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THE ATTITUDES OF PEOPLE IN BANGKOK TOWARDS ABORTION

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CHAPTER I

INTRODUCTION

The State of the Problem

Thailand is one country which is facing the problem of rapid population growth. On average, the rate of population growth in Thailand between 1947-1960 was 3.2 percent per year. Although at present the rate has declined to 2.2 percent annually, this is still not insignificant and this high rate has adversely affected the country's economic and social development. The government, aware of this problem, has tried many ways to lower the rate of population growth. The Fifth National Economic and Social Development Plan has set forth in it the aim to lower the rate of population growth to 1.5 percent annually. In addition to family planning by means of birth control, abortion¹--the most popular form of controlling birth in the world--has been advocated as an important measure in the control of Thailand's population growth.

At present, this rapid growth in population has corresponded to a failure of the nation's social and economic development from proceeding as it should. The increase has led to heightened competition for survival and an inflated cost of living. This has,

¹ As used by the medical profession, the term "abortion" denotes the termination of a pregnancy after implementation of the developing fertilized ovum in the lining of the uterus but before the fetus has attained viability, that is, before it has become capable of surviving, with appropriate life support (for example, an incubator), the neonatal period and eventually maintaining an independent life outside the mother's uterus.

There are two major categories of abortions: induced and spontaneous. Induced abortions are those initiated voluntarily with the intention to terminate the pregnancy; all other abortions are called spontaneous. In this paper, unless otherwise noted, the term "abortion" refers to induced abortion.

in turn, put pressure on married women who have, for a variety of factors such as a lack of knowledge regarding birth control or a failure of practising contraceptive method, became pregnant. Since they have already had economic problems, they utilize abortion as a means to save themselves from further economic difficulties. Furthermore, Western cultural influences, such as dating and an environment of ready sexual arousalment from motion pictures, newspapers, night clubs, massage parlors, and curtain hotels², have emerged as a cause for men and women to be more intimate with each other than in the past and give them ways to have premarital relationship. These factors have led to a situation whereby more single women are faced with unwanted pregnancies. When the women are not ready or not able to get married, they often resort to improper methods such as committing suicide or seeking abortions to save their reputation.

In Thailand, abortion is usually an undercover matter. This is because Thai law³ permits abortion in only two cases: first, when the pregnancy endangers the mother's health and second, when the pregnancy arises from illegal activities, such as rape. As a consequence, single and married women in need of abortions have them performed by unauthorized physicians. This has resulted in damage both to the women's health and to their emotional well-being where, in many cases, the women died. However, at present, the number of illegal abortion is rising annually.

²These are hotels disguised as brothels. The name refers to the practice of hiding customer parking stalls from the public view by means of curtains.

³The Act of November 13, 1956, the Thai Penal Code, Sections 301-305, deals with abortion. Sections 301-303 state that if a woman cause herself to abort, or if another person causes her to abort with her consent, they may be liable to imprisonment or a fine or both. Section 304 states that whoever attempts an abortion (unsuccessfully), shall not be punished. Section 305 states that if an abortion is carried out by a medical practitioner, and (1) is necessary for the sake of the woman's health; or (2) the woman is pregnant under certain conditions (for example, rape, who is less than 13 years of age, or she was forcefully abducted), there is no offence.

According to estimates by the World Health Organization, there are 30 million illegal abortions in the world each year, or about 100,000 cases each day. In Thailand, Siriraj Hospital alone reported that in the seven years from 1968-1974, there were 12,816 abortions performed there, an average of 1,830 cases per year. Of this number, 84.2 percent were spontaneous abortions and 0.4 percent were therapeutic abortions. The remaining abortions were illegal. In addition, the percentage of illegal abortions rose from 10 percent in 1968 to 21.5 percent in 1974 (Srisaeng-ngarm, 1979:11).

After 1970, the number of illegal abortions in Thailand increased in both urban and rural areas. According to a statistical report of the Medical Department of the Ministry of Public Health in 1971, in the 101 hospitals under the auspices of the Department throughout the country, there were 24,034 abortions (Table 1). Of this number, 22,599 or 94 percent were illegal abortions (Srisaeng-ngarm, 1979:12). Most of these abortion procedures were done by ill-trained abortionists, using crude and unhygienic methods. As a result, women died or incurred long lasting complications at a cost to themselves, their families and the Thai society at large. Because of the intent of the procedure or the unhygienic and inappropriate medical practices used, no legal action was taken against those providing these abortion services.

Table 1: Number of aborted patients in 101 hospitals of Thailand

Type of abortion	Number		Total
	other provinces	Bangkok	
Spontaneous abortion	65 (0.3)	73 (1.5)	138 (1.0)
Legal abortion	447 (2.3)	852 (17.3)	1,299 (5.0)
Illegal abortion	18,618 (97.4)	3,981 (81.2)	22,599 (94.0)
Total	19,130 (100.0)	4,906 (100.0)	24,036 (100.0)

In Thailand, abortion has been singled out as a topic for panel discussions and seminars on many occasions. Conclusion from these meetings has often been the same, namely, that the range of instances when legal abortions are permitted should be widened or even be made available. In other words, Thai abortion law should be reformed. It is the right of the mother to decide if she wants to give birth to a child or not. It should be the right of mothers to limit the number of their children under the supervision of physician in order to safeguard their health. It has been noted that there have been deaths due to illegal abortions performed by unauthorized physicians. Furthermore, such a change in the law would lead to savings in the national budget which is now underwriting care for people injured or sick because of illegal abortions or those whose illegal abortions led to medical complications that required additional care. A secondary benefit of this change would be a lowering of the total Thai population. One of the strongest calls for abortion legislation reform was evident at the Fourth National Seminar on the Population of Thailand, sponsored by the National Research Council of Thailand on August 21-25, 1978. The specific recommendation dealing with abortion states:

"9.4 Laws and regulations concerning abortion should be liberalized to suit the current situation by allowing abortions to be obtained, under the supervision of a physician, for socio-economic and mental health reasons."

On the other hand, various individuals and groups oppose abortion and attempts to liberalize abortion laws. These people claim that abortion is murder because when the fetus is in the mother's womb, it is already a human being. Thus, pregnant women who seek an abortion and doctors who consent to perform one are both guilty of murder, and this is both wrong and immoral. By this line of reasoning, if the laws of the country are liberalized to allow more abortions, this would be detrimental to the ethics and the morality of the country since this would be equivalent to permitting unrestrained sexual behavior.

Thus, it has not yet been possible to reach a consensus on this matter. The fact remains that: many infants never have had the chance to open their eyes and see the world because they die in the hands of incompetent doctors, many children are born to neglect and abandonment, and many others do not have a father and are forced to eke out a bare existence from day to day. Society must choose between morality and social problems and decide that, if the scope of present abortion laws are expanded, will this in fact alleviate social problems or not.

For these reasons, the Thai should be asked regarding their opinions on abortion, abortion laws, and amending abortion laws.

This study will investigate the possibility of coming up with a law that will legalize abortion and make it more suitable for the current situation. It is also believed that laws should be responsive to the needs of society. Therefore, if there are to be changes in the abortion laws, the Thai should be asked whether they would accept these changes or not. This will assist the future enforcement of these laws.

The relationship between public opinion regarding abortion and the legality of abortion is a complex one. "The extent to which a law is enforced is influenced in large part by the climate of public opinion; and opinion may be in turn influenced by legislation" (Moore, 1974). Though attitudinal surveys are notoriously open to bias, and the result given to various interpretations, public opinion surveys are one means of gauging the "acceptability" of abortion.

The Bangkok residents were chosen as the sample population because Bangkok is the most progressive part of the country. It is the site of many institutions and other establishments. Bangkok residents are better informed regarding abortion and abortion laws than those in other places in the country.

Objectives of the Study

1. To study the opinions of Bangkok residents regarding abortion and abortion law;

2. To study how demographic, social and economic characteristics of Bangkok residents, such as age, sex, marital status, economic status, religious beliefs, home place, present residence and marital relation, affect the opinions on abortion, abortion laws and the reform of these laws. These characteristics will also be examined for differences and if differences in them exist, a study will be made on how these differences affect attitudes towards abortion and abortion law;

3. To study whether there is a tendency among the Thai people towards legalizing abortion because, if most Thai believe that abortion is wrong and immoral, then any abortion law that is promulgated will be meaningless; and

4. To determine whether the residents of Bangkok have any suggestions regarding solutions to an illegal abortion.

CHAPTER II

REVIEW OF RELATED LITERATURE

In recent years, many attempts have been made to survey the opinion of groups, both the providers of abortion services and the public about abortion.

Providers of Abortion Services

In most countries with restrictive abortion policies, information about practitioners is difficult to collect because of the shroud of secrecy that often surrounds their work, its illegal nature, and their fear of prosecution. In an attempt to overcome these barriers and gain information from the major providers of abortion themselves in Thailand, an innovative study was carried out. A total of 81 practitioners in 60 districts from 48 provinces were interviewed. These rural practitioners proved a good source of information because "these practitioners often perceive their activity as a public service and their accounts for the benign tolerance show toward them by the police...in fact many practitioners had been clients themselves who saw the pressing need for the service" (Narkavonnakit, 1979).

As potential providers of abortion services should the current law be liberalized, the attitudes of the medical profession are very important. With this in mind, a countrywide survey of 747 physicians' attitudes concerning the provision of abortion services was carried out in 1975 by the Ministry of Public Health. Eighty-six percent of the physicians that responded said that the law should be changed to some degree. More than half believed abortion should be allowed for rape, fetal abnormality, mother under 13 years of age, or contraceptive failure which would be followed by post-abortion sterilization. When asked of their own probable action if the current law was liberalized, fourteen percent said they would not perform abortion under any conditions, thirty-two

would refer the patient elsewhere, fifty percent would perform the procedure under some conditions, and three percent would perform abortion on demand (Varakamin, 1977).

A similar questionnaire was sent to 318 senior Thai medical students at the four medical schools in Bangkok and Chiangmai. The students were predominantly male, 20-24 years old, single and born in Bangkok. Most of the students said they expected to be in general practice after graduation and about half preferred to practise in a provincial town. Ninety percent of the students said the current law need further review and possible change. Over all they were more liberal than the physicians surveyed the same year. A comparison of the responses of the two groups is given below (Varakamin, 1977).

<u>Indication</u>	Should allow/ <u>Approve</u> (physician/ student)	Shouldn' allow/ <u>Disapprove</u> (physician/ student)
	<u>Percent</u>	<u>Percent</u>
- Rape	85/97	13/1
- Fetal abnormality	88/97	2/3
- Girl under age 13	61/81	-/12
- Woman is unmarried and doesn't want to marry father of child	29/58	31/27
- Couple cannot afford another child	43/70	23/23
- Girl under age 16	24/46	15/34
- Contraceptive failure followed by post-abortal sterilization	52/78	19/17

Eighty percent of the medical students said they would be willing to perform abortions under certain conditions, and another eleven percent said they would not personally perform an abortion but would refer the patient elsewhere for pregnancy termination assistance. Almost three-fourths of the responding students felt that the abortion decision should be left to the physician, the woman and her husband (if the woman was married).

An opinion survey done for a university thesis in 1974 found comparable attitudes among Thai medical students. Eighty-five percent of the respondents said they approved extending the grounds for legal abortion, and over ninety percent agreed that the morbidity (related to improperly induced abortion) would decline if the law was liberalized (Poungsema, 1974).

Junnoi interviewed nurses at Siriraj Hospital about their attitudes toward abortion. Most of the nurses were single between 25-29 years of age, and had been working for at least six years. The majority of the nurses approved of induced abortion in cases of pregnancy out of wedlock, rape, hereditary disease from prostitution, and for certain social and economic reasons. The majority also felt that the current law should be liberalized. It was also found that the young and single respondents had more positive attitudes toward abortion than the older ones (Junnoi, 1972).

Public Attitudes towards Abortion in Thailand

In 1972, a nationwide survey asked 1,254 rural married Thai woman aged 15-44 their opinion about induced abortion under varying conditions. The circumstances that related to the well-being of the woman, and a threat to that, elicited the most positive responses. A smaller percentage of positive responses was given to the case of a deformed child or the unmarried mother. The lowest percent of positive responses was given to couples who did not want or could not afford another child. Almost sixty percent of the women were in favor of induced abortion under at least one circumstance and eleven percent favored abortion under all six circumstances. No clear relationship was found between the women's age and their favourableness toward abortion, but education and literacy of the woman and her husband were positively related. If the woman had ever worked, had ever had a miscarriage, or had not wanted the last child she bore, she was more favourable to induced abortion (Burnight, 1975).

A researcher at the school of Public Health recently undertook a public opinion survey of the general population, and a small sample of "elite" policy makers on the subject of abortion (Ruayajin, 1979). Eighty "elites" were interviewed, and about nine hundred randomly-selected informants from Bangkok and the rural areas surrounding it. It was found that on the basis of all five circumstances presented with respect to the acceptability of abortion (social, economic, religious, health and law/policy), the "elites" were more liberal than the general public, although both group showed generally favourable attitudes toward induced abortion given a number of varying circumstances. For example, of the general population who responded, seventy-one percent approved of abortion in the case of a pregnant student, fifty-six percent approved of abortion if the pregnancy prevents a working mother from earning her usual living, seventy-four percent agreed that induced abortion is reasonable if the child to be born is likely to be neglected by its parents, seventy-eight percent felt that abortion should be allowed if there is good reason to believe that the child will be born deformed, and seventy-two percent said the current law on abortion should be revised and made consistent with socio-economic circumstances and the population policy of the country. More than half of the couples surveyed said that the decision to have an abortion should be made by the pregnant woman and her physician. There was a statistical association between age, sex, education, occupation, number of living children, ideal family size, abortion experience and the degree of liberality of attitude.

A survey of 432 teachers and lecturers in schools and universities in the Bangkok Metropolitan area in 1977 revealed that most of the respondents agreed on the use of abortion for medical, eugenic, economic and humanitarian reasons. More than half did not approve of abortion if the pregnancy occurs while there is some problem between spouses, or if the pregnancy will be an obstacle to the woman's career. Most did not approve of the use of abortion as a family planning

method. In terms of characteristics of the respondents, no significant differences were found between males and females, married or single respondents, or between university and school teachers (Suwanawait, 1977).

A year later, a study of 361 university lecturers in Bangkok found similarly favorable attitudes toward induced abortion. Most approved of voluntary termination of pregnancy on medical or socio-economic grounds. The majority felt it was necessary to maintain the law, but that it should be liberalized. They also disagreed that liberalization of the law might lead to immorality and promiscuity (Chuenwichien, 1978).

Cowgill carried out a wide-ranging evaluative study of the opinions and actions of women in Bangkok, now part of urban Bangkok, when it was still on the outskirts of the city. It was found that only four percent of the women interviewed felt abortion was wrong. In addition, they believed abortion was justified in various situations, most particularly, if the pregnancy endangered the health of the mother (Cowgill, 1969).

Miss Malinee Chaumpluk made a study entitled, "Knowledge and Attitudes Regarding Abortion in Urban and in Rural Thailand". She found that a much greater percentage of women in urban areas understood methods of abortion well. She also found that urban women were acquainted with scientific methods, such as scraping the uterus walls. She found that rural women, for the most part, were only aware of traditional abortion methodology. Regarding beliefs on abortion, Malinee found that both urban and rural women tended to feel that abortion should be allowed in some cases. These included situations where health was a factor, such as women with emotion or physical handicaps who should not be allowed to raise children. Other health-related reasons for having abortions included married women with hereditary problems, such as wind

illness⁴ or diabetes. Another case where abortion was considered justified was when forcible rape resulted in pregnancy. However, only about half the women in this study believed abortion was justified in cases where having a child would delay one's education, affect one's job, or when a prostitute became pregnant. Only a few felt abortion was allowed for women who, after having become divorced, learned that they were pregnant. Only a very few felt abortion was considered justified for women who were practising birth control but nonetheless became pregnant. On the whole, it was found that young urban women with a high level of education working in the government service or women with vocational training who had a low number of children and who practised birth control agreed that abortion was justified more than women in other groups (Chaumpluk, 1978).

⁴Wind illness is an ailment peculiar to Thai and Lao women which results, according to traditional medicine, when one of the four cardinal elements, namely wind (the others being earth, fire, and water) is disturbed. One of the main symptoms of this ailment is fainting spells.

CHAPTER III

METHODOLOGY

The methodology for this study consists of selecting the following: a population within which units of analysis would be randomly selected, the sampling method, research instruments, and members of the research team.

Sample Population

The target population included every house in the twenty-four districts of the Bangkok Metropolis. Out of this population it was decided that 500 houses would be the quota sample for this study.

Sampling Method

The houses to be studied were determined by area sampling. It was necessary to use this method since the highly congested settlement pattern of Bangkok precluded household sampling. Two levels of sampling areas were used in this study: khet and khwaeng.

The twenty-four khets or districts in Bangkok were, according to their population density, grouped together into four major sectors as follows:

- 1) Central Sector: including Phra Nakhon, Pom Prap, and Samphanthawong;
- 2) Inner Sector: including Pathum Wan, Bang Rak, Phaya Thai, Dusit, Huay Khwang, Bangkok Yai, Thonburi, and Klong San;
- 3) Middle Sector: including Rat Burana, Phasi Charoen, Bangkok Noi, Bang Kapi, Bang Khen, Phra Khanong, and Yan Nawa; and
- 4) Outer Sector: including Nong Chok, Min Buri, Lad Krabang, Bang Khum Thian, Taling Chan, and Nong Khaem.

Because the Central and the Inner Sectors were both characterized by high population density and shared various other social and economic characteristics, they were treated as one sector.

The Khets were drawn by lot from the first two major sectors for study. These were Bang Rak and Phaya Thai. In the Middle and Outer Sectors one each was selected which were Bang Kapi and Taling Chan. On the whole, there were four khets.

In the random selection of the khwaeng (tambon)⁵ the two khwaeng for each sector were determined by drawing lots. The eight selected were as follows:

Khet Bang Rak	:	Si Phraya and Suriwong
Khet Phaya Thai	:	Sam Sen Nai and Makkasan
Khet Bang Kapi	:	Khlong Chan and Charakhe Bua
Khet Taling Chan	:	Taling Chan and Chimprali

In each of the khwaeng, the maps of the National Statistical Office which were prepared for the 1980 national census were utilized. By means of these maps, blocks were selected for which data was available for each house. Officials at National Statistical Office assisted the researcher in selecting these blocks.

After having selected one sample block for each of the eight khwaeng, a quota of sixty-five houses was sampled for each block. This was possible because the number of houses in each of the block sampled was approximately 300-400. A total of 520 houses were sampled.

Unit of Analysis

The unit of analysis was the head of the household. If the household head was not available for interview, the spouse was interviewed instead.

⁵ A tambon is a subdivision of an amphoe or khet (district) and, in the countryside, consists of a number of villages.

Research Instruments

A structured questionnaire made up of questions about socio-economic and demographic characteristics of those being interviewed and their attitude was prepared. Other questions included opinion about abortion laws, ways to revise these laws, and opinion about the act of induced abortion itself and under what conditions abortions might be sought. All of the questions were closed. Questions asking for opinions were answered by means of a rating scale.

The attitudinal scale on induced abortion included a total of thirty-three items in which respondents had to rate their own feeling about each item on a five point Likert scale, namely, strongly agree, agree, uncertain, disagree and strongly disagree. The score of 5,4,3,2,1 were respectively assigned to these response attitudes as shown below:

<u>Degree of Liberality</u>	<u>Scores</u>
strongly agree	5
agree	4
uncertain	3
disagree	2
strongly disagree	1

After the completion of data collecting, it revealed that only a few of the sample population rated their own feeling about each item on "strongly agree" and "strongly disagree". Thus the researcher put them into the same scale of "agree" and "disagree", respectively.

Interviewers

Eight college students from the Faculty of Social Sciences, Kasetsart University were trained in one-day training course. Instructions were imparted as questions arose in the course of the

interview rather than all at once. The researcher worked as the field supervisor.

Analysis of Data

Data coded and analyzed by computer.

Statistical Methods of Analysis

The methods used were percentage, Chi-square, and T-test.

Hypothesis

"To examine whether differences in factors such as sex, age, marital status, number of living children, home place, occupation, income, level of education, religious belief, present residence, practice of birth control, marital relations, knowledge about abortion laws in Thailand and in other countries with more liberal laws, cause people's opinions regarding abortion, abortion laws, and improving abortion laws to differ".

Variables

1. Independent variables included sex, age, marital status, number of living children, home place, occupation, income, level of education, religious belief, present residence, practice of birth control, marital relation, knowledge about abortion laws in Thailand and in other countries with more liberal laws.

2. Dependent variables included opinions regarding abortion laws, on how to revise them and regarding abortion behavior and under what conditions abortion might be sought.

CHAPTER IV

RESULTS OF THE STUDY

The results are as follows:

Demographic, Social and Economic Characteristics of the Sample Population

There were more women than men in the sample group. Most were between 20-49 years old, were Thai Buddhists, and had little formal education--most having completed only the seven years of primary education. Most were born in Bangkok, were married and had an average of two children. The majority earned low incomes of less than 4,000 baht per month--but when one considers their household possessions, such as house, land, and so on, it might be said that they were of moderate means. Most of the sample group was engaged in vocational occupations or in retailing. The sample population, even though having strong religious convictions, did not have time to engage in religious activities, such as making offerings of food to monks in the mornings, listening to sermons, or observing the religious precepts. This was probably due to the way of life in the capital city where competition for a livelihood and worries took considerable time resulting in a neglect of religious obligations. Most of the families in the sample group were nuclear because present economic and social conditions do not favor living in extended families as before. Relationships within families were usually amicable because each family member had the opportunity to meet, talk and consult with others on various problems on a daily basis and, although **there might have been some quarreling between household heads and their spouses**, this was only normal in married life. Most of the population lived in single family dwellings with a separate yard but a good number

resided in shophouses where the residents also engaged in earning their living. The latter group felt shophouses were quite convenient in terms of not having to travel far to work. The investigation of birth control methods revealed that the most common method used was sterilization followed by oral contraceptives. Virtually no one had had any experience with abortion. The respondents who had had abortions said they had done so because they were quite poor, that they were in ill health and feared giving birth to a handicapped child, or because they had taken oral contraceptives without success. A few had been divorced from their husbands while being pregnant and had had an abortion because they wanted to get married again quickly.

Attitudes towards Abortion

1. Most of the population believed that having an abortion through an unqualified abortionist was frightening and risky but that it served to preserve one's reputation. Only a very few said that abortions were sinful and immoral; it depended on the conditions and reasons of abortion. The population had no strong aversion to aborted women. Thus, stated in a different way, the sample population had a positive attitude towards abortion (Table 2).

2. Regarding opinions of the sample population on when abortion is permissible, it appeared that most felt abortion was justified for eugenic (protecting future generations), humanitarian, medical, demographic and economic reasons. The sample population gave only moderate support to abortions for social reasons.

When considering in details, it was found that of the ninety-two percent who cited eugenic protection as justification for abortion, most felt this was justified when mentally retarded women became pregnant

or when after a medical examination, the doctor had determined that the expected child might have a grave deformity (Table 3). Of the eighty-eight percent who cited humanitarian reasons as justifying abortion, most felt that rape victims and those who had become pregnant by close blood relatives (incestuous sexual intercourse) were entitled to abortions (Table 4). Sixty-nine percent of the sample population approved of medical reasons as justifying abortion, especially when the pregnancy was dangerous to the life and health of the mother, for women with mental difficulties or nervous disorders, or in cases of women for whom delivery used to be difficult (Table 5). Of the sixty percent who cited demographic reasons as justification for abortion, they felt it was one means of lowering the birth rate and a way to assure real quality in ensuring generations (Table 6). Of those who felt economic reasons justified abortion, sixty-nine percent felt abortion was permissible if the mother was so poor that she would be unable to properly care for an additional child, and seventy-nine percent felt it was permissible for prostitutes who accidentally became pregnant. The sample population did not feel abortion was justified in cases where the mother was well-to-do but simply felt she had had enough children, for air hostesses who had become pregnant, or through failures in birth control practices (Table 7).

Social reasons that were considered sufficient for abortions were when girls under the age of thirteen became pregnant, when giving birth would seriously interfere with the mother's education, when the father refused to accept the child, and when a woman only learned she was pregnant after having a divorce. In cases when the pregnant women felt they were not ready or did not want to get married with the child's father or when married women became pregnant with another man, most of the sample population felt abortion was unjustified because women in these situations were unwilling to take responsibility for their own actions. In cases when no one was able to help raise the child while

mother went to work, the sample group felt this was a future problem that could very possibly be resolved (Table 8).

Table 2: Percentage distribution of attitudes towards abortion by the Act of Abortion

Act of Abortion	Approves	Uncertain	Disapproves	Total respondents
Induced abortion is wrong and shameful	49.6	6.2	44.2	100.0
Induced abortion is destructive of Thai national traditions	42.9	4.6	52.5	100.0
Induced abortion is frightening and risky	69.3	4.6	26.1	100.0
Everybody should feel an aversion to the aborted women	24.2	8.5	67.3	100.0
Having induced abortion with unqualified abortionist, though it is risky, can preserve one's reputation	85.0	3.8	11.2	100.0
Induced abortion is sinful and immoral	23.7	3.6	72.7	100.0
Induced abortion is not sinful and immoral when having appropriate reasons	66.0	2.9	31.1	100.0
All reasons	51.5	4.9	43.6	100.0

Table 3: Percentage distribution of attitudes towards abortion by eugenic protection reasons

Eugenic protection reasons	Approves	Uncertain	Disapproves	Total respondents
Pregnancy of mentally retarded women	91.7	0.8	7.5	100.0
Fetal abnormality	92.7	0.8	6.5	100.0
All reasons	92.2	0.8	7.0	100.0

Table 4: Percentage distribution of attitudes towards abortion by humanitarian reasons

Humanitarian reasons	Approves	Uncertain	Disapproves	Total respondents
Rape	93.2	1.4	5.4	100.0
Pregnancy by incestuous sexual intercourse	82.1	3.7	14.2	100.0
All reasons	87.7	2.5	9.8	100.0

Table 5: Percentage distribution of attitudes towards abortion by
medical reasons

Medical reasons	Approves	Uncertain	Disapproves	Total respondents
Pregnancy is dangerous to mother's life	92.5	1.2	6.3	100.0
Pregnancy is dangerous both physically and mentally to mother's health	71.0	3.1	25.9	100.0
Pregnant women with mental disturbance or nervous disorder	89.2	1.0	9.8	100.0
Pregnancy of the handicapped woman	71.1	3.7	25.2	100.0
Pregnancy of woman with a history of very difficult delivery	48.8	5.8	45.4	100.0
Too frequent pregnancy	40.0	4.4	55.6	100.0
All reasons	68.8	3.2	28.0	100.0

Table 6: Percentage distribution of attitudes towards abortion by
economic reasons

Economic reasons	Approves	Uncertain	Disapproves	Total respondents
Pregnant woman is poor and cannot afford another child	69.2	1.2	29.6	100.0
Pregnancy of prostitutes	79.3	1.7	19.0	100.0
Pregnancy of air hostesses	42.3	3.6	54.1	100.0
Well-to-do mother who wants no more child	28.7	1.9	69.4	100.0
Pregnancy because of failures in birth control practices	37.7	5.6	56.7	100.0
All reasons	51.4	2.8	45.8	100.0

Table 7: Percentage distribution of attitudes towards abortion by social reasons

Social reasons	Approves	Uncertain	Disapproves	Total respondents
Girl under age 13	71.9	4.8	23.3	100.0
Pregnancy that would interfere with mother's education	66.8	3.6	29.6	100.0
Unmarried woman becomes pregnant with married man who refuses to accept the child	60.8	2.5	36.7	100.0
Woman is unmarried and doesn't want to marry father of child	46.4	4.2	49.4	100.0
Woman is unmarried and is not ready to marry father of child	35.4	2.9	61.7	100.0
Woman learns she is pregnant after having a divorce	48.3	4.8	46.9	100.0
Married woman becomes pregnant with another man	42.5	6.9	50.6	100.0
No one is able to help raise the child while the mother goes to work	23.6	3.3	73.1	100.0
All reasons	49.5	4.1	46.4	100.0

Table 8: Percentage distribution of attitudes towards abortion by demographic reasons

Demographic reasons	Approves	Uncertain	Disapproves	Total respondents
Induced abortion is one means of lowering birth rate	74.4	2.3	23.3	100.0
Induced abortion is a way to assure real quality of population	63.1	6.5	30.4	100.0
Woman agrees to be sterilized after the abortion	41.2	4.0	54.8	100.0
All reasons	59.5	4.3	36.2	100.0

Relationship between Demographic, Social and Economic Characteristics of the Population and Attitudes towards Abortion

Factors, such as sex, age, marital status, number of children, education, occupation, income, home place, present residence, marital relation, religious beliefs, practice of birth control, knowledge about abortion laws in Thailand and in other countries with more liberal laws, which could be expected to affect the attitudes of the sample population are examined in the following sections.

Relationship of Sex and Age to Attitudes towards Abortion

Men were more in agreement with abortion than women for economic, medical, eugenic and protective reasons. This finding contrasted directly with that of Chuenwichien (1978) and of Pongsema (1974) who

found that women were more supportive of abortion for various reasons than were men. Nonetheless, the reason for the findings in this study is that there are different values for men and for women in Thai society where the man has the advantage. It is considered a sign of virility among young Thai men to experience many women. They see women as playthings who will relieve their sexual desires in institutionalized forms such as night clubs, massage parlors, curtain hotels, books and motion pictures. Women learned to develop their passions for men's pleasure and fell into being mere toys for men's enjoyment. When pregnancies result for which the man cannot accept responsibility he looks for a way out by taking the woman to have an abortion. Furthermore, present economic conditions have made it difficult for young couples to get married because of expenses incurred. As a result, pre-marital relationships have become more common with a concomitant rise in pregnancies. Because society will not accept children of pre-marital unions, the way out is a secret abortion. Thus, that men's answers were more in agreement with economic justifications for abortion results from the fact that patriarchal families are characteristics of Thai society. It is the duty of men to provide for his family and if there are too many children this will of course affect the family's economic well-being. Therefore, men saw abortion as a way to prevent this problem (Table 9).

The findings regarding the factor of age were identical with those of Junnoi (1972) and Chaumpluk (1978). It was found that younger people were more sympathetic towards abortion than were older people. Younger people were strongly in agreement with abortions for humanitarian and demographic reasons. This is probably because younger people tend to accept new thoughts and ways of doing things more readily than older ones (Table 9).

Relationship of Marital Status, Number of Children, and Occupation to Attitudes towards Abortion

Junnoi found that single persons were more in favor of abortion than people who were widowed, divorced, or separated. In this study,

Table 9: Average score of attitudes towards the act of abortion and reasons for legal induced abortion by sex and age

Sex and age		the act of	economic	social	medical	humanita-	eugenic	demographic	TOTAL								
		abortion	reasons	reasons	reasons	rian	projection	reasons	SCORES								
		\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.						
Sex:	male	23.6	3.35	16.1	3.36	24.8	5.66	22.0	3.51	3.8	1.42	8.9	1.12	9.8	2.21	114.0	14.04
	female	22.5	3.43	15.3	3.42	24.2	5.56	21.3	3.57	8.6	1.59	8.5	1.51	9.8	2.21	110.2	15.36
	T-test (N=520)	-3.7735**	-2.5282*	-1.1610	-2.0651*	-1.0360	-2.9176**	-0.3730	-2.8057**								
Age:	20-39	23.5	3.29	15.8	3.39	24.9	5.31	21.6	3.45	8.8	1.40	8.7	1.28	10.0	2.15	113.3	14.10
	40 & over	22.3	3.53	15.3	3.44	24.0	5.90	21.5	3.69	8.5	1.64	8.5	1.50	9.6	2.15	109.8	15.70
	T-test (N=520)	-3.6841**	-1.8037	-1.7617	-0.3239	-2.7347**	-1.3948	-2.2436	-2.7324**								

* significantly related at level .05

** significantly related at level .01

it also found that single persons favored abortion more than those who were widowed, divorced, or separated. Singles in particular felt that abortion was not wrong, shameful, or destructive of traditions. They felt, however, that if there was appropriate rationale for an abortion it ought to be permitted in order to save one's reputation. Regarding the difference of opinion of those individuals with many or a few children it was found that those with small numbers of children were more in favor of abortion, particularly for demographic reasons. Likewise, those with intellectual occupations were more in favor of abortion than were those with menial jobs.

In any case, differing marital status, number of children, or occupation did not result in significant differences of opinions on abortion (Tables 10, 11 and 12).

Relationship of Home Place and Present Residence to Attitudes towards Abortion

This study found no relationship between home place, whether in Bangkok or in the provinces, and opinions on abortion. There were some minor differences, though, based on present residence. For example, those who lived in commercial and residential areas favored abortion more than those who lived in slums. This was probably so because slum-dwellers probably had recently migrated from the countryside to Bangkok, had little formal education, engaged in menial labor and earned a low income, forcing them to struggle for their daily income. Their beliefs were more traditional, causing them to believe that abortion is immoral. This study found no difference of opinion between residents in commercial and in residential areas (Tables 13 and 14).

Similarly, there was no significant difference in opinions regarding reasons for induced abortion between those residing in the three types of areas (except residents of commercial areas who were more prone to agree with abortion to protect future generations than were those living in slums).

Table 10: Average score of attitudes towards the act of abortion and reasons for legal induced abortion by marital status

Marital Status	the act of abortion		economic reasons		social reasons		medical reasons		humanitarian reasons		eugenic projection reasons		demographic reasons		TOTAL SCORES	
	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.
Single	23.3	3.36	15.8	3.90	24.5	6.01	22.1	3.51	8.7	1.64	8.8	1.25	10.0	2.25	113.2	16.77
Married	23.0	3.54	15.6	3.32	24.5	5.56	21.4	3.59	8.7	1.49	8.7	1.39	9.8	2.13	111.7	14.57
T-test (N=477)	0.6078		0.4944		-0.0326		1.5029		0.3311		0.6568		0.7141		0.7952	
Single	23.3	3.54	16.8	3.90	24.5	6.01	22.1	3.51	8.7	1.64	8.8	1.25	10.0	2.25	113.2	16.77
Widowed ^{1/}	21.8	3.87	15.6	3.43	23.8	5.24	22.0	3.26	8.7	1.66	8.3	1.56	9.3	2.14	109.5	14.87
T-test (N=119)	2.0580*		0.1881		0.6116		0.2506		0.0819		1.7500		1.7807		1.1837	
Single	23.0	3.35	15.6	3.32	24.5	5.56	21.4	3.59	8.7	1.49	8.7	1.39	9.8	2.13	111.7	14.57
Widowed ^{1/}	21.8	3.87	15.6	3.43	23.8	5.24	22.0	3.26	8.7	1.66	8.3	1.56	9.3	2.14	109.5	14.87
T-test (N=444)	-2.1710*		0.1432		-0.7161		0.8893		0.1520		-1.5445		-1.6454		-0.9284	

^{1/} widowed, divorced, separated

Table 11: Average score of attitudes towards the act of abortion and reasons for legal induced abortion by number of living children

No of living children	the act of abortion		economic reasons		social reasons		medical reasons		humanitarian reasons		eugenic protection reasons		demographic reasons		TOTAL SCORE	
	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.
None	24.2	3.24	15.7	3.15	25.3	5.25	21.4	3.96	8.7	1.47	8.8	1.19	9.7	1.95	113.8	13.53
1-3	23.2	3.35	15.7	3.40	24.4	5.45	21.5	3.47	8.7	1.50	8.6	1.42	9.9	2.16	111.9	14.50
T-test (N=286)	1.6058		0.0484		0.8435		-0.1039		0.0692		0.6204		-0.5174		0.6632	
None	24.2	3.24	15.7	3.15	25.3	5.25	21.4	3.96	8.7	1.47	8.8	1.19	9.7	1.95	113.8	13.53
4 & over	22.1	3.44	15.3	3.26	24.3	5.67	21.6	3.64	8.6	1.52	8.6	1.42	9.5	2.07	110.1	14.81
T-test (N=186)	3.0313**		0.4853		0.8589		-0.2499		0.1510		0.8032		0.6514		1.2650	
1-3	23.2	3.35	15.6	3.40	24.4	5.45	21.5	3.47	8.7	1.50	8.6	1.42	9.9	2.16	111.9	14.50
4 & over	22.1	3.44	15.3	3.26	24.3	5.67	21.6	3.64	8.6	1.52	8.6	1.42	9.5	2.07	110.1	14.81
T-test (N=114)	-3.0431**		-0.8480		-0.1584		0.3215		-0.1693		-0.3862		-2.2660*		-1.2661	

Table 12: Average score of attitudes towards the act of abortion and reasons for legal induced abortion by occupation

Occupation	the act of abortion		economic reasons		social reasons		medical reasons		humanitarian reasons		eugenic protection reasons		demographic reasons		TOTAL SCORES	
	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.
Intellectual	24.0	3.25	16.1	3.83	24.2	6.19	21.6	3.82	8.6	1.42	8.7	1.21	9.9	2.45	113.2	16.70
Menial	22.9	3.45	15.4	3.26	24.3	5.40	21.5	3.34	8.6	1.53	8.7	1.26	9.8	2.00	111.2	13.74
T-test (N=346)	-2.8361*		-1.7690		0.1441		-0.3654		0.1306		-0.3896		-0.3911		-1.1635	
Intellectual	24.0	3.25	16.1	3.83	24.2	6.19	21.6	3.82	8.6	1.42	8.7	1.21	9.9	2.45	113.2	16.70
Housewife	22.2	3.42	15.4	3.28	24.8	5.41	21.6	3.66	8.7	1.61	8.5	1.64	9.8	2.14	111.1	15.19
T-test (N=296)	-4.5318**		-1.5336		0.9356		-0.0398		0.5292		-1.5017		-0.2886		-1.0974	
Menial	22.9	3.45	15.4	3.26	24.3	5.40	21.5	3.34	8.6	1.52	8.7	1.26	9.8	2.00	111.2	13.74
Housewife	22.2	3.42	15.4	3.28	24.8	5.41	21.6	3.66	8.7	1.61	8.5	1.64	9.8	2.14	111.1	15.19
T-test (N=386)	2.0264*		-0.1502		-0.9740		-0.3524		-0.4554		1.3908		-0.0838		0.0757	

Table 13: Average score of attitudes towards the act of abortion and reasons for legal induced abortion by home place

Home place	the act of abortion		economic reasons		social reasons		medical reasons		humanitarian reasons		eugenic protection reasons		demographic reasons		TOTAL SCORES	
	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.
Bangkok	22.9	3.54	15.3	3.42	24.2	5.65	21.5	3.58	8.8	1.47	8.7	1.36	9.7	2.13	111.3	14.80
Other provinces	22.9	3.28	15.9	3.40	24.8	5.54	21.7	3.54	8.5	1.58	8.5	1.41	9.9	2.19	112.3	15.13
T-test (N=516)	-0.0121		1.8928		1.1032		0.7017		-1.7934		-1.7711		0.6862		0.7630	
Other provinces:																
Urban	28.8	3.30	15.8	3.08	24.6	5.17	21.9	3.11	8.9	1.50	8.6	1.25	9.6	2.07	112.1	12.92
Rural	23.2	3.12	16.1	3.70	25.0	5.84	21.3	4.09	8.3	1.67	8.3	1.62	10.2	2.25	112.5	17.70
T-test (N=219)	-0.9356		-0.5777		-0.5297		1.2019		1.5654		1.2915		-1.9151		-0.2064	

Table 14: Average score of attitudes towards the act of abortion and reasons for legal induced abortion by present residence

Present residence	the act of abortion		economic reasons		social reasons		medical reasons		humanitarian reasons		eugenic protection reasons		demographic reasons		TOTAL SCORES	
	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.
Business areas	23.3	3.36	15.4	3.10	24.8	4.95	21.3	3.05	8.8	1.41	8.6	1.40	10.0	2.03	112.2	12.52
Slum areas	21.3	2.97	15.2	2.97	24.5	5.27	21.3	4.27	8.5	2.62	8.3	1.62	9.5	1.80	108.6	16.40
T-test (N=245)	4.274**		0.5521		0.4070		-0.0292		1.6619		1.2888		1.6133		1.8450	
Business areas	23.3	3.36	15.4	3.10	24.8	4.95	21.3	3.05	8.8	1.41	8.6	1.40	10.0	2.03	112.2	12.52
Residential areas	23.1	3.50	15.8	3.70	24.3	6.05	21.9	3.64	8.6	1.40	8.8	1.29	9.8	2.31	112.2	15.88
T-test (N=450)	0.524		-1.0135		1.0069		-1.8543		1.6715		1.3400		0.9123		0.0128	
Residential areas	23.1	3.50	15.8	3.70	24.3	6.05	21.9	3.64	8.6	1.40	8.8	1.29	9.8	2.31	112.2	15.88
Slum areas	21.3	2.97	15.2	2.97	24.5	5.27	21.3	4.27	8.5	2.12	8.3	1.62	9.5	1.80	108.6	16.40
T-test (N=345)	3.9394		1.2151		-0.3278		1.1847		0.7622		2.4141*		0.8641		1.6689	

Relationship of Income to Attitudes towards Abortion

An investigation of the relationship of income with opinions on abortions revealed that those with high incomes favored abortion more than those with low incomes. This reflects the fact that those with high incomes probably had benefited from a good education and were able to select a high-paying job. These people believed abortion was respectable and not wrong or repulsive (Table 15).

Relationship of Level of Education to Attitudes towards Abortion

Regarding education, it was found that people with a high level of education had a good impression and were in favor of abortion more than those with a low level of education. They felt that abortion was appropriate both by the acts or reasons of abortion. This coincided with the findings of Burnight (1975) that those with a high level of education were acquainted with the various problems related to abortion and saw that it was just and reasonable. Stated in another way, there is a tendency for those with high level of education to strongly favor abortion; this tendency is weak among people with low education (Table 16).

Relationship of Marital Relations to Attitudes toward Abortion

Research results showed that one variable which clearly changed regarding abortion was the relationship between husband and wife. Couples with a poor relationship (with frequent quarrels) considered abortion more favorably in every case than did couples with a good relationship (without frequent quarreling). An analysis of this shows that couples who were not happy, did not understand each other, and whose relationships lacked warmth lived like adversaries. Such couples most likely did not want children because they must have thought that any children would only exacerbate family problems and would cause problems well into the future (Table 17).

Table 15: Average score of attitudes towards the act of abortion and reasons for legal induced abortion by income

Income	the act of abortion		economic reasons		social reasons		medical reasons		humanitarian reasons		eugenic protection reasons		demographic reasons		TOTAL SCORES	
	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.
Low	21.7	2.87	14.7	3.43	24.0	5.53	21.4	3.60	8.4	1.95	8.3	1.49	9.3	1.90	107.8	14.88
High	23.8	3.38	16.1	3.73	25.0	6.02	21.8	3.49	8.6	1.37	8.9	1.10	10.0	2.28	114.2	15.48
T-test (N=186)	4.4657**		2.5337*		1.0646		0.6246		1.1221		3.3863**		2.0890*		2.7814**	
Low	21.7	2.87	14.7	3.43	24.0	5.53	21.4	3.60	8.4	1.95	8.3	1.49	9.3	1.90	107.8	14.88
No income	22.1	3.33	15.3	3.14	25.0	5.38	21.3	3.69	8.7	1.48	8.5	1.61	9.6	2.08	110.5	14.86
T-test (N=199)	0.8733		1.2680		1.1893		-0.1199		1.4431		0.7061		0.9458		1.2328	
High	23.8	3.38	16.1	3.73	25.0	6.02	21.8	3.49	8.6	1.37	8.9	1.10	10.0	2.28	114.2	15.48
No income	22.1	3.33	15.3	3.14	25.0	5.38	21.3	3.69	8.7	1.48	8.5	1.61	9.6	2.08	110.5	14.86
T-test (N=245)	-4.0808**		-1.7706		0.0248		-0.8673		0.4484		-2.7042**		-1.4216		-1.9118	

Table 16: Average score of attitudes towards the act of abortion and reasons for legal induced abortion by level of education

Education	the act of abortion		economic reasons		social reasons		medical reasons		humanitarian reasons		eugenic protection reasons		demographic reasons		TOTAL SCORES	
	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.
Low	22.1	3.42	15.2	3.26	24.1	5.49	21.6	3.56	8.6	1.66	8.5	1.54	9.7	2.04	109.6	14.38
High	24.0	3.28	16.0	3.77	24.5	6.01	21.6	3.88	8.6	1.45	8.7	1.31	9.9	2.42	113.3	16.72
T-test (N=409)	5.8572**		2.3664*		0.7188		0.2062		0.0146		0.3696		0.9963		2.4051*	
Low	22.1	3.42	15.2	3.26	24.1	5.49	21.6	3.56	8.6	1.66	8.5	1.54	9.7	2.04	109.6	14.38
Middle	23.3	3.22	15.7	3.12	25.2	5.14	21.6	3.03	9.0	1.25	9.0	1.03	10.0	1.96	113.8	12.62
T-test (N=353)	3.1139**		1.4645		1.7780		0.0248		2.4740*		3.3726**		1.5776		2.6373**	
High	24.0	3.28	16.0	3.77	24.5	6.01	21.6	3.88	8.6	1.45	8.7	1.31	9.9	2.42	113.3	16.72
Middle	23.3	3.22	15.7	3.12	25.2	5.14	21.6	3.03	9.0	1.25	9.0	1.03	10.0	1.96	113.8	12.62
T-test (N=278)	1.9585		0.6651		-0.9838		0.1533		-2.5844**		-2.2993*		-0.5201		-0.2511	

Table 17: Average score of attitudes towards the act of abortion and reasons for legal induced abortion by birth control practices and marital relation

Items	the act of abortion		economic reasons		social reasons		medical reasons		humanitarian reasons		eugenic protection reasons		demonographic reasons		TOTAL SCORES	
	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.
Birth control practices:																
yes	23.3	3.30	15.9	3.34	24.8	5.53	21.6	3.47	8.8	1.40	8.7	1.29	9.9	2.16	113.1	14.50
no	22.4	3.41	15.0	3.15	23.9	5.50	21.1	3.72	8.4	1.58	8.5	1.52	9.5	2.10	108.9	14.21
T-test (N=409)	2.5905**		2.6772**		1.6468		1.3714		2.6437**		1.5701		1.7367		2.8608**	
Marital relation:																
good	22.6	3.35	14.9	3.43	23.6	5.63	20.7	3.88	8.4	1.57	8.3	1.61	9.3	2.21	107.8	15.86
bad	23.2	3.39	16.0	3.17	25.1	5.44	22.0	3.30	8.8	1.41	8.9	1.15	10.14	2.01	114.1	13.18
T-test (N=407)	1.7278		3.1328**		2.7465**		3.5986**		2.5130*		4.2552**		3.9850**		4.3226**	

Relationship of Birth Control to Attitudes towards Abortion

A comparison of those practising birth control with abortion showed those practising birth control tended to favor abortion, particularly in terms of the act of abortion itself and for economic and humanitarian reasons (Table 17).

Relationship of Religious Beliefs to Attitudes toward Abortion

An investigation of the relationship of level of religious beliefs with opinion on abortions revealed that those with low or moderate level of religious beliefs favored abortion more than those with high level of religious beliefs. This reflects that religious beliefs, particularly killing of living things is a sin, still influenced the feeling of some people. Thus, there was significant difference in opinion regarding the act of abortion and reasons for induced abortion between those having different levels of religious beliefs. However, it is believed that different groups of people were more prone to accept abortion because of increasing social and economic problems (Table 18).

Knowledge of Abortion Laws and of Other Countries with Liberal Abortion Laws and Attitudes towards Abortion

One clear result of this research was that people who knew the Thai abortion laws favored abortion in all cases, starting with the belief that the act itself was condonable. People who knew abortion laws well did not feel abortion was immoral or shameful in any way and, to a much greater extent than those unaware of the laws, felt a variety of situations justified abortion.

People who were aware of the more liberal abortion laws in some other countries favored abortion more than those who were unaware of these laws. Those aware felt the act itself was acceptable and

believed abortion was most justified because of humanitarian, eugenic protection and demographic reasons (Table 19).

In summary, the greatest differences regarding abortion were found in religious belief, level of education, knowledge of laws, and husband-wife relationships. Those with a low level of religious belief, a high education, and knowing about Thai and foreign abortion laws tended to favor liberalizing abortion laws as well as those couples with unsatisfactory marital relations.

Even though there were lesser differences in opinion towards abortion for such variables as marital status, number of children, present living condition, or even in sex, age, income and level of education, there was still some variance. The research findings can be summarized by saying that people with high social and economic standing tended to favor the act of abortion. These individuals did not see abortion as repulsive, destructive of traditions, immoral and shameful, or even frightening or risky. This group believed that if, because of error or ignorance, pregnancy resulted, preserving the woman's reputation justified an abortion. People of lower social and economic standing favored abortion in progressively lower amounts.

Table 18: Average score of attitudes towards the act of abortion and reasons for legal induced abortion by level of religious beliefs

Level of religious beliefs	the act of abortion		economic reasons		social reasons		medical reasons		humanitarian reasons		eugenic protection reasons		demonographic reasons		TOTAL SCORES	
	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.
High	22.3	3.50	14.9	3.44	23.6	5.72	21.1	3.75	8.3	1.63	8.5	1.46	9.5	2.16	108.2	15.65
Low	25.7	2.81	16.9	3.95	26.6	5.37	22.4	3.48	8.9	1.12	8.9	1.10	10.3	2.16	119.6	14.71
T-test (N=283)	5.4738**		3.0607**		2.8314**		1.8749		1.9400		1.5234		1.9661*		3.9891**	
High	22.3	3.50	14.9	3.44	23.6	5.72	21.1	3.75	8.3	1.63	8.5	1.46	9.5	2.16	108.2	15.65
Moderate	23.3	3.22	16.1	3.17	25.1	5.34	22.0	3.30	9.1	1.37	8.7	1.33	10.1	2.11	114.3	13.20
T-test (N=486)	3.2533**		3.9655**		2.9408**		2.7059**		5.5055**		1.6991		2.9956**		4.6195**	
Moderate	23.3	3.22	16.1	3.17	25.1	5.34	22.0	3.30	9.1	1.37	8.7	1.33	10.1	2.11	114.3	13.20
Low	25.7	2.81	16.9	3.95	26.6	5.37	22.4	3.47	8.9	1.12	8.9	1.10	10.3	2.16	119.6	14.71
T-test (N=271)	4.1832**		1.2795		1.4936		0.6659		-0.7859		0.7602		0.5063		2.1411*	

Table 19: Average scores of attitudes towards the act of abortion and reasons for legal induced abortion by knowledge of abortion law and knowledge of other countries with liberal abortion law

Knowledge	the act of abortion		economic reasons		social reasons		medical reasons		humanitarian reasons		eugenic protection reasons		demographic reasons		TOTAL SCORES	
	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.	\bar{X}	S.D.
Knowledge of abortion laws:																
yes	24.2	3.35	16.7	3.95	25.9	6.65	22.6	3.97	9.1	1.26	9.1	1.34	10.4	3.36	117.9	17.87
no	22.8	3.43	15.6	3.33	24.3	5.44	21.5	3.49	8.6	1.55	8.6	1.38	9.7	2.12	111.0	14.39
T-test (N=520)	2.8109**		2.6179**		2.0590*		2.3199*		1.9777*		2.2786*		2.1746*		3.3140**	
Knowledge of other countries with liberal abortion laws:																
yes	23.8	3.17	15.8	3.29	24.0	5.61	21.3	3.43	8.9	1.38	9.0	1.21	10.2	1.97	114.0	14.11
no	22.6	3.49	15.5	3.47	24.3	5.59	21.7	3.61	8.6	1.57	8.5	1.43	9.6	2.21	110.8	15.19
T-test (N=520)	3.7715**		0.9334		1.3297		-1.3227		2.0014*		3.3624**		2.9139**		2.1922*	

Attitudes towards Abortion Laws and their Reform

1. When asked, almost all the sample groups said they were ignorant of abortion laws. When asked if the abortion laws in Thailand were appropriate for present social situations, about two-thirds felt these laws were inappropriate. A number of different reasons for this belief were given, the most common of which was that the laws were too narrow in scope.

Responses to the question on opinions regarding present abortion laws being suitable for Thai society, after being analyzed for differences, did not reveal that there was any variance of opinions that could be correlated to demographic, economic, or social standing or to degree of knowledge regarding abortion laws (Tables 20, 21 and 22).

2. An analysis of opinions regarding the improvement of abortion laws showed that sixty-one percent of the sample group felt that laws should be reformed, most saying that these laws should be expanded in scope to allow abortions for more reasons. This was to prevent induced abortions with unqualified abortions, to prevent children from being born with inferiority complexes, and to lower the rate of population growth. These responses collectively indicate a belief that abortion is right for all women.

Similarly, following an analysis of variance by different demographic, economic, and social factors regarding knowledge of abortion laws and of other countries with more liberal abortion laws, the following results were yielded.

More men than women felt abortion laws should be corrected, which agrees with the finding in this study that more men than women favored abortion. Also, singles, youth, and those without strong religious convictions were more in favor of improving abortion laws than those in other groups. People with high education and substantial incomes also advocated abortion law reform. This is because well-educated people holding high-paying jobs have more chances to be in contact with the outside world, all of which led to their favoring abortion reform. It

was also found in this study that there was a relationship between place of residence and beliefs regarding abortion law reform, in that residents of commercial areas advocated improvement of abortion laws more than those in slums and residential areas. This is probably because commercial areas are more advanced than the others and the residents there are more knowledgeable and aware of news on this subject. The result was that they favored greater abortion reform and at a faster rate than the residents on the outskirts of the city. It also seems that slum-dwellers have to pursue a hand-to-mouth existence in order to eke out a living and they do not have time to be interested in this subject. Conversely, people born outside of Bangkok and outside of municipal areas in the provinces were more in favor of changing abortion laws than people born in Bangkok. This is probably because migrants are confronted with economic pressures and shortages in order to live in Bangkok. Women in these families find it necessary to help earn a living and the absence of surrogate mothers has made many of these individuals want to limit the size of their families; hence, the support for abortion laws. There is also a relationship between agreeing for the need to reform abortion laws with knowledge of other countries having more liberal abortion laws. This is because anyone who is aware of these laws cannot help but to see that, in several countries where abortion is allowed, one benefit has been a decline in the birth rate (Tables 23, 24 and 25).

3. There were many, also, who saw negative effects resulting from the reform of abortion laws: seventy-five percent of the people believed that this would lead to freer sexual relations between men and women and sixty-three percent believed morality would decline. Almost everyone believed that doctors were the appropriate individuals in determining reasons justifying legal abortions.

Since most Bangkok residents, as characterised by the sample group, believed that abortion laws are inappropriate for present social situations and think that these laws should be reformed by broadening their scope, the government should review and then revise these laws so that they are made more responsive to the wishes and needs of the people. Following are reasons, ranked in order of preference,

Table 20: Percentage distribution of attitudes towards abortion law by demographic characteristics

Demographic characteristics	attitudes		χ^2	Sig. level	df
	appropriate	inappropriate			
Sex:					
male	34.3	65.7	2.19	NS	1
female	27.8	72.2			
Age:					
20-39 years	31.2	68.8	0.15	NS	1
40 and over	29.4	70.6			
Marital status:					
single	36.8	63.2	1.83	NS	2
married	29.4	70.6			
widowed, divorced separated	27.9	72.1			
Home place:					
Bangkok	29.0	71.0	2.54	NS	2
other provinces:					
urban	35.4	64.6			
rural	27.0	73.0			
Level of education:					
low	29.8	70.2	0.23	NS	2
middle	29.7	70.2			
high	31.7	68.3			

NS = not significant related.

Table 21: Percentage distribution of attitudes towards abortion law by economic and social characteristics

Economic and social characteristics	attitudes		χ^2	Sig. level	df
	appropriate	inappropriate			
Occupation:					
housewife	33.9	66.1	1.52	NS	2
menial	28.9	71.1			
intellectual	28.1	71.9			
Income:					
no income	29.5	70.5	4.71	NS	3
low	24.3	75.7			
high	37.9	62.1			
Level of religious beliefs:					
low	38.2	61.8	3.74	NS	2
moderate	33.3	66.7			
high	26.5	73.5			
Present residence:					
slum areas	32.9	67.1	1.65	NS	2
residential areas	28.0	72.0			
business areas	33.1	66.9			

which the sample group gave when asked why abortions are justified:

1. When the pregnancy resulted from rape;
2. When the doctor said, after having examined, that the child will be born deformed;
3. The pregnancy will endanger the life of the mother;
4. When the mentally retarded woman becomes pregnant;
5. Mother with mental disturbance and nervous disorder;

6. Incestuous pregnancy;
7. Pregnancy of prostitutes;
8. Underaged mother, thirteen years or under;
9. Pregnancy of handicapped women;
10. The pregnancy will endanger, both physically and mentally, the health of the mother;
11. The impoverished woman becomes pregnant and cannot support another child;
12. The pregnancy for which the father will not accept any responsibility;
13. The pregnancy of woman with a history of very difficult deliveries; and
14. The pregnancy which only became known after the parents had separated.

Table 22: Percentage distribution of attitudes towards abortion law by knowledge about abortion law and other countries with liberal abortion law

Knowledge	attitudes		χ^2	Sig. level	df
	appropriate	inappropriate			
Knowledge about abortion law:					
no	30.4	69.6	0.02	NS	1
yes	30.4	69.6			
Knowledge about other countries with liberal abortion law:					
no	30.9	69.1	0.09	NS	1
yes	29.1	70.9			

Table 23: Percentage distribution of attitudes towards the reform
of abortion law by demographic characteristics

Demographic characteristics	attitudes		χ^2	Sig. level	df	P
	should reform	shouldn't reform				
Sex:						
male	68.1	31.9	6.36	*	1	.01
female	56.7	43.3				
Age:						
30-39 years	66.7	33.3	7.15	*	1	.01
40 and over	54.9	45.1				
Marital status:						
single	71.1	18.9	5.01	*	2	.05
married	60.5	39.5				
widowed, divorced, separated	51.2	48.8				
Home place:						
Bangkok	60.3	39.7	11.04	*	2	.01
other provinces:						
urban	54.6	45.4				
rural	70.8	29.2				
Level of education:						
low	55.4	44.6	6.71	*	2	.01
middle	67.3	32.7				
high	65.9	34.1				

* significantly related.

Table 24: Percentage distribution of attitudes towards the reform
of abortion law by economic and social characteristics

Economic and social characteristics	attitudes		χ^2	Sig. level	df	P
	should reform	shouldn't reform				
Occupation:						
housewife	56.9	43.1	2.93	NS	2	.05
menial	65.1	34.9				
intellectual	59.4	40.6				
Income:						
no income	54.7	45.3	7.16	*	3	.05
low	52.9	47.1				
high	65.5	34.5				
Level of religious beliefs:						
low	76.5	23.5	8.87	*	2	.01
moderate	65.4	34.6				
high	55.2	44.8				
Present residence:						
slum areas	45.7	54.3	19.85	*	2	.01
residential areas	57.5	42.5				
business areas	73.6	26.4				

Table 25: Percentage distribution of attitudes towards the reform of abortion law by knowledge about abortion law and other countries with liberal abortion law

Knowledge	attitudes		χ^2	Sig. level	df	p
	should reform	shouldn't reform				
<hr/>						
Knowledge about abortion law:						
no	60.0	40.0	2.35	NS	1	.05
yes	71.4	28.6				
Knowledge about other countries with liberal abortion law:						
no	57.1	42.9	8.82	*	1	.00
yes	71.6	28.4				

CHAPTER V

RECOMMENDATIONS

Based on this study, the researcher wish to make the following observations and recommendations.

1. The present abortion laws, according to the Thai Penal Code, hold that abortion is illegal except in two cases and this causes continual problems for doctors. The first case is when the health of the mother does not permit her to give birth or when the pregnancy threatens her life. The second case is when the woman is raped or deceived into having intercourse. Judged by present standards, these two exceptions are too restrictive and they do not consider handicapped individuals. For example, in the event the mother contracts German measles during the pregnancy it is well known that poison from the virus can reach the fetus, causing damage to the heart valves, eyesight, or the brain, particularly during the first three months of pregnancy. Another example is when another child will cause the mother severe economic difficulties for a family already burdened by having a lot of children to support. Having a child in this situation would be an obstacle to making a living and providing it schooling in the future. Still another example is a pregnancy coming after birth control has failed. All of these are frequent rationales for having induced abortions with unqualified abortionists that have sometimes killed or disabled women, resulting in both economic and social waste. Beyond this, such a situation places an unnecessary burden on the country's medical and public health facilities. All of this results from outdated laws that do not answer present-day social and economic realities.

Furthermore, the wording in the law which states that an abortion is permissible if it is necessary for the health of the woman is ambiguous. Using the phrase, "health" seems to mean only physical ailments while mental health is excluded. The researcher wishes to propose that the wording in this law be widened by taking into account the World Health Organization's definition of "health" which refers to physical, emotional, and social health. Thus for a woman who is

physically ill, such as with a serious heart ailment or one who is emotionally ill, such as with a severe neurosis, giving birth would in both cases be dangerous to their health and to that of the child.

2. Once abortion laws are revised and made to conform with contemporary social and economic situations, enforcement of other related laws ought to be strictly enforced. Laws relating to sexual offences ought to be rigidly enforced because women who are raped or sexually abused are often reluctant to report the crime, thus allowing the offender to harrass many other women as well. For women unfortunate enough to have become pregnant after such an attack, they are often not able to have an abortion because they lack the evidence and witnesses that would prove in a court of law that they were in fact sexually abused. As a result, in order to protect their own name and the reputation of their family, they have unqualified abortionists perform secret abortions which may injure or permanently maim them.

3. Since upgrading abortion laws is not the most effective way to prevent illegal abortions or to correct related social problems, the researcher believe that the most appropriate way to solve this problem is to provide sex education for the people, particularly teenagers. By sex education, they can learn about family planning, birth control and disadvantages or dangers of illegal abortions from unqualified abortionists. This will serve to encourage morality and observance of proper Thai patterns of behavior.

4. Values of Thai society should be changed so that men do not have the advantage over women and are made to think that women are their playthings. Similarly, there should be a way found to reduce adultery by which men use numerous wives as status symbols to indicate their worth. At the same time, an effort should be made to change social values by which women are willing to become sex symbols, continually competing in overdressing themselves, or trading their bodies for material compensation such as goods or money. This sort of dissolute life through which one provides sexual entertainment for sex is a way to have unwanted pregnancies.

5. Eliminate sources of entertainment such as night clubs, massage parlours, and coffee shops as well as books and motion pictures which arouse the animal instincts of men that lead to sexual offences.

6. Establish agencies or organizations which can support both married and single women in dealing with their pregnancies and related problems by giving the support appropriate for each case and including a center for the care of children resulting from unwanted pregnancies.

7. Mass media, particularly newspaper and television are important means of educating the people about abortion and abortion law reform. The researcher believe that mass media should be used to help correct the problem of illegal abortions in Thai society by publicising or broadcasting programs on the dangers of having abortions with unqualified abortionists, as well as changing the present misdirected sexual values mentioned above. Appropriate Thai customs could also be fostered as well. One final benefit would be to make the people aware of laws that affect their daily lives but about which most people are unaware and not interested even though they bear on their own lives.

8. Since this research project was limited to the residents of Bangkok, it would be useful to expand the geographical scope of this sort of research to other areas in the country experiencing rapid growth. This expanded study should include an investigation of teenagers in order to learn what trends Thai society might take regarding abortion in the future.

Thus, if reform of abortion law in Thailand today can be made to fit the country's social and economic situations, the researcher believe that we ought not to be concerned with the possibility of these reforms leading to free sex or a decline in morality. Present trends in Thai society are such that moral standards are declining and there is already much sexual freedom anyway. Having an abortion for each unwanted pregnancy is not offhand or amusing in any way and the researcher remains convinced that promulgating more liberal abortion laws is simply accepting present social problems as a reality and seeking a means to improve society in the long run.

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SEAPRAP

THE SOUTHEAST ASIA POPULATION RESEARCH AWARDS PROGRAM

PROGRAM OBJECTIVES

- * To strengthen the research capabilities of young Southeast Asian social scientists, and to provide them with technical support and guidance if required.
- * To increase the quantity and quality of social science research on population problems in Southeast Asia.
- * To facilitate the flow of information about population research developed in the program as well as its implications for policy and planning among researchers in the region, and between researchers, government planners and policy makers.

ILLUSTRATIVE RESEARCH AREAS

The range of the research areas include a wide variety of research problems relating to population, but excludes reproductive biology. The following are some examples of research areas that could fall within the general focus of the Program:

- * Factors contributing to or related to fertility regulation and family planning programs; familial, psychological, social, political and economic effects of family planning and contraception.
- * Antecedents, processes, and consequences (demographic, cultural, social, psychological, political, economic) of population structure, distribution, growth and change.
- * Family structure, sexual behaviour and the relationship between child-bearing patterns and child development.
- * Inter-relationships between population variables and the process of social and economic development (housing, education, health, quality of the environment, etc).
- * Population policy, including the interaction of population variables and economic policies, policy implications of population distribution and movement with reference to both urban and rural settings, and the interaction of population variables and law.
- * Evaluation of on-going population education programs and/or development of knowledge-based population education program.

- * Incentive schemes — infrastructures, opportunities; overall economic and social development programs.

SELECTION CRITERIA

Selection will be made by a Program Committee of distinguished Southeast Asian scholars in the social sciences and population. The following factors will be considered in evaluating research proposals:

1. relevance of the proposed research to current issues of population in the particular countries of Southeast Asia;
2. its potential contribution to policy formation, program implementation, and problem solving;
3. adequacy of research design, including problem definition, method of procedure, proposed mode of analysis, and knowledge of literature;
4. feasibility of the project, including time requirement; budget; and availability, accessibility, and reliability of data;
5. Applicant's potential for further development.

DURATION AND AMOUNT OF AWARDS

Research awards will be made for a period of up to one year. In exceptional cases, requests for limited extension may be considered. The amount of an award will depend on location, type and size of the project, but the maximum should not exceed US\$7,500.

QUALIFICATIONS OF APPLICANTS

The Program is open to nationals of the following countries: Burma, Indonesia, Kampuchea, Laos, Malaysia, Philippines, Singapore, Thailand and Vietnam. Particular emphasis will be placed on attracting young social scientists in provincial areas.

Applications are invited from the following:

- * Graduate students in thesis programs
- * Faculty members
- * Staff members in appropriate governmental and other organizations.

Full-time commitment is preferable but applicants must at least be able to devote a substantial part of their time to the research project. Advisers may be provided, depending on the needs of applicants.