and fear from pregnancy termination. It satisfied female needs, made them feel good and sense to his concerns and not abandoning them, as shown in a man's words:

She told me to be with her, so I sat there but I wasn't in the room. I sat outside. They didn't allow the others to get inside during the operation. When it finished, she walked out, and then I assisted her to go back. She said she felt good. She knew I was worrying about her. (M02, 55-59)

Another man was not allowed to look after his partner. He showed his concerns by inquiring about her symptoms and bringing her some food to let her knew that he was not abandoning.

They didn't allow me to get inside. They said the fetus wouldn't come out. I said it wasn't relevant. It's not depending on keeping vigil but it's the medicine that worked. They didn't allow anyway, so I didn't keep vigil. However, I brought every meal for her. They didn't allow me to get inside. I just asked them to take it to her. I always dropped in to ask if she had fever. I always followed up, worrying she would be in danger. I let her know that I wasn't abandoning her. (M16, 90-93, 410-413)

A woman wanted her partner to stay closely, but it was very late at night and her partner was so tired from keeping vigil for all day, so her partner could not come. Therefore, she used telephone to convey her pain. Her partner expressed his concern through the telephone. 'Just to hear his voice' made her feel good that her partner was not abandoning her.

Did I want him to come? Yes, but I was worried about him because this place's scary at night. Moreover, he was sleeping. I was afraid that he would drive drowsily. Then I phoned him, just said that I hurt. He said, 'calm down, you are going to be alright'. It was O.K., just to hear his voice. I felt that he wasn't abandoning me. (F08, 163-178)

Another woman told the similar story that her partner could not come to take care of her because he was married and staying with his family at another province. His enthusiasm in calling to ask her conditions made her feel that she was not being abandoned.

He called me and asked how I felt, who took me to the hospital. He asked many things. At first, he asked many questions. 'How are you? Why do you bleed? Why are you being like this?' He wasn't here. He couldn't come. He said I should bring my friends to take care of me. If I had any problems, I could phone him. Although our relationship isn't serious, the caring that he concerned about me let me knew that he didn't abandon me. (F09, 403-406)

About male caring by not abandoning women, not only the women obtained benefits, men also received advantages too. According to a man that his caring and not abandoning his partner made him relieved from his guilt on her.

I still felt guilty but I took responsibility on her. We're still living together and concern each other as before. I'm always taking care of her. It's because of this thing that makes me not worried too much. I don't go away from her. When I knew she was pregnant, we helped each other to solve problems. (M02, 268-272)

Caring heart by heart. In addition to physical pain, pregnancy termination was also women's severely mental pain. Therefore, male mental caring by his love and sincerity is strongly a female need. According to this woman, she reflected her need for mental care from her partner by soothing and giving will power in order that she would feel warm, relieved and not worry. Unfortunately, her partner had never participated in taking care of her mind because he had left her. Although this woman obtained caring from her parents, the caring was not the same as that from the one she loved as her partner.

Just came to take care, asked me how I felt, how I hurt, asked me just to know. I wanted him to ask me if I hurt. I wanted him to soothe me, but he'd never pitied on me like the one who loved and cared about me. I knew that my parents loved me. They worried about me and took care of me, but the feeling wasn't the same as a partner. If I would have my partner soothe me, give me will power and tell me don't worry; I would feel warm, relieved and not worried. I always think over. At least, I need someone whom I love to be nearby. If I can turn it back, I would like my partner to stay with me. Ask me if I hurt, tired. Or soothe me that next time, if we're ready, we won't do the abortion again. (F11, 288-297)

Another woman was very worried about pregnancy termination. When she received consolidation from her husband, she felt much better.

I was worried because I had never done this before, never experienced something like this. When I experienced it, I knew that it was wrong. My husband soothed me and said that we were wrong, but this wouldn't happen again. This's only once, just ended it. He told me not too worry, so I felt better. (F06, 296-301)

Mental caring was not only women's need but men also wanted to take care of female feelings. Not only staying with but caring must also be performed by heart. That is love and concern, as seen in this example.

I didn't help anything, just hold her hands and asked if she hurt. My girlfriend cried. I could only soothe her, gave her will power, and took care of her mind. Giving will power helped a lot. It's better than just stood still. This's better than did nothing. Words would make her feel better, especially from beloved one. (M04, 513-522)

Expiating. Expiating in the aspect on this study, was making merit in Buddhism or Islam. Making merit in Buddhism was offering food dedicated to

Buddhist monks (ใส่บาตร) and pouring water on the ground (กรวดน้ำ). For Islam, making merit was attending mosque and reading scripture. In Thai Society, pregnancy termination is considered as a life-destroying act or killing, and killing is sin. Some

research participants believed that pregnancy termination during the early period did not mean killing a human being because the embryo was not considered as creature. However, guilt still existed in their mind. Even though women were the ones who felt guilty by bringing their body to kill life, men who involved killing process should participate in that expiating, as addressed by this woman.

Actually, at the first month, it's not human but in my feeling, he's human. We committed sin, so we went to make merit by offering dedicated to monks. My partner had to help me because he's involved. We made merit for him (their unborn baby), so that we felt relieved. (F03, 480-481)

Men's expiating did not occur due to only women's need but men also shared the feeling of guilt because they were involved as a father of the baby. Therefore, men, regardless of their religions, Buddhism or Islam, needed to expiate by making merit for their comfortableness. In addition, making merit was the action that expressed their responsibility to the baby.

Offering dedicated to monks, pouring water, so the merit will be sent to the baby. I'm not ready. The baby may come again in the next life. I thought if merit exists, we will meet again if the baby really wants to be my son. Doing this makes me relieved. I said I'm not ready, and I offer my merit for the baby, not just irresponsible and let it go. (M06, 384-392)

I feel uneasy to take the baby out. I sometimes make merit, attend mosque, and dedicate portion of merit for him, so we feel relieved. It's our belief that makes me feel better. For Buddhists, they pour water. For Muslims, we attend mosque, reading scripture for him. (M05, 231-237)

Basic need care. Method of pregnancy termination or complications from pregnancy termination affected female primary needs. In this study, the women's needs from male caring included food, hygiene, excretion, comfort, and security.

According to this woman's story, although her partner could not take care of her in every period of pregnancy termination because her partner had married, if possible, she wanted her partner to take care of her about food. Having friends take care of could not compare to have a partner do.

I needed my partner to find food for me. There were so many things. When I stayed with my friends, I hesitated on them. I didn't feel free to ask them. It's not like the partner. Perhaps if he came, I could tell him freely. We slept together, we could tell everything to each other. (F09, 224-237)

Another woman wanted her partner to take care about food, personal hygiene, and taking her to the toilet. After pregnancy termination, women were too tired to do those activities comfortably. That kind of care from a partner is considered as responsibility as well.

He did very well. He bought good food for me, and he also kept vigil over me. He took care and supported me to the toilet. He did everything. He did not mind me. If it was other men, I don't know if they would stay with their partner in the toilet. But he did everything and didn't mind me. (F05, 102-108)

Caring for women's basic needs was corresponding to male aspect and practice for his partner during pregnancy termination. These things were considered as the compulsory to do for women because men were a part that caused pregnancy but women had to risk their life to solve the problems.

I saw her feeling uneasy. So, I helped her, such as rub her body, support her to the toilet to excrete, massage her, feed her, and cut her nail. I just wanted to help her because she was a part of my life. We were spouse, so I didn't want to ignore her. I would do everything I could. Just let her say, what she wanted to eat, I bought all for her. I felt sympathized on her, and I also loved her. She suffered a lot. We did it, but she suffered. She hurt because of me. (M06, 252-263)

Another male important caring for women's basic needs was offering security. Pregnancy termination, especially unsafe method, was risky for women's life. However, some men did not know how to keep women safe from some complications. Therefore, men took care by pledging for women's safety, according to the example.

I pledged to super natural things for my wife. I asked for her pain would recover quickly. I pledged that my wife would be saved from curettage. Something like, she would be saved; the fetus would come out easily, no pain. I felt pity on her. I didn't want her suffer, but I didn't know how to help her to relief pain and how to do the fetus came out. Therefore, I asked the super natural things to help me. (M06, 394-398)

In brief, men could provide care responding to women's basic needs, including food, hygiene, excretion, comfort, and security.

Financial care. Pregnancy termination in Thailand is illegal. Therefore, accessing pregnancy termination services was quite difficult. Safe pregnancy termination services required a lot of money. Although some people could effort only none-professional services, they still faced with additional expenses for treating complications. Thus, most women who terminated their pregnancy needed financial support, especially from her partner/husband.

According to Thai society, a man or husband is the head of family. One of head of family's roles is to earn for family. Therefore, when money is needed for pregnancy termination, a man who seems to be the head of family has to play the role by taking care of finance, corresponding to this woman's words:

I didn't have income, so he helped me about financial support. He always gave me money and paid for me everything since we went to the place for abortion. It wasn't a little money, but he could earn it. He played the role as the head of family. (F02, 167-170)

A man also recognized his role in taking care of expenses for pregnancy termination.

At that time, I thought the fetus must be removed no matter how. I had to find money. I sold everything I had to get money, and I gave it to my girlfriend. (M04, 611-614)

Although money was needed for pregnancy termination, some women thought that men's financial support was not female primary need. Instead, women needed care in other way. Since men caused pregnancy, then men should take responsibility by taking care of her, not just giving money and leaving her, corresponding to these examples.

He made me get pregnant, but he just gave me money. It looks _Um_ not good. He gave me money and told me to get the baby out then split up. I just wanted him to help. Maybe help me to find the method for abortion, stay with me, keep vigil over me, this should be better. (F12, 438-441)

To have him nearby was better than getting money from him and living alone. That's not right. For me, money's nothing. It's feeling that matters. If he stayed to take care, it meant he cared me, he concerned, he didn't abandon me. If he left, it's giving money with insulting intention. When problem arose, he wouldn't stay together, he wouldn't help, it couldn't be like that. (F04, 725-731)

However, financial support was deserved if women were unable to negotiate for other supports. As the example of this woman, a secret partner because her partner had a wife, was not able to ask for other supports, regardless of staying closely or taking care of her. Even though she needed other supports, she was still satisfied with only financial support because money was necessary for pregnancy termination.

I called and then my partner stopped for a while. He said, 'you know, I can help only money, but you understand me, right?, I can't stay with you, I

can't take care of you'. When I thought it must be terminated or needed to be done, expenses became important. Money was the problem. If he said he wanted to help, just money was enough. Our relationship wasn't serious, but he still helped in what he could. That's alright. It's better than hearing bad things like not offering any help. This is O.K that he said he'd help me despite of just only money. (F09, 107-117)

In conclusion, men's care for women during pregnancy termination consisted of six forms. Firstly, assisting pregnancy termination included searching for information, bringing a woman to the place, attending pregnancy termination, and observing the results after pregnancy termination. Secondly, not abandoning was shown by staying closely, waiting in front of the room, or using telephone. Thirdly, caring heart by heart referred to employing male love to mental caring a female partner by soothing and giving will power to her. Fourthly, expiating was performed by making merit according to the principle of their religious. Fifthly, a man provided his love with basic needs, such as food, hygiene, excretion, comfort, and security. Finally, financial support was provided for pregnancy termination services and treating complications.

Lives following pregnancy termination

When pregnancy was terminated, the result from pregnancy termination could be positive or negative depending on each person's context. Some couples might have better relationships. Somebody learnt to prevent this painful experience. Some women were stronger by changing their perspective of life to liberate themselves from social norms that prejudged women, especially women who had undesirable pregnancy. It was powerful perspective that strengthened oneself to stand

in the society. Some women felt free that pregnancy was terminated, but there was guilt and stigma in that freedom.

Stronger bonding. In case of a man took responsibility to be a baby's father, or a man suffered with his partner and took care of her when the pregnancy had to be terminated, it could bring out stronger bonding between the couples. They became more intimate and be confident in their love and continual relationships. According to this example, a woman's husband took care of her when she was suffering from pregnant termination. It meant that her husband was a good man that made her love him more even if he had some disadvantages.

Yes, I felt good. That's O.K. I felt like, we were happy together, and we helped each other when we had problems. He's not perfect. He's not a very good man. Sometimes he drinks, but he had proved himself that he could take care of me. He showed me that he was good, and I had chosen the right one. That made me love him more and want to be with him forever. (F06, 267-272)

Another woman told that her boyfriend kept telling 'love her'. For her, his beautiful words were less meaningful than his concerns, compassion, and caring given to her when she faced suffering from pregnancy termination. His manner was strongly powerful to make her decisions to spend her life with him.

He said he loved me, but I didn't think we had to be serious and become a family. But this time, when this situation occurred, my boyfriend stayed with me all the time no matter what happened. We has been through many things, we faced a lot of problems, but he took care of me everything. He said he loved me so much, and he would be with me together no matter what happen. He was sincere. I thought he really loved me, and I also loved him. He might be the right one. (F04, 352-360)

Men had perspective similar to women. The experience of shared happiness and suffering prolonged partners' relationship and made them more intimate, according to a man's word: *"We live together because we had been through many things in the past. We helped each other and that made us become closer and love each other more"* (M03, 60-63).

In addition, male participation by staying with her during pregnancy termination made men clearly sense their partners' pain. This made men sympathize on women and intend to keep their relationship forever. *"I saw she hurt. I sympathized on her. I promised to her that I wouldn't leave her. We would be together forever"* (M14, 365-369).

Stronger women. After pregnancy termination situation, some women have changed their perspective and became stronger women. Women's strength could be enhanced in three forms: valuing womanhood, ability to survive, or self-dependability.

From a traditional belief that appraised virginity as an index of female value and women had to wait for being chosen, women who used to have sex might not be chosen by men. However, after passing pregnancy termination, some women's perspective had been changed. They gave values to womanhood as humanness, not sexual object. The female values were determined from good behavior, having job, depending on oneself, rather than virginity. According to the example of a woman whose boyfriend left her and she had to terminate the pregnancy, she changed her worldview and became stronger.

Men usually want women who are virgin. If they know that the women used to have sex, he won't associate with. I still think that other men don't want

women that used to have sex...But now my thought is, I have to see him first. If he really loves me, that's O.K. If he doesn't, let him go. Suppose that a man loves me, I'll tell him directly that I used to have sex. If he can accept that, he really loves me. It doesn't matter that I've lost my virginity. Don't be sad. Don't worry. Don't care about man. We just behave ourselves well and have a job. A man wasn't necessary for a woman's life. (F11, 590-593, 949-954)

Pregnancy termination during the studying age did not mean that a woman was bad. Instead, pregnancy termination was a solution. According to a woman who had ever condemned women who were undergoing abortion and viewed abortion as killing a baby, when she experienced the same situation, she changed her perspective and understood the necessity of pregnancy termination.

I used to think about the others who conceived at studying age. Something like, they were spoiled, why they did this. But when happened to myself, I thought this was their feelings. I used to blame the others in television that how they could did that. They killed their children. The baby didn't know anything. They were evil-minded mother. But when it happened to me, I understood that problem. We have to find solutions, help ourselves. It isn't because they are bad women. (F04, 853-859)

Similar to women, men wanted women to be stronger in the aspect of giving values to womanhood. Although the society was not fair with women, women should not judge themselves as the society had determined. Women determined themselves, not the society.

(Woman) Don't adhere to the others. I thought this was too much until one couldn't receive fairness. It's not that when a woman has made mistake then she had to take responsibility or being judged. Don't be afraid that people can't accept you. Don't depend on the others. We determine our life. (M13, 512-514)

Women who terminated pregnancy had to face severe pain and suffering. They lost blood and risked their life, but they were able to tolerate and survive. This showed her ability to take care of her life and to deal with further burdens. It was the form of female strength. According to a woman who had been through pregnancy termination, she felt very painful and bled heavily. When she looked back, she saw her own strength that she was able to survive.

When I was waiting for the baby came out, it was suffering, much more pain than I used to have...I bled extremely, but I have passed it. (smiling) (F08, 153-154, 157)

Men also sensed about female strength. That is, she was able to tolerate pain and survive, as shown in a man's statement:

My girlfriend hurt, she was so suffered. She was very good that she could stand for it. If it was me, I don't know whether I could stand for it as she could. (M06, 335-336)

Self-dependency was another form of female strength developed after pregnancy termination had passed. When she looked back to the past, if she could change that situation, she would not want to terminate pregnancy. According to this woman whose boyfriend had left her, she realized that women had to be stronger.

Women could work to raise up their son and able to depend on themselves as a single mother.

He was my child, my lineage. I had to raise him well although he had no father. I wanted to keep him. I could take care of him. Women can work for their child. They don't need to depend on anybody. No need for father. (F11, 928-930)

Another woman also had the similar perspective about single mothers, when she looked back after pregnancy termination. Although her husband had left, she could be both father and mother and able to work for her child.

He had someone else, but I could take care of my child. I didn't need abortion. I could also work to support my child. (F10, 409-410)

In brief, going through the suffering from pregnancy termination brought out women's strength in terms of valuing womanhood, having ability to take care of their own life, and being self-dependent.

Learning to do the right things. Women and men accepted that unwanted pregnancy termination was their mistakes. The main cause of unwanted pregnancy was improper use of contraceptives. Both women and men did not want it to happen again, so this experience made them learn to do the right things. That was prevention with appropriate contraceptive methods.

A woman accepted her mistake in conceiving during studying. Nobody wanted this to happen, but she failed to apply birth control method. According to her friends, she had ever misunderstood that pregnancy termination could be done easily.

She had omitted birth control usage. However, when she had the real experience of undesirable pregnancy and abortion, she learnt to use the appropriate birth control methods correctly and seriously. Therefore, she selected condom in order not to let the mistake repeatedly.

I wanted people to understand that nobody wanted it to be like this. Nobody wanted abortion. It was because we weren't ready. Anyway, it was my mistake. I already knew about prevention. I had learnt, but I didn't use it, I didn't watch out. Never mind, just taking medicine and the baby will come out. I didn't know it would become like this. I trusted my friend too much...After I had finished that, the doctor appointed me to check. The

doctor and nurse suggested me. I thought that I would take birth control pills, but I was afraid. I've never used it. I didn't know how to use, and I was scared. Then I talked to my boyfriend, and he would use condom when we had sex. (F04, 436-442, 799-801)

Likewise, a man admitted his mistake that he caused undesirable pregnancy. He did not use contraceptive methods, especially when he was drunk. After pregnancy termination had passed, he learnt about the importance of contraceptive methods. However, he thought that his partner should be the one who used contraceptive methods. He reasoned under the social norm that stipulated "birth control is a female job". In addition, the society considered condoms as the symbol of sex instead of birth control, causing embarrassment when purchasing condoms.

Sometimes I was drunk, I forgot, I didn't think about that, not at all. At first, I told my girlfriend to take contraceptive pills, but she didn't take it. No matter how I said but she didn't want to take it. So, I kept quiet, but I didn't use any methods. I began to forget. When I was drunk, I didn't think about it at all...Next time I will force. No, not force, I will explain to her that it's better to have birth control...As I know, women take contraceptive pills and men use condoms. But in my opinion, not only for me, mostly women have to take birth control pills. I don't want to follow the others that women have to use the methods, but the answer must be women because I notice that men don't want to use condoms. It's inconvenient and shy. Shopkeeper stared strangely as if I bought it to have sex. (M14, 58-60, 333-337, 343-347)

Similarly, women were taught by social discipline that women were appropriate to use contraceptive methods. They believed about biological concept that women conceived, so birth control responsibility belonged to women. Men might not need to participate in birth control because men did not conceive. In addition, it was believed that condoms and male sterilization might interfere male sexual desire and pleasure whereas there was no effect of female contraceptive methods.

Women are the best for sterilization. I don't know why. For women, if we have sterilized, we won't be pregnant anymore...I talked to my husband about sterilization, he didn't want to do. He said most men didn't sterilize. It's kind of sexual thing, maybe he wouldn't have sexual pleasure. I heard them talking. But it's normal for women. (F06, 537-540, 543-546)

Although some participants had using contraceptive methods, they chose the ineffective methods, such mostly as ejaculation withdrawal, which caused pregnancy. Therefore, the woman learnt to use safer contraceptive methods such as condoms and emergency contraceptive pills.

Next time, if I'm not sure, I'll take emergency contraceptive pills. I think using condoms is better. If he makes mistake, I'll take emergency contraceptive pills. (F02, 329-332)

A man also used withdrawal as a risky method to prevent pregnancy even though his girlfriend warned him to use condoms instead. His mistake caused pregnancy. When he had learnt that mistake, he realized to use the methods that safer than withdrawal, such as condom. Another reason was his concerns with undesirable effect of pills on his partner's health and her preference instead of his own pleasure.

She always told me to use condom, but I didn't like it. I did withdrawal, but sometimes I didn't until she was pregnant. I sympathized with her. When she hurt, I comforted her and told her that there would be no more again...Now, I'm not shy to buy condom. Sometimes my friend brought me condoms from the hospital because it's safer than withdrawal. My girlfriend didn't want to take pills because she was afraid of being fat and her parents might find it when she returned home because she had to take it every day. She was scared of injection. She was afraid of many things like being fat, irregular menstruation, and other things. She wanted me to use condoms. (M13, 533-538, 551-552)

Another man also experienced mistake of withdrawal. He learnt to select safer contraceptive methods. Deciding which birth control methods to be used depended more on health than one's own sexual pleasure, as seen in the man's words:

I have to control next time. I would better use condoms because it can prevent many things such as pregnancy and diseases. Birth control pills aren't good for health, especially for women who take them a lot. (M02, 140-144)

Moreover, a woman learnt to have birth control on her own to prevent herself from pregnancy, and she would not suffer from pregnancy termination. She experienced that her partner did not place importance for birth control, particularly the method that men had to be responsible for, that was condoms. She perceived that men always considered about their sexual pleasure, and withdrawal needed male responsibility and intention. If men considered about their sexual pleasure more than pregnancy, they possibly made mistakes and caused pregnancy.

I think I'll have birth control this time. I'll go to wear IUD. I don't want to rely on my partner. It would better to take control on my own. I think women do it better because men're unreliable. Perhaps, men mightn't use condom. Last time, I told my partner to use condom, but he said he forgot it. So, he did withdrawal. It was careless and risky. Sometimes he was unable to catch the feeling and it might go inside. He didn't like using condom too. He said it didn't arouse his emotion. (F05, 328-330, 334-336)

In addition to ineffective methods like withdrawal, some effective contraceptive methods like contraceptive pills might cause pregnancy because of forgetting to take the pills. When a man had passed the experience, he learnt to help his girlfriend by reminding her to take the pills, according to this example: "*I don't*

want it to happen, so we have to use the contraceptive pills effectively. I remind her to take the pills” (M01, 255-256).

Reminding women to take contraceptive pills was considered as men’s good participation that did not push the responsibility to women alone. However, some women thought that men did not need to be responsible based on the belief that “birth control is female responsibility”, according to this example.

Sometimes he brought the pills for me. He asked if I had taken the pill. I said no, so he reminded me to take it. But there were still mistakes because sometimes he was tired from his work. I was grown up. A woman like me had to take care of myself. A husband hadn’t to take care all the time. Sometimes he came back from his work, so he might be tired. Why I couldn’t take responsibility for this thing. (F06, 679-686)

Another mistake from inappropriate contraceptive use was incomplete information from non-pharmacist running drugstores. A woman wanted to change the type of contraceptive pills to be the kind that made her get fat. The seller suggested to stop taking contraceptive pills for a while before taking a new brand. However, he forgot to suggest other contraceptive methods during the time she stopped taking the pills. Therefore, pregnancy happened. The woman learnt to find information from reliable source.

When I wanted to change the pills to be another type, the seller told me to stop for a while before taking a new brand. Some kind of pills had fewer hormones that might cause vomiting or something. I thought I got pregnant during the time I stopped taking the pills. But the seller didn’t tell me that I might be pregnant. Next time, I must buy from pharmacist or I have to go to the hospital. (F08, 307-310, 317-321)

Another man obtained incomplete information from health care providers, after his wife gave birth to his first child. The health care provider told his wife to

wait for menstruation before taking contraceptive injection. Unfortunately, the health personal did not suggest other contraceptive methods during that time, and pregnancy occurred. However, learning from mistake could not diverge from the suggestion that they received. This was based on the attitude that accepted and believed in scholars who had higher education than oneself, corresponding to these words.

After my wife gave birth, the doctor told her to see him after 45 days to take injection. At that time, she was going to have injection, but the doctor told her to wait for menstruation before taking injection. Her menstruation didn't come, so she couldn't go to take injection. She was waiting for menstruation, but she conceived first...Next time, I have to believe the doctor again. I don't have much education. (M17, 172-175, 190-181)

It can be concluded that learning to do the right thing was learning from a mistake of undesirable pregnancy due to improper use of contraceptive methods that ended in pregnancy termination. Therefore, women and men can learn to use contraceptive methods correctly, realize the importance of birth control, choose effective methods, select appropriate methods according to one's characteristics, use it correctly, and search information from reliable source. However, some had traditional perspective saying that women were the best to take responsibility on contraception, but some had gender equity's perspective to consider both male and female responsibility on contraception.

Liberated but stigmatized woman. Thai society considered premarital sex and pregnancy at studying age as unacceptable. Women who faced pregnancy in this situation had to conceal to the utmost. One way that could conceal the pregnancy was pregnancy termination. Pregnancy termination was like setting women being free to live in the society. It assisted the women in continuing their study, including their

partner, living in the society without being criticized about premarital pregnancy or conceiving without the baby's father, as well as being free from economic burdens.

However, women had to exchange their freedom with stigma that imprinted on them for all life. This stigma derived from the meaning of pregnancy termination as killing, no motherhood property, bad woman, promiscuous woman, and evil-minded mother.

According to a woman who was studying, pregnancy termination was the solution and releasing her to be free and return to study normally for her future.

However, that freedom was exchanged with the feeling that people might judge her as a bad and promiscuous woman, according to the example.

People might insult me if I did abortion. They might think about me as a bad and promiscuous woman. They didn't blame men. I thought I was wrong, but I couldn't continue the pregnancy. It's related to my future. I'm studying. I was embarrassed if I got pregnant and went to study. My friend would insult me because I did this while studying. I wouldn't study if I conceived. I couldn't go into the class. If I got pregnant, I had to finish it first. Now, I've left from the hospital, I can go to study. (F05, 300-301, 350-355)

Although a woman had graduated, premarital pregnancy was the violation of social regulation and that one was deemed to be a deviated person. If pregnancy was continued, people might criticize, especially the one whose boyfriend had left.

Therefore, pregnancy termination was the way the woman used to make her to be able to live in the society as a normal person. She felt released from her burden, but she was still guilty that she was a bad woman that she lost her virginity, and that she had premarital pregnancy and terminated the pregnancy, as shown in the woman's words.

I conceived, but he didn't propose for marriage. My family was conservative. My father used to tell me to marry before having sex. When I told him that I got pregnant, he became stressed. He said that if he didn't come, I must take the baby out because my neighbor liked to gossip.

Nobody would know if I took the baby out...But I lost my virginity and did abortion. I used to tell my friend not to have sex. Don't do abortion, it's not good, but I did on my own. I taught my friend, but I made mistake on my own. (F11, 240-245, 601-605)

In addition, men had the same perspective that women were stigmatized, that is, for being pregnant during studying age, not concentrating on study, being promiscuous, and for terminating the pregnancy, being cruel, an evil-mined mother, and a bad woman. In fact, pregnancy termination was chosen in order to continue her education.

She couldn't stand for that, to be pregnant and come to study. The others talked about her badly. She did the abortion, so she could go back to study...They consider abortion negatively. A woman who used to do abortion is a bad person. She is insulted as an evil-mined mother. The society looks on her negatively. They said she's studying but she's pregnant and has to resign midway. It's like she doesn't concentrate on her study. She's a promiscuous woman and not accepted by the society. She's so embarrassed about this. She feels ashamed more than men. (M05, 258-262, 596-597)

According to a woman who had financial difficulty to raise up her child, pregnancy termination was releasing her free from economical burden. On the other hand, the society expected her to take care of her child as a mother, not killing him.

Therefore, the woman had a stigma that she could not do as the society expected.

Why the baby wasn't born from a rich family. I am poor. Then I decided to take the baby out because he would have trouble of his life. But it's wrong, I'm (woman) wrong because I was the baby's mother. My action was sin. Why I didn't take care of him instead of killing him. (F06, 708-712)

In conclusion, lives following pregnancy termination of women and men were different depending on each person's context. Some couples might have

stronger relationship. They had more love and understanding between each other and more confidence in their continual relationship. Somebody learnt how to use contraceptive methods correctly for preventing further unplanned pregnancy. Some women were stronger in terms of giving value to womanhood, having ability to survive, and trying to depend on oneself. In addition, although a woman felt that pregnancy termination was releasing her free to live in the society normally, the freedom still had hidden stigma. The stigma was assigned to the women who deviated from the value of well-behaved woman in sexuality and motherhood.

Gender Differences

Differentiation between women and men in sexual values that prejudiced women but gave men privilege allowed men to be irresponsible for the baby. They did not need to participate during pregnancy termination and after pregnancy termination. In this study, there were three kinds of gender differences: 1) the gender values of female inferior, male superior, 2) the communication of female non-assertiveness, male expressiveness, and 3) the nature of female bravery, male timidity.

The gender values of female inferior, male superior

The society provides the gender values of women and men differently. That is, women were less valued than men, especially in sexuality. Based on the participants' stories, there were three kinds of gender value differences in sexuality as follows: 1) prohibited female sexual expression, 2) female responding to male sexual need, and 3) female condemnation for premarital pregnancy or without a baby's father.

Thai society considers female behavior as good or bad from her sexuality. Female sexual expression is prohibited. It limits the scope that a “good woman” must not express sexualities. Women who express their sexual needs will be condemned as a “bad woman”. On the other hand, men can find sexual pleasure freely, and men who have a lot of sexual experience are admired. These reflect male privilege, according to the example.

The society doesn't insult men, but looks down upon women who let themselves go sexually. It considers nightlife women as a spoiled woman. Mostly, women are defamed. Men have right to wench, but women can't. Men have right to have sex with anybody, but why women can't. If a woman does the same as a man, the society will judge this woman like a bad woman, she's promiscuous woman. When a man does, the society admires him that he's good, cool, he gets many girlfriends. But when a woman does the same, she will be insulted as if she's low class. Mostly, people look women and men conversely. (F03, 388-400)

Some men had the same recognition as women that the society provided values to women less than men in sexual aspects. *“Women can't have many boyfriends, but the society admires men who have many girlfriends. This is crazy. They look down upon women”* (M13, 556-558).

In sexual relationships, the society determined women as “a loser” and men as “a winner”. Women had to control their sex by preserving their purity (รักษาวลสจวน

ตัว), as stated by this woman:

I have listened to my father. He said that women were always unfavorable or a loser. The society looked women negatively. But men always received or won. My father always said that I must think before doing. Don't comply with a man. He said that being a woman, I had to preserve my purity. (F04, 444-448)

Women were unlikely allowed to have sexual pleasure, but they were expected to respond to male sexual needs. If a woman refused a man's sexual need, she was accused of not loving him, as addressed by this woman:

Sometimes I wasn't willing to have sex. I was tired and wanted to sleep. I didn't want to have sex. I wanted to rest. Even if I was sick, he accused me and got angry. He slept and then he hugged me. I couldn't resist him. Sometimes I told him that I was tired, and then he said I didn't love him. So, I can't resist him anyway. (F11, 531-537)

In the same way, if sexual intercourse occurred, women had to admit their guilt or take responsibility for the consequence of sexual intercourse such as pregnancy. The society allowed men to find sexual pleasure, but women had to preserve their purity, as mentioned by this woman:

It's normal for a man to have sex with a woman. Anyhow, woman's guilty because she has sex with him, she complies with him. A woman has to preserve her purity; otherwise she'll take responsibility for her pregnancy. (F10, 158-160)

In addition to social regulation that prohibited women from expressing about sex or limited their sexual needs, if women violated and conceived, they had to take responsibility for pregnancy. Having physical characteristic that women were pregnant or the baby was inside female womb, made the women take responsibility for pregnancy, but men could avoid this responsibility.

It's because women conceive. People knew that I was pregnant. If a man didn't worry, he would leave easily. Men didn't get pregnant. Nobody knew that who got pregnant with him. I had to take responsibility on my own. (F05, 294-297)

In the same way, when pregnancy termination was needed, women must face with pain and suffering from pregnancy termination alone. Male physical body allowed him to be irresponsible for pregnancy termination by not taking care of women during pregnancy termination.

(For pregnancy termination) A woman's always unfavorable because she has to suffer. The baby was with me. The woman hurt so much. If he was bad, he wouldn't take care of me...The woman had to find the abortion place on her own and took care of herself. (F05, 460-463, 474-475)

Women were condemned or blamed for premarital pregnancy, as seen in a woman's statements:

Mostly, a woman's blamed. If she has premarital pregnancy, she'll be judged by people. They like to talk negatively and her parents will be defamed as didn't attend to raise her well. (F02, 378-382)

Moreover, women were condemned as the one who conceived without the baby's father. Although that pregnancy was caused by male sexual pleasure and irresponsibility, nobody could find fault from men, as addressed in the woman's words:

About pregnancy, women are always infamous and men always have advantages. What if a man doesn't accept a woman. The woman is always fault. She doesn't take care of herself. She already knows that the man must have sexual intercourse with her. How do you find fault with men? Then she becomes pregnant without the baby's father. (F04, 467-470)

Women were also condemned from pregnancy termination. Although that pregnancy termination was to set women free from their suffering burden. It caused stigma in her heart as mentioned in the topic "liberated but stigmatized women".

The society prohibited women's sexual expression or condemned women if pregnancy was occurred, especially the pregnancy that violated the social norms, such as, pregnancy at studying age, premarital pregnancy, or being pregnant without a baby's father. This made women to conceal their pregnancy totally even if they had to risk their life in pregnancy termination for their future or living in the society normally without condemnation. Moreover, they could not reveal their unwanted pregnancy to their parents because their parents were under the same social regulation while men could talk to their parents openly. Thus, women's solutions were less than men when facing undesirable pregnancy, as mentioned in the female reflection:

Being a woman, it has been being like for a long time. People misunderstand on women. They look on women negatively. They'd never thought that men aren't good. It's unfair for women. My family didn't know, but my boyfriend's family knew that. I couldn't let my parents knew. I had to abort anyway. (F05, 303-303)

A man wanted to tell his girlfriend's family about pregnancy or pregnancy termination to find the best solution. However, his girlfriend did not allow him. She tried to conceal her family because she was afraid that her family might not accept her for premarital pregnancy.

She was scared of her parents. She said that her parents wouldn't accept that. They wanted her to get married first. I couldn't do anything. If I called them, I was sure that she would run away. I was so worried. At least, I wanted to tell her mother. If I called her and she knew, she would have killed herself. She would run away from the hospital. (M13, 286-291)

In brief, value was provided to women and men differently, especially in sexuality. Female sexuality was controlled or even oppressed such as, forbidding pre-marriage sex and pregnancy, having sex with only her partner while men could find

sexual pleasure freely. Conversely, the society accepted male premarital sexual experiences or admired men who had a lot of experiences. Moreover, women had to respond to male sexual needs. These different gender values, that is, female inferior and male superior lead women to take responsibility for pregnancy and pregnancy termination and for condemnation from the society; on the contrary, men could avoid the responsibility on the pregnancy and be irresponsible in taking care of women during pregnancy termination and avoid from being blamed or condemned by the society.

The communication of female non-assertiveness, male expressiveness

There were different communications to express the needs of women and men. Women always communicated silently or did not express their needs clearly while men communicated openly and wanted women communicated openly in order that the men could know the women's actual needs.

Not telling female real needs for male responsibility to women's partner made women take responsibility for the baby alone. As the experience of a woman whose her husband had left her to stay with a new partner, after she knew that she was pregnant, she called him in order that he might take responsibility for the baby.

However, because of non-assertive communication, her need was neither known nor satisfied by the partner.

He said he had a new partner. He didn't know how to do. He asked me what I wanted him to do. I said it depended on him...Actually, I wanted him to stay together or just sent money to support the child. (F10, 125-127, 194-195)

Apart from belief that pregnancy belonged to female body, so that women had to suffer from pregnancy termination alone. Not telling her need to him for sharing the troubles made her take responsibility for the pregnancy termination alone. If there was opened and clear communication to tell about women's needs to men, women's need would be satisfied, as seen in the example of this woman.

I didn't tell him that I would go to have abortion. I thought it was just taking the baby out then it's finished. It was me that hurt...Actually, I wanted him to be with me, comfort me. I was terrible on severe lower abdominal pain. Water and blood came out. So, my friend pressed my belly to push the baby out. I hurt until I felt dizzy and giddy...Then my friend called my boyfriend that I came to abort. He came from Narathiwat to visit me. When he reached, he came close to comfort me then took me to the hospital. (F04, 110-112, 121-124, 196-201)

Not having male participation in taking care of women during pregnancy termination, such as staying close all the time and asking with care, was due to female unopened communication. She did not tell what she wanted him to take care of during pregnancy termination. Therefore, her actual needs of taking care were not satisfied, according to the example of this woman's words:

I didn't talk when I was sick. I slept quietly and didn't tell anybody. I kept quiet to let him know that I was really sick...I wondered why he didn't ask if I was sick, if I had headache, if I had abdominal pain. I felt sad. I just wanted him to stay closely and asked how I was...I wanted him to be with me, but I didn't want to tell him because I wanted to test him what he would do to help me. (F11, 537-539, 900-905, 910)

Sometimes a partner encouraged his partner to tell what she needed, but she said nothing and became annoyed.

I wanted him to take care, bought food for me. He said he wanted to help, just told him. Sometimes he asked so much that I felt annoyed. Then he wouldn't talk at all and sit still. (F04, 306-308)

This woman thought that men should know women's needs by themselves when the women had complications from pregnancy termination and receiving medical treatments in the hospital.

He usually came to keep vigil when I was at the hospital. I didn't need anything much. I didn't know what to tell. He should know. It's his responsibility that I stayed in the hospital, and he should come to take care. He should know what I wanted him to take care of. (F08, 223-226)

Conversely, men wanted their female partner to show her needs by direct communication in order that men would be able to respond accordingly. Moreover, talking was expression of intimacy, as presented in a man's perspective.

Just told me what you wanted. I was worried about you. I wanted you to feel comfortable. Told me what you wanted, what you needed something to eat. I wanted to know. We were living together, so we had to consult and talk to each other. If we didn't talk, it would be like a stranger. I didn't want to be a stranger. I didn't want to be a stranger for her. (M03, 180-184, 286-288)

Two men who wanted their wives to tell their needs during pregnancy termination told their perspectives on the direct communication as follows:

I helped in what I could. Let her tell me what she wanted to eat. I could buy everything for her. 'What you want me to do. Please tell me, don't keep quiet'. (M06, 257-259)

I gave her as much as I could. I would take care of her with all my best if she told me. I would do whatever I could certainly. (M13, 599-601)

A man also recognized that although he wanted to participate in taking care of his partner, not having communication directly or unclear expression about the needs blocked him from participation.

I didn't know. She didn't tell me. I was afraid that she might get angry if I asked her. I didn't dare to ask what I should do, so I didn't help her or take care of her as much as I wanted. (M04, 361-363)

Female non-assertive communication for telling actual needs made women to take responsibility for the baby alone without male participation as well as without male participation during pregnancy termination. Although women wanted their male partner to share their trouble, not communicating for their actual needs set their male partner free from taking participation. Moreover, silent communication as well as showing annoyance when women's male partner asked for their needs could obstruct male participation in taking care of women during pregnancy termination. In fact, men wanted the women to express their needs openly, so that men would be able to provide cares as meeting their needs accordingly.

The nature of female bravery, male timidity

There were different natural characteristics of women and men about pregnancy termination. Women dared to confront and fight for themselves to be free from pressure of undesirable pregnancy by pregnancy termination while some men were scared of pregnancy termination because of relating to blood. Therefore, male participation or male caring did not correspond to female needs, especially taking care during pregnancy termination.

According to the story of a woman who was taken to the hospital while the baby was still inside her uterus due to ineffective insertion medicines, the doctor was

inserting more tablets to take the baby out. She had severe lower abdominal pain.

Although she wanted her boyfriend to be with her to sense that pain, she did not accept his presence because he was afraid of blood.

I wanted him to come, so that he would know how I hurt. But he didn't want to see that kind of picture because in the last time he was so scared until he turned pale. If he saw this, I was afraid he couldn't accept it and he might be fainted. So, it's better for him to be there. Last night, I saw the baby came out from the next bed and I called him to tell about this. He said no telling. He was scared. (F08, 194-199)

Another woman also told that her partner was not able to help observing the result after pregnancy termination because he was scared to see blood.

I told him to see if something coming out because I couldn't bend down. He told me to see on my own because he was scared of blood. So, I tried to see. It looked like mucous and blood. He told me to go to the toilet, it might be come out. He didn't want to see. (F07, 132-140)

Men perceived the nature of masculinity that his body was stronger than women, but men's fear of blood made them unable to take care of women. According to the story of a man, he was asked to pick the baby from his girlfriend's vagina. He could not do it because he felt dizzy when saw blood.

My friends presses (belly) and asked me to pull the baby out from her vagina. I was seared because I couldn't see blood. I felt palpited. I felt dizzy, queasy when I saw blood. I couldn't look it directly. I had to turn back at once otherwise I would feel giddy and vomit. I'm bigger, stronger than her, but I couldn't see blood at all. (M04, 129-130, 478-481)

Another man also told that he did not want to know about pregnancy termination, what his partner had faced and wanted to tell him, because he was scared of blood in his imagination. Therefore, he could not share his partner trouble.

I didn't want to know. I was scared. I was afraid that I would think over. If I knew many things I might keep it to think. I was scared to see the image like blood. It's scary. I knew she wanted to tell me about her hurt. (M17, 563-572)

Male natural characteristic that was afraid of blood or “timidity” was another thing that obstructed male participation in taking care of women during pregnancy termination, for example, staying close or not abandoning, observing the results after pregnancy termination, and sensing female feeling as if sharing trouble. These made women who naturally dared to confront with termination of unwanted pregnancy or “bravery” had to take responsibility or take care of herself without male participation.

In conclusion, women's and men's needs for male responsibility to be a father and taking parts in pregnancy termination were rooted in different values of womanhood and manhood. These differences included female inferiority to male, non-assertive communication of female, and male timidity in pregnancy termination.

Part 4: Discussion of Findings

Shared experiences of women and men and gender differences emerged in the findings by using feminist narrative approach. The findings of this study are discussed for the purpose of identifying specific contributions of the present study.

Shared Experiences of Women and Men

In this study, mutual experience of women and men when pregnancy occurred, especially unwanted pregnancy, contained 4 events as follows: 1) responsibility to be parents of unborn child, 2) participation in pregnancy termination, 3) male caring in pregnancy termination, and 4) lives following pregnancy termination

Responsibility to be parents of unborn child

A man was expected to take responsibility to be the baby's father when linking pregnancy with his sexual conducts. This finding was similar to Lyttleton (1999)'s findings from long-term ethnographic fieldwork in two villages in rural northeast Thailand, it was found that when women and men had sex and pregnancy occurred, even if it was unplanned pregnancy, especially when the society knew about their sexual relationship, most of women wanted their partner to take responsibility by getting married to prove that the baby had its' father. In the present study, a man was thought to be active and a doer in sexual relationships. It was a male conduct that caused pregnancy. Male responsibility reflected a manly character whereas male irresponsibility meant selfishness. Another reason of male responsibility was male bloodiness, as found in Whitterka's study (2002c). Based on 7 focus group discussions and 19 in-depth interviews with women and long-term ethnographic fieldwork in rural northeast Thailand, most women wanted men to take responsibility as a father because the baby in her womb was also male bloodlines, which was caused by male and female sexual intercourse.

Conversely from 'female belly, female responsibilities', since female physical appearance made a woman to be pregnant, this physical nature affected social belief and convinced a woman and a man to believe that she had to take responsibility for her pregnancy. In other hand, male physical appearance allowed him to find sexual pleasure without anybody knowing his behavior although the consequence of his sexual pleasure was a pregnancy. Thus, he was able to avoid his responsibility as the baby's father. This reflects gender inequity or gender bias.

Corresponding to the result reported by Whitterka (2002c), most women believed they should be responsible for pregnancy because they conceived. However, they did not mention about male responsibility as the baby's father.

'Male privilege, female surrender' also reflects gender inequity. Thai society used sexual double standard to treat with women and men. In other words, the society gave privilege to men to be able to find sexual pleasure freely without expecting for his responsibility regarding to the consequences, but he was admired. On the other hand, the society condemned women and expected for responsibility from the women who needed sexual pleasure and allowed sexual intercourse to occur, especially the women who were studying or unmarried. That caused women to take responsibility for the consequences of sexual pleasure or pregnancy unwillingly. There are studies that reflect the sexual double standard. That is, the whole Thai men are allowed, and indeed expected to manifest, a significant degree of freedom in their sexual behavior in order to establish their masculine credentials, while women are not only restricted to marital sexual relations but also expected to limit themselves to subdued erotic expression in order to maintain respectable femininity (Knodel, Saengtienchai, VanLandingham, & Lucas, 1999). As the result, women have to be responsible for the out come of the sexuality such pregnancy. On the other hand, it is not addressed how men who were part of the sexual encounter participate in or accept responsibility with respect to pregnancy (Tharawan, 2002).

Participation in pregnancy termination

From this study, male participation in pregnancy termination was considered as male responsibility. Male reasons for participating pregnancy termination were determined by gender aspects. If the participants concerned about gender equity, they would need men to participate in pregnancy termination. These reasons were ‘mutual happiness, mutual suffering’ and ‘mutual sex, shared responsibilities’. However, some participants were disciplined by the society. They were convinced by social norm to believe in gender bias that men did not need to participate pregnancy termination due to the concept of ‘female belly, female suffering’.

Thai society is familiar with the word, ‘mutual suffering, mutual happiness’. However, this study uses the word, ‘mutual happiness, mutual suffering’ instead because their living together began with female and male happiness. That is to say, women and men loved each other, lived together, and had sex together; therefore, when suffering from pregnancy termination occurred afterwards, women and men should share the troubles together. This aspect is considering on gender equity. Moreover, pregnancy was caused by sexual intercourse of two persons, regardless of they had mutual happiness or not, both women and men should take responsibility for pregnancy termination, which was the consequence of that sexual intercourse. This also showed fairness for both women and men.

As the Program of Action of International Conference on Population and Development in Cairo, it was reported that male participation in termination of unwanted pregnancy can build the possibility of achieving equitable relationships between men and women. Since sex is usually mutual, both a woman and a man who

have engaged in sexual relationships are equally responsible for the consequences (UNFPA, 1994). However, health care providers are a significant factor that is able to “bring in” or “block out” men from taking participation in reproductive health care, especially for pregnancy termination. At present, most health care providers usually block or omit to bring men to participate in pregnancy termination. The reason is that the health care providers, as a person in the society, believe that reproductive health including pregnancy termination is women’s domain. Therefore, providing information about procedure of taking care of women who has complications from pregnancy termination is focusing on only women. They exclude men from the process of counseling and this means separating men out from taking responsibility unknowingly (Kraisuraphong, 2003).

According to the study, it was found the belief that women conceived, so they deserved sufferings, for instance, pain, fear, and danger from abortion that led to death. However, men had no physical appearance that was able to conceive; thus, some men took this advantage as an excuse to be irresponsible for participation in pregnancy termination. Furthermore, even though some men wanted to participate, because of women’s physical appearance that they had to confront with terminate pregnancy by themselves, they did not know how to share female suffering. Besides, the society has taught that reproductive health, including pregnancy termination, is “not men’s duty” or “men do not know”; consequently, men are being pushed out from taking participation or taking care of women (Pile, Bumin, Ciloglu, & Akin, 1999). However, every woman needs male participation.

Male caring in pregnancy termination

Although men do not have proper physical appearance to help women in pregnancy or enter the process of pregnancy termination, but they can be an “active partner” when women has to go through this process. From this study, participation in pregnancy termination was male responsibility for women. Male responsibility for pregnancy termination was taking care of women that consisted of 1) assisting pregnancy termination, 2) not abandoning, 3) caring heart by heart, 4) expiating, 5) basic need care, and 6) financial care.

Men were able to take care of women by searching for information about pregnancy termination, taking the women to the place, or helping the women to terminate pregnancy, such as inserting medicine into her vagina and observing the results from pregnancy termination. The purpose of assistance was to make sure that women had received efficient and safe pregnancy termination. From the researcher’s pilot study, similar results were found. Women reported that men should participate in finding out about abortion methods and services. In addition, men could provide or make necessary arrangements for transportation to a pregnancy termination place and accompany their partner to that place (Chatchawet & Sripichyakan, 2005). Moreover according to the studies from Thailand and Western, they were found when women went to a pregnancy termination, they wanted their partners to provide emotional support or share the stress with them by accompanying and being with them (Beenhakker et al., 2004; Chatchawet & Sripichyakan, 2005; Ratchukul, 1998).

Not abandoning by staying closely, waiting in front of the room, or using telephone, made women felt relieved, not being isolated, and being courage to face

problems. As the researcher's pilot study, the female participants reported that they wanted their partners or husbands to stay with them for emotional support (Chatchawet & Sripichyakan, 2005). Emotional support by their husbands is important for women's physical and emotional recovery (Tawab, 1997). In addition to men's caring that caused positive effect on women or women received benefits, men also received benefits from taking care of women. That was relieving the guilt since men made women to conceive and eventually terminate pregnancy.

Caring heart by heart refers to men use their heart to take care of female mind with love and sincerity, by soothing and encouraging women when they have to face pregnancy termination. Taking care with love would influence women's health. As confirmed by an Egyptian study about a husband's involvement in post-abortion care, the researcher concluded that emotional support with love by a woman's husband was particularly important for a woman's physical and emotional recovery (Tawab, 1997).

Every religion considers pregnancy termination as killing, and killing is sin. In Islamic view, pregnancy termination at any age is considered as a crime against humanity and that is sin (Kasule, 2003). This study and Whittaker's study (2002b) found that some female and male Buddhists believed pregnancy termination at early age was not killing. Nevertheless, most participants felt guilty in their mind during pregnancy termination. Men who involved in the process of killing should participate in expiation. Therefore, both women and men who experienced pregnancy termination had to expiate for their murder. No matter what religions, regardless of Buddhism or Islam, making merit was comparable to expiation. Making merit in Buddhism were offering goods to monks, pouring ceremonial water. For Islam, there

were reading scriptures and attending mosque. This is corresponding to the researcher's pilot study (Chatchawet & Sripichyakan, 2005) and Ratchukul (1998) found that the female participants needed the men to feel guilty for their part in creating the need for an abortion or to feel that abortion was a sin. The women also wanted men to participate by making merit or atoning for their part in the procreation of their babies because it could reduce their feelings of sin.

Nevertheless according to the study of Whittaker (2002c), which conducted among female Buddhist participants, she found that there were different levels of sin depending upon the circumstances and intentions with which the act was performed. If a male partner was involved in the decision making, he was implicated in the sin. If he did not know about abortion decision, then he remains sinless. This shows that women who face with pregnancy termination (due to the fact that men are irresponsible for pregnancy or men neglect to participate when women have to terminate pregnancy) have to confront with guilt alone. Men who avoid from responsibility of pregnancy do not carry away the sin. This aspect reflects the belief with gender bias.

Pregnancy termination methods or complications due to pregnancy termination affected female basic needs. What women wanted men to help or taking care were food, hygiene, excretion, comfort, and security. These cares could be offered by family or friends, but the feeling was different from being taken care by women's partner. These basic needs were considered as things that male partners should participate in taking care of woman because women had to risk their life to solve problem due to the pregnancy, and male partners were a part of the pregnancy. Sometimes, men did not know how to take care when women had to terminate

pregnancy, especially for safety, such as bleeding or infection due to unsafe pregnancy termination. Men wanted female partners to be safe from pregnancy termination of complications, so they depended on supernatural things like pledging. Therefore, health care providers should provide information to men about how to prevent and observe for any complications of unsafe pregnancy termination.

In Thailand, pregnancy termination without medical indications or the result of rape or incest is illegal (Warakamin et al., 2004). Therefore, it is difficult to access safe pregnancy termination. If it is accessible, it requires a lot of money. Most of women face with complications of unsafe pregnancy termination and that requires additional expenses in the hospital. The average expense for complication treatment due to unsafe pregnancy termination is 21,024 Baht (Warakamin et al., 2004) or \$ 612 US. Thus, women who terminate pregnancy need monetary support, particularly from their partner. In Thai society, men are a head of family. One role of a head of family is working to earn money to support family members, which is the one of the masculine stereotypes (Fongkaew, 1995). Therefore, when money is needed for pregnancy termination, a man who is comparable to a head of family has to play his role in monetary support. Nevertheless according to the study, even though money was essential for pregnancy termination, only monetary support from men was not female primary need. Women also needed caring in other aspects as mentioned above.

Lives following pregnancy termination

After pregnancy termination, women and men had experienced and changed the perspective about life in positive area. Those were stronger bonding, stronger

women, learning to do the right things, and liberated but stigmatized woman.

However, most people always judge women who have terminated pregnancy. People in the society should change their attitude on this group of women. They should look on positive results to appreciate women as an honorable human and support them to live in the society normally.

Stronger bonding was living together regardless of having happiness or suffering, including participation of male partner in taking care of women during pregnancy termination. These action expressed love which was a condition that made couples become more intimate, sympathize with each other, and confident in love and relationship that they would carry on. The findings are supported by UNFPA's document mentioned that sharing suffering and support of male partner can enhance the couples' bonding and intimacy (Cohen & Burger, 2000).

Stronger women could occur by giving value to womanhood, the ability to survive, and depending on oneself when women had passed the situation like undesirable pregnancy termination, which women had to face pressures of social norms against women who terminated undesirable pregnancy. Women who terminated undesirable pregnancy, especially for unmarried women, implied that she used to have sex and was pregnant. This was taboo for unmarried women; thus, the women were devalued since social norms appreciated virgin. Women were like sexual objects that must satisfy male sexual needs, and they had to wait for men for choosing. Women who used to have sex or had lost their virginity might not be chosen by men. When women had passed that tense situation, they had a new perspective. The women did not condemn themselves as determined by the society. They gave more values to womanhood and appreciated women for goodness and

dependability, not because of virginity. Women decided their own life, not by the society. If they could turn it back, women who were able to change their attitude and become stronger would rely on herself without male responsibility as the baby's father. Women could be as a single mother who raised their child alone. Changes of attitude encourage self autonomy or self empower (Malhotra, Schuler, & Boender, 2002).

Women had to face with pain and bleeding and had to risk their life on pregnancy termination. Women who were able to pass these situations indicated their strength that they could survive. Most women who have passed unsafe pregnancy termination do not realize their potential. Therefore, health care providers, especially nurses who work closely with these women should encourage them to realize their potential for promoting self efficacy for women.

Having passed pregnancy termination made women and men learn to do the right things to prevent undesirable pregnancy as the last time. They learnt to apply proper contraceptive methods that were efficient for preventing pregnancy. They learnt choose an appropriate source to inquire reliable information about birth control. Although they chose efficient contraceptive method like contraceptive pills, mistake or forgetting to take the pills caused pregnancy. From the experience of undesirable pregnancy termination, they learnt the mistake of forgetting to take the pill. Then, some men learnt to share responsibility with women in birth control. Although women have to take the pills, men could participate by reminding the women not to forget taking the pills. This learning creates fairness that contraceptive responsibility will not belong to women alone.

However, some women and men still believed that contraception was female responsibility. Therefore, most contraceptive methods are for women. In addition

according to the study, most participants believed that social norm allowed men to find sexual pleasure. Contraceptive methods for men are condom and sterilization that were believed to reduce male sexual pleasure. Therefore, men were allowed to be irresponsible for birth control. Furthermore, the society also identifies condom as a symbol of sexual intercourse instead of birth control or diseases prevention. This made some men embarrass to buy condoms. It increasingly emphasized that women have to take responsibility for birth control because women conceived. Men did not need to participate because men did not conceive. However, there are many studies that support advantages of male participation in contraception. For example, taking men to attend the contraceptive counseling together with women will be more efficient on preventing pregnancy than taking only women (Becker, 1996; Bianchi-Demicheli, Eliane, Bianchi, Dumont, Ludicke, & Campana, 2003; Terefe & Larson, 1993; Soliman, 1999; Piotrow, Kincaid, & Hindin, 1992; Population Council, 2000; Wang, Vittinghoff, Hua, Yun, & Rong, 1998). Giving incomplete information by health care providers was a factor that caused mistake in using contraceptive methods. Therefore, health care providers who are considered as the client's source of information should realize in providing correct and complete information for the clients.

According to liberated but stigmatized woman, Thai society considered premarital sex and pregnancy during studying age was unacceptable and immoral. If the society knew these behaviors, the one who was being condemned was women. Therefore, women who faced with this type of pregnancy had to conceal as best as they could. One way to conceal the pregnancy was pregnancy termination. Pregnancy termination was like setting women free to live in the society; for instance, being able to continue study for both women and their partner, or living in the society without being

blamed. Similar to married women who had economic problem, although they were married, pregnancy termination could release their existing burdens. However, women had to exchange their freedom with stigma that would follow them for all life.

In the study, pregnancy termination was considered as a stigmatized act due to the definition of pregnancy termination as killing, no motherhood property, bad woman, promiscuous woman, and evil-minded mother. This corresponds to several studies that the society have negative image against women who terminate undesirable pregnancy as being an un-Buddhist, sinful act of prostitutes, and promiscuous women (Havanon, 1995; Narumon, 1998; Ratchukul, 1998; Tharawan, 2002; Vasikasin, 1984). Moreover, those women are judged as heartless, bad or morally corrupt, and fun-loving students (Whittaker, 2002c). The study conducted by Whittaker (2002a) found that women were still humiliated and disrespected by health care providers when they sought abortion services. Health care providers bring their personal attitudes, biases, and perceptions to their interactions with women. Thus, women are stigmatized even if they are in the hospital to recover from complications caused by pregnancy termination.

The society should accept and understand the decision of women who confront with unwanted pregnancy termination. Do not condemn these women because nobody wants to terminate pregnancy without crucial reason. Women who face with unwanted pregnancy termination should have the right to decide on her own because women know well that they should terminate or keep their pregnancy without being judged by the society or anybody. The multiplicity of their factors influences decisions to continue pregnancies or to abort the pregnancy, the women know how they situate themselves in the world (Whitterka, 2002c).

Gender Differences

Gender differences, which were not fair for women, made men unlikely be irresponsible for the baby; exclude from participation in pregnancy termination; or unable to take care of their partners during the termination. On contrary, women were assigned for full responsibility and stigmatized from pregnancy termination. These gender differences were found to be: the gender values of female inferior, male superior; the communication of female non-assertiveness, male expressiveness; and the nature of female bravery, male timidity.

The gender values of female inferior, male superior

Thailand is a hierarchical and patriarchal society which assigns men to be superior to women (Taywaditap et al., n.d.). A traditional Thai proverb which states that “Men represent the front legs of elephants and women the hind legs” indicates the approval of male dominance in Thai society. At present, although there are efforts from many sectors to create justice between women and men in many aspects, such as education, occupation or legislation, in sexual aspects, the patriarchal structure of Thai society assigns different values for women and men. This belief has been impressed in Thai society for a long time. The last decade, Chayovan, Ruffolo, and Wongsith (1996) conducted 6 focus group interviews held in each of 5 regions: North, Northeast, Central, and South Thailand, and Bangkok. The results showed that women were inferior to men in sexual aspects. It was very important for women to be a virgin before getting married. Women who lost their virginity before married were

blamed. Conversely, it was their unanimous view that men should have sexual experience before getting married, as it was common practice for men, and masculinity was enhanced by lots of sexual experience.

The society believes that it is natural for boys to lose their virginity quickly, and they can find sexual pleasure freely. Nevertheless, the society does not discipline them to be responsible for safe sex and the consequences of sexual pleasure (Yoddumnern – Attig, 1992). On the contrary, the society controls women for expressing sexuality and prohibits them from sexual pleasure by controlling female sexual behavior to preserve her purity (รักษาสงวนตัว). This value has been inherited through social cultivation which starts from the family. Corresponding to the qualitative study conducted by Whitterka (2002c) with 7 focus group discussions and 19 in-depth interviews with women in rural northeast Thailand, female sexuality was understood to be in need of strict control, by fathers and male kins as young women grew, and later by husbands after they were married.

Presently, even though the society accepts premarital sex more than in the past, prejudice on female sexuality still exists in Thai society. As the study, women were still blamed, condemned, and devalued in their womanhood, particularly when a pregnancy was occurred. Women might be blamed that they conceived without the baby's father. This reflects the fact that although men abandoned or were irresponsible for that pregnancy, women were punished by condemnation. Men were not accused due to their privilege that they did not need to take responsibility for those issues. According to the recent Conference on Sexuality Studies in Thai Society (Pharchern & Boonmongkon, 2008), many studies reported in this conference

obviously reflected the values of female inferior and male superior in all aspects of sexuality.

Social control still extends to condemn premarital pregnancy and pregnancy during studying age, which women are assigned to take full responsibilities. Women have to conceal their pregnancy with all their best. As the study, the female participants risked their life in pregnancy termination for their own future or living in the society normally without being judged by the others. Even their parents, the women could not reveal the pregnancy to their parents because they were under the social norm that devalue women who have sex or pregnancy before marriage; conversely, men could reveal the pregnancy to their parents or intimate friends. Therefore, there are not many way out for women when they face with unwanted pregnancy, except termination of the pregnancy.

In addition, women were expected to satisfy male sexual needs due to the biased concept that sexual pleasure belonged to men and women were sexual objects. Women were mistakenly cultivated that having no sexual response to men's needs meant having no love. This is similar to the qualitative study in India that conducted in 66 women and 44 of their husbands with in-depth interviews. The results were found that many men seemed to believe that sex within marriage was their right, and that women had no say in the matter (Ravindran & Balasubramanian, 2004).

The communication of female non-assertiveness, male expressiveness

Most female participants of the study did not talk or express their needs directly, but men generally liked to communicate openly. The mentioned female non-assertive communication about male responsibility to be a father led the women to

unwillingly choose pregnancy termination about their needs for care during pregnancy termination. Unclear communication made the women suffer alone although the women needed male caring. This was because men did not know women's real needs. Men wanted women to talk about women's needs openly in order that they could respond these needs, especially taking care during pregnancy termination. In fact, women wanted male partner to understand and respond to what they needed even if they did not reveal their need for male participation or caring. As qualitative data that were conducted from married men and women through 14 focus group discussions and 47 individual interviews in Thailand, it was found that women needed "understanding" from their husband. Therefore, the husband should ask his wife and concern about what she wanted from him. It could be said that understanding from the husband reflected his care, responsibility, and support for his wife (Knodel, Saengtienchai, VanLandingham, & Lucas, 1999).

Nevertheless, the study from focus group discussions in every parts of Thailand conducted by Chayovan, Ruffolo, & Wongsith (1996) found that most women suggested if a woman needed something from her husband, she should say it directly, so that her need could be satisfied. In addition, Bawah (2002) who conducted her study in sub-Saharan Africa found that couple communication and shared negotiation strategies were associated with more positive health outcomes, particularly increased contraceptive use that could prevent unwanted pregnancy. Moreover, the female assertiveness states self-empower of women and encourages men to participate in reproductive health, including termination of unwanted pregnancy, finally leading to gender equity (UNFPA, 2004).

The nature of female bravery, male timidity

All female participants were brave. They fought to survive from the pressure of unwanted pregnancy by terminating pregnancy while some men were timid to get involved in pregnancy termination because it was related to blood. Women were brave to confront pain and bleeding, especially the pain and bleeding that were related to reproductive health, such as giving birth, having menstruation, and terminating pregnancy. In the other hand, men were scared of blood, especially the blood that was related to reproductive health like pregnancy termination. The difference is because women are accustom to blood since they have entered puberty age - that is menstruation; and motherhood - that is blood due to giving birth (Northrup, 1998). Furthermore, the difference between female bravery and male timidity encouraged women have to take responsibility or take care of themselves without male participation. In other words, male natural characteristics of timidity or being scared of blood obstructs men from participating or taking care of women in pregnancy termination.