

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

This chapter is presented in three parts. The first part presents the conclusions of the study. The second part contains limitations of the study. Then, recommendations are described in the final part.

Part 1: Conclusions of the Study

The purpose of the study was to understand the perception of Thai women and men about male participation in termination of unwanted pregnancy. The participants of the study were 23 participants, residing in Songkhla province and nearby provinces. It 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. Age of the participants ranged from 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). The majority were Thais and Buddhists. Seventeen participants were graduated from high school or below, and six were graduated from vocational school. Most of the participants were employed with sufficient income for their living expenses. Most of pregnancy termination was the first time. The reasons for terminating pregnancy were pregnancy at studying age, not being married, pregnancy without a male partner and economic constraint, respectively. The birth control usage among most participants was withdrawal. Failure of withdrawal and having no

preventive method caused most unwanted pregnancy. The method that most participants used for pregnancy termination was vaginal insertion medicines.

A feminist narrative study was conducted to understand how women and men experienced unwanted pregnancy termination. The participants were recruited by purposive sampling, mostly from hospitals. Individual interviews with reflexive questions and non-hierarchical relationships were conducted to obtain authentic understanding of the women's and men's experiences. Narratives started with inviting the participants to tell their stories based on the time series. Interruption was avoided, and probing techniques were used as necessary in order to encourage experiential specificity and clarification. The length of each interview session ranged from 30 to 80 minutes with an average of 45 minutes. Each participant was interviewed two to three times. The total interview length for each participant ranged from 60 to 110 minutes with an average of 90 minutes. All conversations were taped. The taped were transcribed verbatim. The data analysis procedures consisted of four steps that were applied from Nilmanat (2001): familiarizing, coding, describing individual narratives, and structuring. More importantly, the participants' stories were inspected through a feminist lens. Member checking and peer debriefing were conducted to establish the rigor of the study.

The structure of male participation in unwanted pregnancy termination from the perception of female and male participants included "shared experiences of women and men" and "gender differences". Since unwanted pregnancy until the end of the pregnancy, a woman and a man shared four chronological events: a) responsibility to be parents, b) participation in pregnancy termination, c) male caring in pregnancy termination, and d) lives following pregnancy termination. 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. Some participants thought that, 'male conducts, male responsibilities', some thought, 'female belly, female responsibilities', or this may be 'male privilege, female surrender'.

When pregnancy termination was determined, the reasons for male participation in pregnancy termination were 'mutual happiness, mutual suffering', 'mutual sex, shared responsibilities'; however, some participants believed in different way that was 'female belly, female suffering'. The burdens of termination of unwanted pregnancy led the women's and men's perceived needs for male caring in six ways, which were assisting pregnancy termination, not abandoning, caring heart by heart, expiating, basic need care, or financial care. Their lives following pregnancy termination could be positive or negative depending on each person's context. Some couples developed stronger bonding, some women became stronger, some were learning to prevent future pregnancies, and some women believed they were liberated or self governing but felt stigmatized.

According to the first theme, women and men could hold similar or difference perceptions. Their perceptions did not depend on whether they were biologically female or male, but the gender values that they held. The perceptions that men did not need to accept responsibility for the pregnancy or participate in pregnancy termination, and that 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.

Part 2: Limitations of the Study

There are limitations to the study, which are associated with participant recruitment. There was only one male participant who did not participate in the termination of an unwanted pregnancy, and all female participants experienced complications from termination of an unwanted pregnancy. Therefore, experiences regarding male participation from the perspective of men who did not participate in termination of unwanted pregnancy and from the perspective of women who did not have complications from termination of unwanted pregnancy could not be explored.

Part 3: Recommendations

Findings from the study provide powerful information for professional nursing practice. They also provide a direction further nursing research.

Implications for Nursing Professionals

A major contribution of the study to nursing professionals is an in depth understanding regarding women's and men's needs about male participation when pregnancy is unwanted and ended with abortion. Consequently, they can provide care in a gender sensitive way, which is specific and suited to different needs of both women and men.

To promote gender sensitive practice

In mainstream Thai society women are less valued than men, especially with respect to sexuality. Therefore, women who were confronted with an unwanted

pregnancy and made a decision to terminate their pregnancy had to take responsibility for the pregnancy and the termination of the pregnancy alone. Conversely, the society provided the options for men so that they could choose the type and amount of responsibility that they were willing to take. Nurses exist within the same society so may hold the same values irrespective of their gender. They need to self-assess their personal beliefs and determine if their beliefs and attitudes regarding how men participate are equitable, that is, do they consider unwanted pregnancy and termination of the pregnancy as shared responsibility between women and men? They need to ask themselves whether they include men in their provision of health services.

Nurses can encourage men as responsible adults to take responsibility for their role in the pregnancy. If abortion is chosen, nurses need to encourage men to participate in the termination process including taking care of women. Nurses need to be prepared to provide information to men about how to take care of women and to understand danger signs for complications that may occur due to unsafe abortion. Men can be encouraged to attend counseling and post-abortion family planning sessions with women. If they have correct and complete information, they have the knowledge to take responsibility for preventing repeated unwanted pregnancies. Their participation in reproductive health care will be initiatively transformed from a women-only framework to gender equity among women and men.

To prevent stigmatization

Nurses should not judge either women or men. They need to understand and respect the decision that a woman who faces the termination of unwanted pregnancy makes. It is important for nurses to recognize that the termination of unwanted

pregnancy is a solution; most women only terminate their pregnancy for crucial reasons. Nurses can regard positive results and appreciate women as honorable human beings and support them to live in the society normally.

Because those known to terminate their pregnancy can be stigmatized with affected women regarded as bad, promiscuous, evil-minded, and murders, nurses can support women and consider pregnancy as an consequence where both men and women bear mutual accountability rather than blaming it on the character of women. It follows that effective nurses encourage women to think positively about the termination and consider as an act born of necessity that will enable women to continue living within their society. This may mean that both men and women are able to continue their studies, be free of economic burdens and avoid isolating stigmatization for themselves and their families. In addition, pregnancy termination is considered as murder, which is a sin, so most of women and men feel guilty in their minds. Nurses can provide information about expiation by making merit. Making merit in Buddhism can be offering goods to monks and pouring ceremonial water (libation). For Islam, men and woman can be comforted by reading scriptures and attending mosque. More importantly, nurses can encourage the participation men in expiation because men are equally culpable in the process of ending the pregnancy.

To give value to womanhood

Women and men perceive that male participation depends on gender values.

For promoting male participation, female values should be promoted. Nurses can remind the women that they are valued as humans, not sexual objects. Women have a right to be valued for kind behavior, being productive in their work, and independence

rather than their virginity. Nurses can take a part in encouraging women to realize their potential or strength in their ability to survive from unsafe abortion. These will promote self autonomy, self-efficacy and empowerment of women.

Implications for Further Research

According to the limitations of the study to expand knowledge about male participation in termination of unwanted pregnancy, further research is recommended to gain insights into why men do not participate in termination of unwanted pregnancy from the perspective of both men and women. This would include men who abandon their partner when they know that their partner get pregnant. In addition, health care providers are significant in providing care for women and men who confront with termination of unwanted pregnancy. Their perception regarding male participation in termination of unwanted pregnancy requires further exploration. The perception of others needs to be considered as well. Development of gender sensitive counseling services for both women and their partners who are confronted with unwanted pregnancy and abortion is another important are of research.