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INDUCED ABORTION: FACTS AND PROSPECTS IN THAILAND

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CHAPTER I

INTRODUCTION

Significance of Induced Abortion

Among the greatest problems on the world agenda is the population problem. World population is now the largest in history and is rising at a pace that could double human numbers in the next four decades. Two centuries ago, the population was 658 million. Just since 1900, population has increased from about 1.5 billion to the present level of about 4 billion.[1] Furthermore, the problem is most urgent in the developing countries where rapid population growth retards social and economic development. At present, population in the developing regions is increasing at almost three times the rate of the developed regions because the average population growth of the former is about 2.5 per cent per year, whereas the latter have growth rates of about 1.0 per cent--yielding doubling times of 28 and 70 years respectively. Accordingly, the most rapid population growth occurs disproportionately in the poor countries, and the accompanying burden is greatest where it can least be accommodated.[2]

Thailand, like many other developing countries, has been faced with the serious problem of a high rate of population growth. In 1971, Thailand ranked sixteenth in population size, and third, among Asian countries, in terms of population growth rate. This rapid growth has been a major contributor to numerous problems, namely inadequacy of housing, widespread poverty, inequitable educational opportunities, political sabotage, etc. After having considered its adverse effects on economic and social development, the Thai Government declared a formal National Population Policy in 1970 to support voluntary family planning in order to help to resolve various problems

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1. Population Reference Bureau, Inc., 1975, World Population Growth and Response, p. 1.

2. Berelson, Burnard with the collaboration of staff members of the Population Council, "World Population : Status Report 1974, A Publication of the Population Council, No. 15, Jan. 1974, p. 5.

related to the very high rate of population growth. After the declaration of this policy the National Family Planning Program (NFPP) was created within the Ministry of Public Health. Two five-year proposals have been drawn up for inclusion in the third and fourth five-year Social and Economic Plan (1972-1976, and 1977-1981) of the National Economic and Social Development Board (NESDB). The main objective is to reduce the population growth rate from over 3 per cent to about 2.5 per cent by the end of 1976, and to about 2.1 per cent by the end of 1981. The program makes available all modern means of contraceptive methods such as the oral pill, IUD, sterilization, condom, and injection, but not abortion.

Even though the outcome of the first NFPP five-year plan was rather satisfactory and the population growth rate is now about 2.6 per cent, this does not indicate that family planning has been widely accepted in Thailand. The reason for this is that most of the Thai people live in rural areas and their educational attainment is low. In the 1970 Census only 14 per cent of the total population was classified as urban. Although the literacy rate is fairly high (89 per cent for males and 75 per cent for females), only 45 per cent of the population 6 years of age and over has completed grade 4 or lower primary school. Under such prevailing social and educational conditions, it is certain that many unwanted pregnancies occur and need to be terminated to protect against hazards that would have to be faced by the child, family, community, and the whole nation. In Sweden, for example, it is shown that in spite of high educational levels and access to all modern contraception, the abortion rate still is increasing.[3]

It is generally believed that the high fertility that causes today's rapid population growth in the developing countries cannot

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3. Lars Erik Engstrom, MD. "Abortion as a Method of Population Control" Population Control : implications Trends and prospects, Proceedings of the Pakistan International Family Planning Conference at Dacca, 1969, p. 238.

be changed overnight. In the past it took many decades for the developed countries to reduce fertility.[4] Thus every aspect of population control that can properly be implemented to lower the population growth rate in developing countries should be undertaken promptly. It might be time for Thailand to take serious consideration of a post-conception measure known as induced abortion as a part of family planning policy to cope with a) failure of contraceptive methods, b) unwanted pregnancies as a result of ignorance, lack of information and availability of family planning services, c) acute socio-economic distress, and d) multi-parity.

Among the countries of the world, the legal status of induced abortion ranges from complete prohibition to elective abortion at the request of the pregnant woman.[5] According to Thailand's law on abortion, an abortion may be performed by a medical practitioner if continuation of pregnancy jeopardizes the woman's health or if the pregnancy was the result of rape. It might be said that the law is : . as restrictive as that of many other countries, but it is not as liberal for social reasons as many countries in Central and Eastern Europe. Early in 1974, the Ministry of Public Health, concerned over the consequences of illegal abortions on the well-being of Thai women and over the lag in the reduction of the population growth rate, called for revisions in the abortion law.[6] In addition, the Obstetrics and Gynaecological Association of Thailand, also

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4. A Publication of the Population Council, No. 15, Jan. 1974, op. cit., p. 5.

5. Tietze, Christo per and Marjorie Cooper Murstein, "Induced Abortion : 1975 Fact book, Reports on Population and Family Planning, A Publication of the Population Council, No. 14, December 1975, p. 6.

6. Posakrisana, Udom 1974 "Speech of Welcome by His Excellency, The Minister of Public Health, Government of Thailand". Proceedings of a Seminar on Voluntary Sterilization and Post-Conceptive Regulation, Sponsored by Regional Medical Committee, IPPF, South-East Asia and Occania Region, Jan. 30 - Feb. 2 1974, Bangkok, Thailand.

concerned over the human costs of illegal abortion, is calling for changes in the abortion law. Though discussions have developed among some family planners and obstetricians about liberalizing the abortion law so that induced abortion could be performed more widely and by more competent practitioners than at present, induced abortion as a birth control method is still not recognized widely in Thai society due to political and other pressures.[7] Opposition to the liberalization of abortion laws has come traditionally from conservative groups, mainly on moral and religious grounds.

Within this critical situation, systematic studies of facts and prospects on induced legal abortion are urgently needed. The results of the study will be beneficial for making recommendations to the population policy makers of Thailand : the National Economic Development Board, Ministry of Public Health and other related organizations.

Objectives of the Study

The major objectives of this research project are as follows:

1) To explore phenomena related to induced abortion in Thailand during 1966 to 1974, the latest period for which nation-wide data on induced abortion from hospital diagnosis lists are available.

2) To investigate a prospect of liberalizing induced abortion by looking at the political viability and social acceptability, as well as moral/ethical/philosophical feasibility.

3) Based on the aforementioned facts and figures, the final objective is to propose an appropriate policy on induced abortion as a component in the national population policy.

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1. Chaturachinda, Kamheang, and Malee Thamlikitkul. "The Epidemiology of Illegal Induced Abortion." Unpublished paper prepared for Bangkok International Symposium, Thailand October 28 - November 1, 1974, Bangkok, Thailand, p. 1.

CHAPTER II

REVIEW OF RELATED LITERATURE

Induced Abortion Policy Development : General Overview

Abortion- legal and illegal- is said to be a more effective birth control method than any known contraceptive. Abortion, voluntarily induced, is used by large numbers of women throughout the world as a method of preventing unwanted births. Although it is an effective method, abortion is nevertheless only included in one or two of the family planning programmes which have been instituted in recent years by governments and voluntary organizations in a number of countries in Asia, Africa and Latin America. It is excluded from these other programmes for many reasons, most of which can be conveniently assigned to one of two major categories --ideological or medical.[8] According to some political leaders, voluntary abortion is morally wrong under all circumstances or else is permissible in exceptional situations only. Such views are generally based on religious tradition--Islamic, Hindu, Buddhist, or Roman Catholic. Other leaders who may not personally be committed to the traditional view but know or believe that their constituents are, consider the use of induced abortion in a national family planning programme a political liability with which they do not wish to be associated.

Concerning legislation on abortion the countries of the world can be grouped in the following way :[9]

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8. Christopher Tietze, Legal Abortion in Industrialised Countries, New York : Bio-Medical Division, The Population Council, 1969, p. 213.

9. Lars Erik Engstrom, Abortion as a Method of Population Control, Sweden : Obstetrics and Gynaecology Department, Rarolinska Hospital, Stockholm, 1969, p. 235.

1) Countries accepting abortion on demand. Japan and most of the socialist republics of Europe are within this group.

2) Countries justifying abortions on certain indications as Scandinavia, Great Britain since 1968 and Tunisia.

3) The rest of the world where abortion is accepted only on restricted medical grounds or where abortion is completely condemned. The developing countries except Tunisia belong to this group.

New legal rules concerning induced abortions were adopted at the end of 1955 by the Soviet Union, in 1956 by Poland, Bulgaria and Hungary, and in subsequent years by Rumania and Yugoslavia.[10] All these measures were based on the idea that it is the right of the woman/mother to determine the size of her family and to decide upon the interruption of her undesired pregnancy by means of induced abortions.[11] These legal rules are valid even now both in Japan and in most socialist countries of Eastern Europe. It was only in Rumania in October, 1966, that the State Council adopted a law which prohibited induced abortions with exceptions granted only for woman suffering from diseases, woman older than 45 years, and woman with more than three children.

The new Abortion Act in Britain[12] was passed in October, 1967 and came into force in April, 1968. Induced abortion is now legal if two doctors are of the opinion that : "the continuance of the pregnancy involved risk to the life of the pregnant woman or of injury to the physical or mental health of the pregnant woman, or

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10. Andras Klinger, Abortion as a Method of Population Control, Budapest : Hungarian Central Statistic Office, 1969, p. 613.

11. Ibid., p. 614.

12. D. Malcolm Potts, Induced Abortion-The Experience of Other Nations, London : Medical Secretary, International Planned Parenthood Federation, 1969, p. 241.

any existing children of her family, greater than if the pregnancy were terminated." The law is not something that has opened the floodgate for legal abortions but it has been a milestone in changing medical and public attitudes. Since the change in the law, the evidence indicates that since April 1968, there were about 35,000 legal abortions in Britain in the first 12 months after the Act. That is probably equivalent to 5 legal abortions for every 100 live births in the country.[13]

There is paradox and confusion in the Western world concerning abortion. On the one hand, there is widespread and sometimes universal resort to induced abortion. On the other hand, there is an almost total, sometimes hysterical rejection of the problem by society in general and by the medical profession in particular. The physician usually regards abortion as a last ditch defence in the control of fertility.

In Europe,[14] the first steps toward liberalization of abortion laws were taken in Iceland, Sweden and Denmark during the 1930's after World War II. Sweden in 1946 and again in 1963, and Denmark in 1956, further liberalized their abortion laws. Finland passed a liberal abortion statute in 1950, and Norway in 1960. In the latter country, the new law merely codified what had long been accepted in medical practice. In recent years, commissions of experts to reevaluate the abortion question have been appointed in Sweden, Denmark and Finland. Because it is known that the Swedish commission was given a mandate for a further liberalization of the indications for abortion, its recommendations and the resulting action of the legislature, if any, are awaited with keen anticipation. The scope of the medical indication has been explicitly extended to include considerations of a mixed socio-medical character

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13. Loc. Cit., p. 241.

14. Christopher Tietze, Op. Cit., p. 215.

The wording of the Danish[15] statute of 1956 will serve as an example. Under this statute, termination of pregnancy is permitted "if the induction of an abortion is necessary to avert a serious danger to the life or health of the woman. In order to evaluate this danger, an appreciation shall be made of all the circumstances of the case, including the conditions under which the woman will have to live, and consideration shall be given not only to physical or mental illness, but also to any actual or potential state of physical or mental infirmity." The Swedish Royal Medical Board[16] has, however, authorized the termination of pregnancy on psychiatric indication in many cases of German measles and in at least one celebrated case of thalidomide poisoning. The 1963 amendment to the Swedish law and the new Danish and Norwegian statutes extended the traditional fetal indication to cover damage or disease acquired during intrauterine life. The humanitarian indication applies to pregnancies resulting from offenses against the penal code, such as forcible and statutory rape, as well as incest. With minor exceptions, the maximum period of gestation at which abortion is permissible is five months in Sweden, four months in Denmark and Finland, and three months in Norway.

A somewhat more liberal type of legislation has been proposed by the American Law Institute in its Model Penal Code.[17] First drafted in 1955, it would permit abortion if a licensed physician "believes there is substantial risk that continuance of the pregnancy would gravely impair the physical or mental health of the mother or that the child would be born with grave physical or mental defect," or if the pregnancy resulted from rape, forcible or statutory, or incest. The type of legislation proposed by the American Law

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15. Ibid., p. 215.

16. Loc. Cit., p. 215.

17. Christopher Tietze, Op. Cit., p. 214.

Institute has been endorsed by many religious, civic, and professional groups, including, in 1967, the generally conservative American Medical Association. During 1967, bills on abortions were introduced in 29 states, although only three--Colorado, North Carolina, and California--enacted legislation. In 1968, two additional states --Georgia and Maryland--followed suit. The new laws are based on the Model Penal Code of the American Law Institute, with various modifications and restrictions. But estimates of induced abortion in America show that 30-50 per cent of American women will have at least one induced abortion by the age of 50.[18] Therefore, couples themselves reject what they are going to use.

During the last 25 years there has been a gradual liberalization of abortion laws throughout the world. Today, 60 per cent of the world's population live in countries where abortion during the first trimester is legal either for social and economic reasons or "on request" without any specific indication.[19] Another 16 per cent live in countries where abortion is permitted on extended medical grounds, for eugenic indications, and/or humanitarian reasons such as those associated with rape or incest. Most liberal legislation of the 1970's stress a preference for first trimester abortions. Studies confirm that abortion performed during the early stages of pregnancy, using menstrual regulation and/or vacuum aspiration techniques is a much safer procedure than childbirth.[20]

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18. D. Malcolm Potts, Induced Abortion-The Experience of Other Nations, London : Medical Secretary, International Planned Parenthood Federation, 1969, p. 243.

19. Margot Zimmerman, Abortion Law and Practice-A Status Report--, Washington D.C.; Department of Medical and Public Affairs, the George Washington University Medical Center, Series number 3, March 1976, p. E-25.

20. Loc. Cit., p. D-25.

Abortion has been, and continues to be, one of the most widely employed methods of fertility control in the world. In the developing countries, according to IPPF Secretary-General Julia Henderson, it is the "major birth control method" and the 1972 UN reports calls abortion the "most important single means" of fertility control.[21] It is common knowledge that women who terminate unwanted pregnancies often resort to abortion whether or not they break the law, and, as a result, jeopardize their well-being. The influence of such data on the world's law and policy makers has undoubtedly contributed to the gradual liberalization of abortion laws--a trend that began after World War II and gained momentum during the last decade.

Induced Abortion in Thailand

According to the current Thai law, which was drafted in 1956, induced abortion is considered a crime, except induced abortion performed by a medical practitioner in cases of pregnancy resulting from rape or if necessary to protect the woman's health. While this would appear to be more liberal than the severly restrictive laws that still prevail in many countries, in practice, protection of health is defined in terms of endangerment of the woman's life. The existence of such an abortion law, however, has not prevented illegally induced abortion; many are performed secretly, often by poorly qualified doctors, or by completely untrained persons posing as doctors. Some M.D.'s also perform illegal abortions, particularly in Bangkok. It is certain that we have never known the precise extent of illegally induced abortion in Thailand, but hospital statistics on incomplete abortion patients might give some clue of the prevalence of illegal abortion. In 1969, the Department of Medical Services showed that a total of 22,000 Thai women were admitted to hospitals with a diagnosis of incomplete abortion, and there were 87 abortion-associated hospital deaths. In 1971, the same source of information

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21. Ibid., p. E-26.

gave a total of 22,599 illegally induced abortions. The problem of ~~illegal~~ abortion is thought to be increasing in recent years. The illness and death rate from illegal abortions is also increasingly recognized as a serious health problem.

This fact has stimulated official concern. Recently the Thai Minister of Public Health gave recognition to the problem of illegal abortion and lauded the progressive Singapore law regarding abortion.[22] He also gave a boost to hopes for a change in the Thai law by stating that the laws were lagging behind people's practice and that unless the laws were updated the law itself, rather than popular resistance, would become the largest obstacle to the wider practice of abortion. He further hoped existing laws would undergo change in their respective nations. Noting that while there were difficult problems associated with post-conceptive regulation, it offered great opportunities for improving family well-being (Posakrisana, 1973).

In 1974, finally, the Thai Minister of Health proposed a more liberal interpretation of, and some revisions in, existing laws. However, a subsequent government, recently dissolved, took no action.

Nevertheless, facts and prospects about induced abortion have not been studied systematically in Thailand. There is little information available on the extent to which abortions have been performed under legal and illegal circumstances.

The earliest of the hospital studies focused on criminal abortion.[23] This study involved interviews with 70 women admitted to a Bangkok hospital with an incomplete abortion during a twelve month period in 1963-64. The group was about evenly split between married and single women with many important differences between them.

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22. Michael J. Cook, Boonlert Leoprapai, "Some Observations on Abortion in Thailand" A paper prepared for the Asian Regional Research Seminar on Psychosocial Aspects of Abortion, Kathmandu, Nov. 26 - 29, 1974. P. 2.

23. Ibid., p. 4.

The single women in this study were younger and better educated than were the married women. The single group contained a large proportion of students (and teachers), 37 per cent. Among married women, over 2/3 worked outside the home which is twice as high as the proportion of married women found working in Bangkok (Goldstein, et al., 1973; Knodel and Prachuabmoh, 1973).

Suporn Koetsawang,[24] a physician at the Family Planning Research Unit of the Department of Obstetrics and Gynaecology of the Faculty of Medicine of Mahidol University and Siriraj Hospital, conducted an extensive investigation of all cases of illegal abortion admitted to the Siriraj Hospital in Bangkok, Thailand, between 1968 and 1972. His study revealed the incidence of all abortions during 1968 and 1971 as shown in Table A.

The data revealed that 11.6 per cent of total abortion was criminal abortion. The majority of criminal or illegal abortees was predominantly married woman (65.6%) who live in Bangkok metropolitan with low social and economic status. The age group and education level are different between unmarried women. The unmarried group is younger and have higher education than the married group. One-third of the unmarried women are aged below 20 while only 9 per cent of the married women are in this age group. About 27 per cent of the former group have vocational and university level education, while the latter group has only 12 per cent with the same level of education.

In 1973, Suporn Koetsawang, Jane Gordon and Saroj Rachauri[25] conducted a study entitled "Socio-Demographic Aspects and Medical Implications Among Patients Treated At Siriraj Hospital", Bangkok.

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24. Suporn Koetsawang, "Investigation of Illegal Abortion Cases Admitted to Siriraj Hospital (Bangkok)" Sterilization and Abortion Procedures, IGCC 1973.

25. Suporn Koetsawang, Jane Gordon, Saroj Pachauri, Socio-Demographic Aspects and Medical Implications of Spontaneous And Illegally Induced Abortions Among Patients Treated At Siriraj Hospital, Bangkok, Thailand; Unpublished Paper, November 1973.

Table A. Incidence of All Abortions

Abortion	1968		1969		1970		1971		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Therapeutic	4	0.2	4	0.2	5	0.3	6	0.3	19	0.3
Criminal	194	10.7	177	10.8	174	10.9	246	14.1	791	11.6
Spontaneous	1616	89.1	1454	88.9	1413	88.8	1494	85.6	5977	88.1
Total (cases)	1814	100	1635	100	1592	100	1746	100	6787	100

One of the objectives of this study is to investigate the socio-demographic characteristics of the patients admitted to the Hospital with septic, incomplete or invitable abortions between January 1973 and October 1973. It was found that illegally induced abortion was 17.8 per cent of all abortions. Demographic information in the total population of 1,098 women was complied. The women were predominantly urban residents from the metropolitan capital of Thailand, Bangkok-Thonburi. Distribution of women by age among the three major sub-groups (Spontaneous, Illegally Induced-Currently Married, and Illegally Induced-Not Married) showed that the Illegally Induced-Not Married group was mainly composed of younger women (median age 21.2 years), while the oldest women (median age 28.3 years) predominated in the spontaneous group.

Those having spontaneous abortions were almost all married, whereas just over half of the illegally induced abortions occurred among the unmarried. Married women tended to have less formal education than the non-married. The husbands of the spontaneous group also appeared to have had less formal education than the illegal group (see table B).

Table B. Demographic Profile of Patients With Spontaneous and Illegally Induced Abortions

Characteristic	Spontaneous		Illegally Induce			
			Currently Married		Not Married	
	Number	Percent	Number	Percent	Number	Percent
	N = 932		N = 78		N = 88	
Age						
20	86	9.2	7	8.9	30	34.1
20-24	215	23.1	29	37.2	38	43.2
25-29	223	23.9	18	23.1	13	14.8
30-34	171	18.3	11	14.1	6	6.8
35-39	135	14.5	10	12.8	1	1.1
40+	102	10.9	3	3.8	0	0.0
Median	28.3		25.0		21.2	
Parity						
0	275	29.5	22	28.2	67	76.1
1	146	15.7	12	15.4	13	14.8
2	141	15.1	14	17.9	1	1.1
3	110	11.8	11	14.1	4	4.5
4	71	7.6	10	12.8	2	2.3
5	65	7.0	4	5.1	1	1.1
6	32	3.4	2	2.6	0	0.0
7	34	3.6	1	1.3	0	0.0
8+	58	6.2	2	2.6	0	0.0
Median	2.0		1.8		0.2	
Previous Abortions						
0	707	75.9	60	76.9	82	93.2
1	155	16.6	12	15.4	6	6.8
2	48	5.2	3	3.8	0	0.0
3	9	1.0	2	2.6	0	0.0
4	6	0.6	0	0.0	0	0.0
5+	7	0.7	1	1.3	0	0.0
Median	0.2		0.2		0.03	

Table B (Continued)

Characteristic	Spontaneous		Illegally Induce			
			Currently Married		Not Married	
	Number	Percent	Number	Percent	Number	Percent
	N = 932		N = 78		N = 88	
Residence						
Urban	869	93.2	77	98.7	87	98.7
Rural	63	6.8	1	1.3	1	1.3
Gainful Employment						
Yes	598	63.2	50	64.1	55	62.5
No	343	36.8	28	35.9	33	37.5
Education						
Woman						
0	24	2.6	5	6.4	0	0.0
1-3	6	0.6	3	3.8	1	1.1
4-6	805	86.4	49	62.8	40	45.5
7-9	13	1.4	2	2.6	0	0.0
10+	84	9.0	19	24.4	47	53.4
Median	4.1		4.2		9.7	
Husband *						
0	10	1.1	0	0.0		
1-3	4	0.4	0	0.0		
4-6	764	83.0	34	43.6		
7-9	11	1.2	1	1.3		
10+	131	14.2	43	55.1		
Median	4.2		9.7			

*In the group having spontaneous abortions, those women currently married = 920

Employment Status varied only slightly between the groups. The youngest women (non-married) had the lowest per cent employed. The currently married groups had only marginally higher employment.

The same study showed a total of 1,188 abortion patients during 1973 (12 months).[26] The bulk of these patients, 84 per cent, had spontaneous abortions, one per cent had induced therapeutic (legal) abortion, and the remaining 15 per cent had abortions illegally induced. There were major differences between the patients having spontaneous and those having illegal abortions. Those having spontaneous abortions were almost all married, whereas just over half of the illegally induced abortions occured among unmarried woman.

Kamheang Chaturachinda and Malee Thamlikitkul,[27] Researchers at Mahidol University Ramathibodi Hospital studied the epidemiology of induced illegal abortion from the patients who were admitted into the Department of Obstetrics and Gynaecology, Ramathibodi Hospital with complications following illegally induced abortion. The study revealed a total of 210 cases between August 1972 to July 1974. The peak period always coincided with the 1st quarter of the year, the peak month being February. The epidemic effects occur in all sectors of the community from the uneducated to the highly educated, from the poor to the rich. The important reason for precipitation of the medical and personal crisis is the socio-economic factor.

In this study of admittees with illegal abortions, 30 per cent of the women were married but an additional 26 per cent lived in common law unions. They had a fairly high level of education with 19 per cent having over eight years and 13 per cent still in school. They were young in age and in several other respects resembled the illegal abortion patients in the studies priviously cited.

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26. Michael J. Cook, Boonlert Leoprapai, Op. Cit., p. 5

27. Chaturachinda, Kamheang, and Malee Thamlikitkul "The Epidemiology of Illegal Induced Abortion" Unpublished paper prepared for Bangkok International Symposium, Thailand. October 28 - November 1, 1974, Bangkok, Thailand, p. 1.

Some of the common themes of these hospital studies provide us with a picture of abortion as it occurs in Bangkok. Women obtaining illegal abortions are about evenly split between married and single women. They are younger and better educated than the population at large, especially the non-married women. The educational differentials may be in part accounted for by the age structure. The age group with the highest educational attainment, 15 to 25 year olds, make up a large proportion of the illegal abortion cases, and an even larger proportion among the unmarried. Among women obtaining abortions there is as much as twice as high a proportion in these high education age groups, as is found in the general population of Bangkok women. Parity also can, to some degree, be accounted for by these age differentials.[28]

Cook and Leoprapai, in "Some Observations on Abortion in Thailand",[29] attempted to make an estimation of illegally induced abortion in Thailand by using the ten per cent complication rate and assuming that each case which comes to a hospital represents 10 cases of abortion which do not. Using hospital statistics on the number of cases of incomplete abortion which were admitted to their hospitals during a one year period, 1972-73, they can attempt to make an estimate. The total number of such cases reported by all the provincial hospitals in Thailand was 20,773 cases. This excludes the private hospitals, University hospitals and those in the Bangkok Metropolis. To this they add an estimated 780 cases in Bangkok based on our hospital studies. This gives us a total of about 21,553 cases of complications arising from illegal abortion. Applying our estimated 10 per cent complication rate to this figure we arrive at a rough estimate of 200,000-230,000 cases of illegal abortion per year. This represents some 28.0 illegal abortions annually per thousand women are 15-45.

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28. Michael J. Cook and Boonlert Leoprapai, Op. Cit., p. 6-7.

29. Michael J. Cook and Boonlert Leoprapai, Ibid, p. 10.

In 1979, the National Family Planning Program of Thailand[30] conducted a study of Illegal Rural Abortion in Thailand. It is a national survey of medical practitioners. A total of 81 practitioners were interviewed in 60 districts from 48 provinces. The survey was designed to provide an estimate of the minimum rural caseload of practitioner induced abortion. Based on the question "How many procedures do you perform each week, month or year?", caseload totals for 81 practitioners in 51 districts yielded an estimate of 261,612 procedures in 1978. Abortion rates for 1978 are 30.7 per 1,000 women aged 15-44 and 37.0 per 1,000 rural women aged 15-44. Abortion ratios are 203.5 per 1,000 live births and 245.1 per 1,000 rural live births respectively.

Attitude Toward Abortion in Thailand

As to attitude toward abortion, a few previous studies provide information on the views of rural Thai women toward abortion. In a 1964 study of Potharam District,[31] a predominantly rural area 80 miles west of Bangkok, over 90 per cent of the 1,207 women interviewed disapproved of abortion and a mere 5 per cent condoned the practice (see table C).

In a 1966 study on Family Planning in Bangkhen Thailand,[32] the 960 respondents were asked to express their attitude on induced abortion, both abortion in general and abortion under various circumstances, such as, if the pregnancy endangered the life of the mother, if the couple did not want more children, and if the woman did not

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30. Research and Evaluation Section, NFPP, Thailand, Rural Abortion in Thailand : A National Survey of Practitioners.

31. Amos H. Hawley, James T. Fawcett, Visid Prachuabmoh, The Potharam Study, Research Report No. 1. The Population Research and Training Center, Chulalongkorn University, Thailand, p. 18.

32. Donald O. Cowgill et. al., Family Planning in Bangkhen, Thailand, Institute for Population and Social Research, Mahidol University, Bangkok, Thailand, 1969, p. 120.

have a husband. In summary, it may be stated that only 3.8 per cent were opposed to induced abortion under all conditions. On the other hand, 95.7 per cent approved of abortion but under one or more conditions. Five cases gave no opinion. For those who favored induced abortion under certain conditions, about 91.8 per cent of cases favored it if the pregnancy endangered the life of the mother, and only 4.4 per cent favored it if the reason was merely that the couple did not want more children, and only 12.7 per cent favored it on the basis of illegitimate pregnancy.

Table C. Attitude Toward Abortion, By Readiness to do Something to Limit Birth

Readiness to do Something	Disapprove		Approve Abortion	No Answer	Total
	Strongly or very Strongly	Not so Strongly			
Total	90	3	5	2	100
Would like to	89	3	7	1	100
Would not like to	92	2	5	1	100
Undecided	80	-	-	20	100

Source : Amos H. Hawley, James T. Fawcett and Visid Prachuabmoh, The Potharam Study, Research Report, No. 1, Table 20, p. 19.

In April 1972, a survey dealing with the fertility behavior and attitudes of 1,254 married rural Thai women aged 15-44 was carried out.[33] Six questions concerning their attitudes toward induced abortion in different circumstances were asked of these women. Three groupings of responses to these questions emerged. The highest proportions of positive responses were given to circumstances in which the woman's "well-being" is threatened, i.e. in the case of rape and when the woman's health is endangered; and the lowest proportions of positive responses were given when the circumstances involve the "rejection" of a child, i.e. when the couple does not want another child and when the couple cannot support another child. Positive responses in the possible case of a deformed child or when the mother is unmarried fall between these two groupings. It is of more than passing interest to note that the highest positive responses were given for those reasons which are at present legally allowed, although it is doubtful if these rural women were aware of this fact.

The cumulative positive responses to the six questions posed show that 57.7 per cent of the women were in favor of induced abortion under at least one circumstance and 10.8 per cent favored abortion under all six circumstances. Closer examination of the positive responses shows that 28.1 per cent of the women were in favor of both of the currently legal reasons, i.e. when the pregnancy is a threat to the woman's health and the pregnancy was the result of rape. Only 3.6 per cent of the women who gave positive responses did not approve of one or the other of these legal reasons. The percentage distribution of attitudes toward abortion in different circumstances is shown in table D.

Table D. Percentage Distribution of Attitudes Toward Abortion in Different Circumstance

Circumstances	Agree	Disagree	Don't Know*
The woman has been raped	42.0	55.9	2.1
The pregnancy might endanger the mother's health	40.1	58.2	1.7
There are some reasons to believe that the child will be deformed	35.2	63.8	0.9
The woman is unmarried	32.7	65.6	1.7
The couple does not want another child	19.3	80.1	0.6
The couple cannot support another child	18.8	80.3	0.9

(N = 1,254 women)

* Includes a few women who gave no answer or responded "it depends".

In 1975, a survey of senior medical students' attitudes toward abortion was conducted by the National Family Planning Program of Thailand.[34] One of the objectives was to evaluate the attitudes and opinions of professionals who soon would be dealing directly with the induced abortion problem. A questionnaire was prepared requesting information about attitude toward possible liberalization of the current Thai abortion law.

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34. Somsak Varakamin, Varaporn Devaphalin, Tongpleaw Narkavoukit, and Nicholas H. Wright, "Attitudes toward Abortion in Thailand : A Survey of Senior Medical Students" Studies in Family Planning, A Publication of the Population Council, November 1977.

The results showed that more than 90 per cent of respondents agreed that the current Thai law needs thorough review and possible change, although in response to a later question 16 per cent felt that the existing law merely needs stricter enforcement. Approval of abortion was nearly universal for four indications : rape, incest likelihood of congenital deformity, and moderate-to-severe mental illness. A substantial proportion of respondents felt that induced abortion was defensible for women aged 13 or under, in cases involving contraceptive failure followed by postabortion sterilization, or in cases of inability to support another child. About half the reponding students approved abortion after contraceptive failure for a single woman not wishing to marry the father, for couples not wanting another child, and for women aged 16 or under. In the case of these latter three indications, however, many students responded that they had not made up their minds.

In 1976, a nation-wide survey of 747 physicians' attitude toward abortion was conducted by the National Family Planning Program of Thailand.[35] The result revealed that 85.8 per cent of the physicians feel that the current abortion law should be changed under various conditions as shown below (table E).

In 1978, The Survey of Fertility Behavior in the Context of Demographic and Socio-Economic Development of Muslim Societies in Thailand[36] was carried out by the National Economic and Social Development Board. The sample of the survey consisted of 2,082 Muslim Households in the four predominatly Muslim provinces in the Southern region of Thailand, namely Pattani, Narathivat, Stun, Yala and some adjacent districts of Songkhla. According to the question "In some cases, induced abortion has to be performed in order to save the mother's life or for social reasons, do you agree?" 24 per cent of both sexes approved it. Unexpectedly, both women and men in non-municipal areas are more lineral than those in municipal residences.

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35. NFPP, Ministry of Public Health, The Survey of Physicians' Attitude Forward Induced Abortion, February 1977.

36. Population Planning Sector, Population and Manpower Planning Division. NESDB, Bangkok, Thailand, March, 1978.

26.9 per cent of women and 25.4 per cent of men in non-municipal residences agreed with the method of induced abortion to save the mother's life, while only 13.2 per cent of women and 18.0 per cent of men in municipal residences approved of it.

Table E. Percentage of physicians by attitude toward abortion in various circumstances

Circumstances	Induced Abortion should be legalized	Need to Evaluate on a case by case basis	Induced Abortion should not be allowed
Rape	85	1	13
Fetal Abnormality	88	9	2
Pregnant girl under age 13	61	37	-
Pregnant girl under age 16	24	58	15
Contraceptive Failure with Post-abortal Sterilization	52	27	19
Cannot Afford Another child	43	30	23
Unmarried and not wanting to marry father of child	29	37	31

*Percent may not add to 100 due to the residual of non-respondents

In 1978, Pravit Churnvichian[37] studied the attitudes of university lecturers in Bangkok toward abortion. The sample size was 361 males and females; and slightly over half of them had master degrees.

It was found that, for the attitude towards abortion in general, most of them agreed with induced abortion on socio-economic grounds, but they gave no definitive opinion upon induced abortion on the case of contraceptive failure. They also agreed with induced abortion if continued pregnancy endangers the mother's health; if one of the couple is mentally retarded and if the pregnant woman is crippled.

With respect to religion and morality, over half of the respondents stated that it is immoral to induce abortion. However they considered induced abortion as a solution only when pregnancy endangers the woman's life, when the woman is a rape victim, and when there are grounds to believe that the foetus is malformed.

Towards criminal law on abortion, the great majority of respondents said it was necessary to maintain the law, but it should be more liberal. However, they disagreed with the legalization of abortion on the ground that it would lead to low morality and promiscuity.

It might be said that there is a dearth of research concerning abortion in Thailand. At present all the information has been derived from hospital studies, attitudinal surveys on abortion in a specific segment of population and questions related to abortion in general fertility and KAP surveys. So far, these previous studies give some illumination to the problem, but the long term trend of induced abortion has not been discovered. The previous studies on opinion and attitude toward abortion, however, deal with a limited segment of the population. These studies do not show interactive opinions among different segments of the population, i.e., policy makers, physicians and paramedical personnel, demographers, sociologists, and laymen.

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37. Pravit Churnvichian, The Attitudes of University Lecturers in Bangkok Towards Abortion, Master's Thesis at Faculty of Social Works, Thammasart University, Bangkok, May 1978.

CHAPTER III

METHODOLOGY

Data Collection

The study is fundamentally divided into two parts, i.e., (1) facts and figures on the practice of induced abortion in Thailand, and (2) political viability and social acceptability of induced legal abortion.

For the first part of the study, figures on the practice of induced abortion in Thailand are collected by consulting hospitals' diagnosis lists, which include illegal incomplete induced abortion and legally induced abortion. In order to expedite and facilitate the process of data collection, the researcher sought assistance from the Ministry of Public Health to issue formal letters asking for the required data. The official letters, signed by the Under-Secretary, were enclosed with forms for filling in data together with instructions, and mailed to all the provincial and district hospitals as well as regional maternal and child health centers all over Thailand.

As for the second part, a survey research technique of data collection was conducted. Both an interview schedule and a questionnaire were attempted.

Research Instrument

In order to study the political viability and social acceptability of induced abortion, a questionnaire probing the socio-demographic characteristics of the respondents and their attitude was prepared.

The topics covered in the questionnaire included:

1) Socio-demographic variables.

2) Data on practicing induced abortion.

3) Attitudinal scales under five circumstances: social, economic, religious and moral, health, and law and policy.

4) Opinion on revision of current Thai abortion law.

The attitudinal scale on induced abortion included a total of 44 items. When asked about attitudes, the respondents had to rate their own feeling about each item on a three point Likerts scale as follows: agree, uncertain, and disagree. The scores of 3,2,1 were respectively assigned to these response attitudes as shown below.

Degree of Liberality	Scores
agree	3
uncertain	2
disagree	1

The total score, mean score and attitudinal classification on degree of liberality toward abortion was attempted for analysis.

Degree of Liberality	Mean Score
Most favorable	2.4 - 3.0
More favorable	1.7 - 2.3
Least favorable	1.0 - 1.6

In order to speed up data processing, most questions were precoded and the respondents were asked to select a coded response which best represents their opinion.

Pretest

The prepared questionnaire was pretested to ascertain its efficacy. The reliability of the attitudinal scale was also examined. The homogeneity of the test was determined by the Kuder Richardson formula 21. The high-low 27 per cent group method of item analysis was used to obtain the level of difficulty and the power of discrimination. It was found that the 44 test items were between .200 and .800 level of difficulty and over .200 power of discrimination. This means that the test is valid for attitudinal study.

Population

In order to evaluate the political viability and social acceptability of induced abortion, we need to appraise the views of policy makers and the general public. The population to be studied included the relevant key personnel representing the Ministry of Public Health; the National Economic and Social Development Board; the Ministry of Education, the Ministry of Interior; distinguished demographers and key personnel from Universities, as well as the eligible population of married couples, either husbands or wives, of reproductive age who live in urban and rural areas.

Sample Size and Sampling Techniques

As mentioned earlier, the second part of the study was composed of two surveys, namely, the attitudinal surveys of policy makers and of the general public. The sample size of the first survey is 80, representing key figures or "elites" in their respective organizations. The purposive sampling technique was employed for this purpose.

As for the second survey, as many as 1,000 informants in Suphunburi were randomly selected. In order to secure the representation of the general public, stratified sampling was used to interview one couple in each household. The rural and urban interviewees were approximately equal in number, representing different socio-economic strata of the two areas.

The list of names and addresses of the sample was obtained from the local registration office for rural residences and from the municipal registration office for urban residences.

Because the sources of population data mentioned above were not up-to-date, the problem encountered in the interviewing stage was migration and error address. Thus, the sample to be studied was 507 for rural people and 401 for urban people.

Interviewing

The interviewers were 10 university-graduates and graduate students who had previous interviewing experience. All of them were trained in a 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.

Data Analysis

The obtained data was edited, coded, punched and verified on IBM cards. This was in preparation for the SPSS data processing to obtain descriptive statistics, certain measures of inference statistics, and to conduct correlation analysis. A further attempt at multiple classification analysis (MCA) was made to investigate the "net" impact of each socio-economic independent variable on the attitude scale (degree of liberality toward abortion).

CHAPTER IV

RESULTS OF THE STUDY

Part I

Trends of induced abortion in Thailand

As was mentioned previously, the illegality of induced abortion made it difficult for a nationwide study of the trends and extent of induced abortion in Thailand. According to the data available at present, one possible way to approach the problem is to collect the required data from hospitals as well as maternal and child health centers all over the country.

In the hospital information system, all in-patients are recorded and classified according to the Detailed List of the International Classification of Diseases (WHO, 1969), after diagnosis by medical doctors. By such a system, the number of legally induced abortions and some portion of the illegally induced abortions, specifically illegally induced abortions with resultant complications before admission to hospitals, are collected. However, information on the characteristics of abortions, are collected. However, information on the characteristics of abortors is unsatisfactory because only age distribution is available. Thus, the socio-demographic variables such as educational levels, marital status, residences, and parity, which is helpful in revealing the characteristics of women who undergo abortion could not be studied here.

In the public health system of Thailand, medical services provided by the public sector are concentrated in the provincial areas. Thus, all hospitals and MCH centers under the jurisdiction of the Ministry of Public Health were requested to provide data on abortion patients presented in the diagnosis lists which are tabulated every couple of years. The data on the trend of induced abortion shown in this study were derived from three hospitals in Bangkok, three

regional maternal and child health centers, fifty-four provincial hospitals (about 63.5 per cent of the total member of provincial hospitals) and twenty-three district hospitals.* In addition, fourteen provincial hospitals and twenty-six district hospitals reported that there were no induced abortion patients admitted.

Given the latest data that is available at present, the trend of induced abortion is based on data for five years, compiled at two-year intervals, in the period between 1966 to 1974. For this study, induced abortion is classified in Table 1 by three indications: medical indications, other legal indications and other reasons. It is necessary to bear in mind that, according to the Thai abortion law "medical indication" means pregnancy endangering mother's health and "other legal indication" represents rape only.

Table 1 presents the trend of induced abortion from 1966 to 1974. It is found that induced abortion in Thailand increased about three-fold within the eight-year period. The total was 1,244 in 1966 reaching the highest figure of 3,541 in 1974. If we consider separately each type of induced abortion, it can also be concluded that induced abortion in every category has increased, with about a threefold increase for the last two indications, namely, abortion induced on the basis of other legal indications and abortion induced for other reasons, in the same period. Induced abortion on the basis of medical indications was very low compared with the other two indications. It is also noticeable that the number of abortions induced for other reasons was considerably higher. It was almost ten times higher than induced abortion for other legal reasons in

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* Note: District hospitals have recently been established in the public health system of Thailand by upgrading the existing first class health centers. They are usually equipped with 20 to 50 patient beds. At present, there are only 200 district hospitals in the total of 570 districts and 57 smaller districts (sub-districts), and it is hoped that the coverage will extend to the whole country in the future. However, the medical record system has not been well organized yet in these hospitals. Thus, the data on induced abortion is rarely provided by them.

Table 1. The trend of induced abortion by indications by years from 1966 to 1974

Indications	1966	1968	1970	1972	1974
Abortion induced on the basis of medical indications	1	8	8	15	18
Abortion induced on the basis of other legal indications	120	187	229	274	346
Abortion induced for other reasons	1,123	1,886	1,447	2,479	3,177
- with sepsis	303	430	389	818	1,094
- with haemorrphage	176	552	770	1,196	1,620
- with laceration of pelvic organ	14	42	40	47	45
- without mention of sepsis, haemorrhage or laceration	630	862	248	418	418
Total	1,244	2,081	1,684	2,768	3,541

Table 2. Trends of induced abortion and tentative induced abortion, from 1966 to 1974

Types of Abortion	1966	1968	1970	1972	1974
Induced Abortion	1,244	2,081	1,684	2,768	3,541
Abortion not specified as induced or spontaneous	1,610	3,289	4,424	5,300	7,607
Other Abortion	2,380	3,190	3,861	4,025	4,814
Total	5,234	8,560	9,969	12,093	15,962

every year except for 1970. Finally, it should be realized that a large number of such abortions was possibly induced illegally because it was neither classified as induced abortion for medical reasons nor for other legal reasons which are the only two acceptable reasons for legally induced abortion according to Thai abortion law.

There are two other types of abortion indicated in the hospital diagnosis list: 1) abortion not specified as induced or spontaneous and 2) other abortion, as shown in Table 2. The data on these two types of abortion should not be ignored in this study because they form a substantial portion of the total. However, it remains unclear how these abortions should be classified, that is, as induced abortion or spontaneous abortion. The literature on induced abortion in Thailand suggests that there are hundreds of thousands of Thai women who have pregnancies terminated by unsafe methods performed by illegal practitioners resulting in countless numbers of infections, injuries, and maternal deaths. A substantial number of these women finally get admitted into hospitals as incomplete abortion, and because of side effects such as sepsis, haemorrhage, etc. According to personal discussions with Dr. Samlee Plainbangchang, Director of Technical Division, Department of Medical Services, Ministry of Public Health, these two types of abortions should possibly be identified as abortion induced illegally rather than spontaneous abortion. The reason is that many doctors may feel reluctant to classify these cases of abortion that were illegally induced prior to hospital admission, as legally induced abortion, and they finally could not specify them as induced or spontaneous. Another reason is that most women who have had previous experience with abortion induced illegally by quacks and other illegal practitioners before being admitted into hospitals will tell doctors that the previous abortions were spontaneous instead of induced, in order to avoid legal punishment. Difficulties therefore arise in assigning cases to the appropriate category.

Finally, irresponsible note-taking or diagnosis on the part of some doctors may have inflated the magnitude of increase in the number of abortions in the categories: "abortion not specified as induced or spontaneous" and "other abortion" over the 1966 - 1974 period. "Abortion not specified as induced or spontaneous" rapidly increased from 1,610 in 1966 to 7,607 in 1974.

Based on the above assumption, it is possible to view the trend of induced abortion as classified by legal status as well. Abortion induced for medical indications and other legal indications (see item 1 and item 2 in Table 1) could be summarized as "legal induced abortion", and abortion induced for other reasons (see item 3 in Table 1) together with abortion not specified as induced or spontaneous as well as other abortion (see item 2 and item 3 in Table 2) could be summarized as "illegal induced abortion" as shown in Table 3.

According to the data in Table 3, both legal and illegal induced abortion displayed a continuous upward trend, from 121 cases in 1966 to 364 cases in 1974 for legal induced abortion, and from 5,113 cases to 15,598 cases for illegal induced abortion. It can be said that the number of both legal and illegal induced abortion in the latest year was triple the number in the initial year.

The trend of induced abortion can also be classified by geographical region. There are four regions in Thailand: the Central, the North, the Northeast and the South. The distribution of induced abortion from 1966 to 1974, the latest period, is shown in Table 4. The pattern of increase is similar for the Central, the North and the Northeast. The incidence of induced abortion to these three regions increased approximately three times within the eight-year period. It is very surprising that the number of induced abortions was much lower in the South than in the other three regions for each year.

Table 5 reveals the percentage of induced abortion in the eight-year period by type, legal status and geographical region respectively.

Table 3. The Trend of Induced Abortion by Legal Status and by Years, from 1966 to 1974

Legal Status	1966	1968	1970	1972	1974
Legal induced abortion	121	195	237	289	364
Illegal induced abortion	5,133	8,365	9,732	11,804	15,598
Total	5,234	8,560	9,969	12,093	15,962

Assumption: Illegal induced abortion includes: 1) abortion induced for other reasons 2) abortion not specified as induced or spontaneous and 3) Other abortions.

Table 4. The Distribution of "Induced Abortion" by Regions, from 1966 to 1974

Regions	1966	1968	1970	1972	1974
Central	1,489	1,659	2,360	3,133	4,197
North	1,553	3,655	3,290	4,008	4,354
Northeast	1,794	2,457	3,440	3,942	5,834
South	398	789	879	1,010	1,577
Total	5,234	8,560	9,969	12,093	15,962

Assumption: Induced abortion in the above table includes :

1) Abortion induced for medical indication
2) Abortion induced for other legal indication
3) Abortion induced for other reasons
4) Abortion not specified as induced or spontaneous, and
5) Other abortions

Table 5. The number and percentage distribution of abortion by type, legal status, and geographical area for the five year period of 1966 to 1974

Variables	No.		%	
Types of Abortion				
Induced abortion	11,318		21.8	
- for medical reason		50		0.1
- for other legal reasons		1,156		2.2
- for other reasons		10,112		19.5
Abortion not specified as induced or spontaneous	22,230		42.9	
Other abortion	18,270		35.3	
Legal Status				
Legal induced abortion	1,206		2.3	
Illegal induced abortion	50,612		97.7	
Regions				
Central	12,838		24.8	
North	16,860		32.5	
Northeast	17,467		33.7	
South	4,653		9.0	

If we divide abortion into three types: induced abortion, abortion not specified as induced or spontaneous, and other abortion, it is found that abortion not specified as induced or spontaneous forms the highest proportion (42.9 per cent). Slightly more than one-third (35.3 per cent) of the total is "other abortion", and the remaining, about one-fifth (21.8 per cent), is induced abortion, respectively.

According to the assumption shown under Table 3, the proportion of induced abortion by legal status can be tabulated as shown in Table 5. It was found that almost all induced abortion (97.7 per cent) admitted to hospitals is illegally induced abortion. Only a small percentage (2.3 per cent) is legal induced abortion resulting from medical reason and rape.

In addition, induced abortion was concentrated in the three regions: the Northeast, the North, and the South, in order of frequency. The extent of induced abortion is similar in number in the Northeast and the North. Approximately, one-third (33.7 per cent) of the total number of induced abortions was concentrated in the Northeast, and another one-third (32.5 per cent) was concentrated in the North, the remaining one-third (33.8 per cent) being concentrated in the two remaining regions: the Central and the South. However, the proportion of induced abortion in the Central region was more than double that exhibited in the South. Moreover, the number of induced abortions in the Central region constituted about one-fourth (24.8 per cent) of the total for the whole country.

However, one should always bear in mind that the extent of induced abortion revealed by this study is certainly an under-estimate of the real situation. The reasons for this is that there are some limitations in this study. For example:

a) the lack of the completeness of data on induced abortion from hospitals in the whole country,
b) the lack of data on induced abortion performed by the private sector such as non-government hospitals, private clinics and others,
c) the lack of data on induced abortion performed illegally by illegal practitioners such as quacks, traditional birth attendants, etc., without admission into government hospitals thereafter.

Part II

A) Socio-demographic characteristics of the general public and Policy Makers

The socio-demographic overview of the couples is shown in Table 6. Almost two-thirds (65.4 per cent) of the general public interviewed are female and about one-third are male. Three-fourths of the total number of couples (73.9 per cent) are in the age group 20 to 39 years old, and nearly one-fourth (24.2 per cent) are 40 years of age and older. The majority of them (60.4 per cent) have attained an educational level of grade 4 or less. They are predominantly Buddhists (99.5 per cent) who live in both urban and rural areas. Most of them are in agricultural occupations. Over half (58.4 per cent) of the couples are in low income groups earning under two thousand Baht per year, and almost one-fourth (23.9 per cent) are in the income bracket of 2,000 to 2,999 Baht per year, whereas a few of them, less than one-fifth (17.6 per cent), are in higher income levels of 3,000 Baht per year and over. The vast majority of them are married, living with spouse and have 1 to 4 living children.

The policy makers form a rather homogeneous group with respect to their socio-demographic characteristics. They are predominantly Buddhist, married males aged over 40 years who are in the highest level of the socio-economic status.

B) Ideal Family Size

In order to get the current ideal family size, the couples were asked how many children they would prefer to have if they had the choice. According to the result of the study, it can be said that the majority of the couples prefer a small family size. Table 7 shows that more than half (57.1 per cent) of the couples prefer to have only one to two children, approximately one-third (37.6 per cent) want to have three to four children, whereas only a few of them (5.3 per cent) express a preference for a larger family size with more than four children. Therefore, it might be said that the ideal family size of the Thai couple tends to be smaller than before.

Table 6. Percentage of the general public and the policy makers by socio-demographic characteristics

Socio-Demographic Characteristics	General Public (N=907)	Policy Maker (N=80)
Sex		
Male	34.6	92.7
Female	65.4	6.3
Age		
Under 20	1.9	-
20-29	36.2	1.2
30-39	37.7	8.7
40 and over	24.2	90.1
Education		
Grade 4 and Under	60.2	-
Grade 5-10	13.6	-
Grade 11-12	3.7	-
Vocational	14.2	-
University	6.8	100.0
Other	1.1	-
N.A.	0.1	-
Residence		
Urban	44.2	100.0
Rural	55.8	-
Religion		
Buddhist	99.5	97.6
Christian	0.2	1.2
Islam	0.2	1.2
Other	0.1	1.2
Occupation		
Agriculture	43.2	-
Employee, Labourer	16.9	-
Government Official	24.6	100.0
Other	15.3	-

Table 6. (Continued)

Socio-Demographic Characteristics	General Public (N=907)	Policy Maker (N=80)
Income (Baht)		
Under 1,000	21.6	-
1,000-1,999	36.8	-
2,000-2,999	23.9	-
3,000-3,999	10.6	1.2
4,000-4,999	3.6	1.2
5,000 and over	3.4	97.6
Marital Status		
Single	-	2.5
Married	94.5	92.6
Divorced, Separated	2.3	1.2
Widowed	2.4	2.5
N.A.	0.6	1.2
Number of Living Children		
None	7.7	
1-2	54.2	
3-4	28.8	
5-6	5.7	
7 and over	3.4	
N.A.	0.1	

This finding supports the current reduction of fertility in Thai society. Moreover, the percentage of couples who prefer a small family size with one or two children is similar to the percentage of those who have an actual family size with the same number of living children as shown in Table 6. It is possible that most couples preferring a small family size practice some kind of contraceptive method as a tool to control their desired family size.

However, the percentage of couples who had more than four children (9.2 per cent) is slightly higher than the percentage of the couples who declared the corresponding preferences (5.3 per cent). Thus, it might be said that there is a small proportion of couples who already have more children than they actually wanted.

In a comparison of the ideal family size of the general public and that of the policy makers, it is surprising that the majority of the latter prefers a larger ideal family size of 3 to 4 children, whereas the majority of the former prefers a smaller family size of 1 to 2 children. However, only a few of each group actually have a large ideal family size of more than four children.

C) Knowledge and Experience of Birth Control Practice

Table 8 reveals that all policy makers have knowledge of family planning but only 63.8 per cent of them have experience with birth control practice. For the general public, among 93 per cent of the couples who know about family planning, about 71 per cent of the couples have ever practiced at least one kind of birth control method and 21.7 per cent have known it but never used it. Only 7 per cent answered that they have neither known nor used any kind of birth control method. The most popular methods known by the couples are sterilization, oral pill, IUD and Condom respectively.

D) Induced Abortion Practice and Gestational Age

It is very difficult to know about the experience with induced abortion in Thai society. Because induced abortion is not legal under all circumstances, the respondents are therefore reluctant to tell about their own induced abortion experience. However, when asked about experiences on any kind of abortion, 21.7 per cent of the respondents answered that they have had previous practice with abortion. Of those who had previous encounters with abortion [illegible], (197 respondents), only 32 couples or 3.6 per cent of the total [illegible] couples answered that they had induced abortion.

Table 7. The percentage distribution of couples and policy makers by ideal family size

Ideal Family Size	General Public		Policy Makers	
	No.	%	No.	%
1 - 2	518	57.1	34	42.5
3 - 4	341	37.6	42	52.5
5 - 6	37	4.1	3	3.8
7 and over	11	1.3	1	1.2
Total	908	100.0	80	100.0

Table 8. The percentage of the general public and policy makers by knowledge and previous practising of birth control method

Knowledge and practice of birth control methods	General Public		Policy Makers	
	No.	%	No.	%
Know and ever used	646	71.2	51	63.8
Know but never used	197	21.7	29	26.2
Don't know and never used	64	7.0	-	-
Total	907	100.0	80	100.0

Table 9. The percentage of couples by abortion experience

Abortion Experience	No.	%
Never had abortion	710	78.3
Ever had abortion	197	21.7
- Spontaneous abortion	165	18.1
- Induced abortion	32	3.6
	907	100.0

Table 10. The ~~percentage of couples by gestational~~ age when having induced abortion

Gestational age	No.	%
Under 3 months	28	87.5
4-6 months	2	6.2
7 months and over	2	6.2
Total	32	100.0

Medically, an induced abortion during the first trimester is more simple and more harmless than a provocation at a later state of pregnancy. Table 10 shows that, of 32 respondents who had previous experience with induced abortion, 28 respondents resorted to induced abortion within the first three months of the gestation period. Only four respondents resorted to induced abortion after three months of pregnancy. Therefore it might be said that the majority of all induced abortions (87.5 per cent) occurred during the period of greatest safety.

Reasons for Induced Abortion

The respondents who had previously experienced induced abortion were also asked the main reason for seeking such abortion. The results in Table 11 show that 10 abortees or almost one-third of them (31.3 per cent) had induced abortion because of social reasons (out-of-wedlock pregnancy) and 5 abortees (15.6 per cent) resorted to induced abortion because of inability to support another child, which is an economic reason. Seven of them (21.9 per cent) stated that they did not want any more children or that they resorted to induced abortion for the purpose of birth control. The rest, 10 abortees or 31.2 per cent, cited spacing of pregnancy, etc. It is interesting to note that all of these reasons are not legal reasons mentioned in the Thai abortion law.

Table 11. The percentage of couples who have induced abortion by reasons for induced abortion

Reasons	No.	%
Out-of-wedlock pregnancy	10	31.3
Inability to support another baby	5	15.6
Want no more children	7	21.9
Other (e.g. spacing of pregnancy)	10	31.2
Total	32	100.0

Table 12. Sources of services, type of practitioners, and payment

Sources of Services	No.	%
Private clinics	23	71.9
Government hospitals	5	15.6
Other	4	12.5
Types of Practitioners	**No.**	**%**
Medical Doctors	5	15.6
Nurses/Midwives	19	59.4
Granny Midwives	6	18.8
Other	2	6.2
Payment (Baht)	**No.**	**%**
< 300	9	28.1
300 - 599	14	43.7
600 - 899	2	6.3
900 - 1199	3	9.4
≥ 1200	2	6.3
N.A.	2	6.3

Sources of Services, Types of Practioners, Payment for Service

According to Thai abortion law, induced abortion can be performed legally by physicians only. In the current situation, most physicians in Thailand are generally working in government hospitals. The data shown in Table 12 reveals that the majority of induced abortion were performed illegally in private clinics by nurses and midwives, whereas only five of them (15.6 per cent) had induced abortion in government hospitals by physicians. Therefore, it might be said that most of the current induced abortion are performed illegally.

When asked for the price they had to pay for the abortion service, it was found that most of them (43.7 per cent) paid about 300 Baht to 599 Baht (US$ 15 to US£ 30). Nine abortees (28.1 per cent) paid less than 300 Baht (US$ 15), whereas the rest paid over 600 Baht (US$ 30).

Part III

Attitudes Toward Induced Abortion

The attitudes of the general public and the policy makers toward induced abortion were extensively studied. The five categories of circumstances affecting attitude formation were discussed in the questionnaire; they are social circumstances, economic circumstances, and circumstances concerning law and policy limitations. Under the heading of each circumstance, a number of expressions relative to specific attitudes were given in the questionnaire. The respondents, both the general public and the policy makers, were requested to express their reaction in response to each specific attitude listed by whether they agree, are uncertain, or disagree. Likert's technique with the 3-point scale value was employed here. Then, frequencies and mean scores for each item were calculated. Finally, sub-total scores for each categories of circumstances, including the grand total scores of all categories combined were calculated. The latter will be used as the combined index of attitude in order to determine the degree of attitude toward induced abortion.

A) Attitude Toward Induced Abortion Under Social Circumstances

Without doubt, the majority of the people believe that an unwanted child brings about social problems, whereas others say that legalized induced abortion encourages sexual promiscuity. Attitudes toward induced abortion under social circumstances are extensively explored in this study. Fourteen expressions of attitudes are provided and the reaction of respondents solicited.

Item 1. Induced abortion is a very shameful and disgraceful matter.

Item 2. Induced abortion can prevent problems of out-of-wedlock birth, which may cause an inferiority complex to develop in children.

Item 3. Induced abortion should be allowed in the case of accidental pregnancy.

Item 4. Liberalized induced abortion encourages sexual promiscuity in Thai society.

Item 5. Induced abortion is acceptable in the case of pregnant students.

Item 6. Liberalized induced abortion decreases the problem of children lacking love and care from the parent.

Item 7. Liberalized induced abortion increases criminal sex offences.

Item 8. Induced abortion should be legitimate in the case of incestuous pregnancy.

Item 9. Induced abortion has a detrimental effect on the marital union.

Item 10. Induced abortion should be allowed if the man involved refused to assume fatherhood of the child of the pregnant woman.

Item 11. Induced abortion should not be allowed in cases where the woman concerned is not married legally or in accordance with the custom of the community.

Item 12. Induced abortion should not be allowed in cases of pre-marital pregnancy of teenagers.

Item 13. Induced abortion is reasonably justified in cases where the couple do not want any more children.

Item 14. Conclusively, it could be stated that induced abortion has more advantages than disadvantages.

Attitudes of the General Public

From the general public point of view induced abortion is mostly accepted when an unmarried student gets pregnant (Table 13), seventy-one per cent of the respondents approve of such a circumstance.

Under the Thai educational system, students up to the tertiary level of education are not supposed to be married. Therefore their student status will automatically be withdrawn once their pregnancy is known to the university authority. The consequence is that those pregnant girls will lose their opportunity to continue higher education. This apparently is a social penalty which affects their future opportunity both socially and economically.

To a typical Thai, gentle and sympathic, such a punishment is felt to be quite severe. Thus a vast majority of the Thais approve of induced abortion under this circumstance. Moreover, over half of them approve of induced abortion stated in items 2, 3, 6, 8, 10, and 13, but disapprove of induced abortion stated in items 1, 4, and 7. The mean scores are also highest in item 5 and item 8 (mean scores = 2.5 equally), which means that the degree of the general public approving induced abortion in the case of pregnant unmarried students and in the case of incestuous pregnancy is significantly strong.

Attitudes of Policy Makers

From the policy makers' point of view, the two most acceptable social circumstances permitting induced abortion are represented by the statements: "induced abortion can prevent the problem of out-of-wedlock birth" and "induced abortion should be legitimate in case of incestuous pregnancy". More than three-fourths of the policy makers (76.2 per cent) approve of these two items. Nevertheless, approximately seventy-one per cent of the respondents, which is apparently a high percentage, think that induced abortion should be permitted for pregnant unmarried students, for accidental pregnant (item 3) and for the parents who want no more children. More than half of the policy makers favour induced abortion in items 1, 6, 9, 10, 11, and 14. The mean scores are highest in item 8 (incestuous pregnancy); the second and third highest are in items 2 and item 3 respectively.

Table 13. General Public Attitude Toward Induced Abortion Under Different Social Circumstances. (Per entage of Total Respondents)

	Social Circumstance	Approves	Uncer-tain	Disap-proves	Mean Scores
1.	Induced abortion is a very shameful and disgraceful matter	39.4	10.0	50.6	1.9
2.	Induced abortion can prevent problems of out-of-wedlock birth which can cause an inferiority complex to develop in children	69.2	7.4	23.4	2.4
3.	Induced abortion should be allowed in case of accidental pregnancy	62.4	8.3	29.3	2.3
4.	Liberalized induced abortion encourages sexual promis-cuity	26.6	14.2	59.2	1.6
5.	Induced abortion is accept-able in the case of pregnant students	71.4	6.6	21.9	2.5
6.	Liberalized induced abortion decreases the problem of children lacking love and care from the parents	63.5	11.5	25.0	2.4
7.	Liberalized induced abortion increase criminal sex offenses	31.6	18.2	50.2	1.8
8.	Induced abortion should be legitimate in the case of incestuous pregnancy	68.2	9.6	22.2	2.5

Table 13. (Continued)

Social Circumstance	Approves	Uncer-tain	Disap-proves	Mean Scores
9. Induced abortion has a detrimental effect on the marital union	40.2	22.2	36.6	2.0
10. Induced abortion should be allowed if the man involved refused to assume fatherhood of the child of the pregnant woman	61.7	6.3	32.0	2.3
11. Induced abortion should not be allowed in cases where the woman concerned is not married legally or in accordance with the custom of the community	49.7	6.9	43.3	2.1
12. Induced abortion should not be allowed in cases of pre-marital pregnancy of teenagers	46.2	6.4	46.2	2.0
13. Induced abortion is reasonably justified in cases where the couple do not want any more children	51.3	4.4	44.3	2.1
14. Conclusively it could be stated that induced abortion has more advantages than disadvantages	39.0	18.3	42.7	2.0
Attitude	36.9	41.3	21.7	2.1

Table 14. Policy Makers' Attitude Toward Induced Abortion Under Different Social Circumstances. (Percentage of Total Respondents)

	Social Circumstance	Approves	Uncertain	Disapproves	Mean Scores
1.	Induced abortion is a very shameful and disgraceful matter	52.5	32.5	15.0	2.4
2.	Induced abortion can prevent problems of out-of-wedlock birth which can cause an inferiority complex to develop in children	76.2	8.7	15.0	2.6
3.	Induced abortion should be allowed in case of accidental pregnancy	71.2	13.7	15.0	2.6
4.	Liberalized induced abortion encourages sexual promiscuity	31.3	32.5	36.2	1.9
5.	Induced abortion is acceptable in the case of pregnant students	71.2	10.0	18.8	2.5
6.	Liberalized induced abortion decreases the problem of children lacking love and care from the parents	65.0	17.5	17.5	2.5
7.	Liberalized induced abortion increases criminal sex offenses	48.7	38.7	12.5	2.4
8.	Induced abortion should be legitimate in the case of incestuous pregnancy	76.2	15.0	8.7	2.7

Table 14. (Continued)

Social Circumstance	Approves	Uncer-tain	Disap-proves	Mean Scores
9. Induced abortion has a detrimental effect on the marital union	62.5	30.0	7.5	2.5
10. Induced abortion should be allowed if the man involved refused to assume fatherhood of the child of the pregnant woman	55.0	22.5	22.5	2.3
11. Induced abortion should not be allowed in cases where the woman concerned is not married legally or in accordance with the custom of the community	51.2	13.7	35.0	2.2
12. Induced abortion should not be allowed in cases of pre-marital pregnancy of teenagers	48.7	20.0	31.3	2.2
13. Induced abortion is reasonably justified in cases where the couple do not want any more children	71.2	6.3	22.5	2.5
14. Conclusively it could be stated that induced abortion has more advantages than disadvantages	53.7	32.5	13.7	2.4
Attitude	60.0	28.7	11.2	2.5

B) Attitudes toward induced abortion under economic circumstances

The problem of illegal induced abortion can be considered from the economic point of view. In Thai society, the poor mothers who cannot support another child have to pay an expensive fee to illegal practitioners if they want to resort to induced abortion. At the national level, the government has to allocate a portion of the budget for induced abortion services if it is accepted as one of the general medical services or family planning services. Thus, the attitude of both the general public and policy makers toward legalized induced abortion under economic circumstances should be considered.

Five statements on economic grounds are provided to the respondents for expressing their attitudes.

Item 1. Induced abortion neither promotes nor reduces the economic status of the family.

Item 2. Induced abortion should be allowed if the pregnancy prevents the working mother from earning her living as usual.

Item 3. Liberalization of induced abortion places a heavy burden on the government in having to provide a budget for medical services.

Item 4. Legalized induced abortion by physicians could help abortees save money by avoiding payment of excessively high fees to illegal practitioners.

Item 5. Liberalized induced abortion is not an effective measure in solving the problem of population growth and economic development.

Attitudes of the General Public

Among the couples selected from the general public, Table 15 reveals that most of the respondents approve of induced abortion under all economic circumstances. The highest percentage of couples expresses a positive attitude towards item 4. On the other hand, more than three-fourths (77.7 per cent) of the general public feel that legalized induced abortion by physicians could save abortees from paying too expensive a cost for illegal practitioners. The mean score is also highest for this item (mean score - 2.6).

Table 15. General Public Attitude Toward Induced Abortion Under Economic Circumstances. (Percentage of respondents who express specified attitudes)

	Economic Circumstance	Approve	Uncer-tain	Disap-proves	Mean Scores
1.	Induced abortion neither promotes nor reduces the economic status of the family	54.8	10.0	35.2	2.2
2.	Induced abortion should be allowed if the pregnancy prevents the working mother from earning her living as usual	56.4	7.5	36.1	2.2
3.	Liberalization of induced abortion places a heavy burden on the government in having to provide a budget for medical services	55.5	12.0	32.5	2.2
4.	Legalized induced abortion by physicians could help abortees save money by avoiding payment of excessively high fees to illegal practitioners	77.7	8.2	14.1	2.6
5.	Liberalized induced abortion is an effective measure in solving the problem of population growth and economic development	60.7	12.3	26.9	2.3

Table 16. Policy Makers' Attitude Toward Induced Abortion Under Economic Circumstances. (Percentage of respondents who express specified attitudes)

Economic Circumstances	Approves	Uncer-tain	Disap-proves	Mean Scores
1. Induced abortion neither promotes nor reduces the economic status of the family	67.5	15.0	17.5	2.5
2. Induced abortion should be allowed if the pregnancy prevents the working mother from earning her living as usual	55.0	16.2	28.7	2.3
3. Liberalization of induced abortion places a heavy burden on the government in having to provide a budget for medical services	65.0	17.5	17.5	2.5
4. Legalized induced abortion by physicians could help abortees save money by avoiding payment of excessive fees to illegal practitioners	83.7	6.3	10.0	2.7
5. Liberalized induced abortion is an effective measure in solving the problem of population growth and economic development	73.7	21.2	5.0	2.7

Attitudes of Policy Makers

Similar to the general public point of view, most of the policy makers have a favorable attitude toward induced abortion under every circumstance (Table 16). More than four-fifths of them (83.7 per cent) believe that legalized induced abortion by physicians could help abortees save money by avoiding the high cost of illegal practitioners. Almost three-fourths (73.7 per cent) think that liberalized induced abortion is an effective measure in solving the problem of population growth and economic development of the country. The mean scores are highest in these two circumstances as well (mean score is 2.7 equally).

C) Attitude toward induced abortion under moral and religious circumstances

Moral and ethical problems cannot be ignored whenever and wherever the issue of liberalization of induced abortion is presented. It is possible that there is a common ground shared by civilized people all over the world. No religion, not even the Roman Catholics who tend to adopt the most extreme point of view, has ever outlawed totally, completely and without any reservation, all types of abortion. The most extreme response to induced abortion is to call it murder. In Thai society, the Thai people are predominantly Buddhist. In Buddhist theory, nothing against contraception is mentioned but there is a strong prohibition against taking life. The problem of induced abortion is whether the embryo or fetus is considered a human being or not. Some regard induced abortion as sinful whereas others say that it is more sinful for a child to be born and to be neglected by the parent. According to the observation by Welcome Faweelt in 1971, most licensed medical practitioners profess themselves unwilling for religious reasons to perform an induced abortion. However, some of them also perform illegal abortions, particularly in Bangkok. Thus, seven items relevant to moral and religious circumstances of induced abortion are examined in the study.

Item 1. Induced abortion is sinful and immoral.

Item 2. Induced abortion is reasonable if the child to be born is likely to be neglected by the parents.

Item 3. Liberalized induced abortion contributes towards social decadence

Item 4. Induced abortion induces cruelty and callousness in man.

Item 5. Induced abortion indicates irresponsibility and selfishness of the mother

Item 6. Induced abortion is not a "homicide" because the fetus is not a human being

Item 7. As a matter of fact, I believe that induced abortion is not a question of morality.

Attitudes of the General Public

The respondents are requested to express their own attitude toward the above items, and the results are shown in Table 17. Almost three-fourths of them (73.5 per cent) think that induced abortion is reasonable if the child to be born is likely to be neglected by the parent. However, this is the only item acceptable by the majority of respondents. Induced abortion under all remaining moral and religious circumstances is not approved by a large number of couples. Almost three-fourths (71.2 per cent) disapprove of induced abortion because they think that it is sinful and immoral. The mean score of attitude of every item, except item 2, is considerably low.

Attitudes of Policy Makers

Similar to the general public viewpoint, a low percentage of policy makers approves of induced abortion under moral and religious circumstances, and three-fourths approve of abortion if the child to be born is likely to be neglected by the parent (see Table 18). However, it is found that over half of them (51.2 per cent) do not think that induced abortion indicates irresponsibility and selfishness of the mother, whereas most of the general public (58.0 per cent) view mothers who have induced abortion as irresponsible and selfish.

Table 17. General Public Attitude Toward Induced Abortion Under Moral and Religious Circumstances

Moral and Religious Circumstances	Approves	Uncer-tain	Disap-proves	Mean Scores
1. Induced abortion is sinful and immoral	20.3	8.4	71.2	1.5
2. Induced abortion is reason-able if the child to be born is likely to be neglected by the parent	73.5	4.7	21.7	2.5
3. Liberalized induced abortion contributes to social decadence	27.5	12.3	60.2	1.7
4. Induced abortion induces cruelty and callousness in man	28.0	13.1	58.9	1.7
5. Induced abortion indicates irresponsibility and selfishness of the mother	30.8	11.1	58.0	1.7
6. Induced abortion is not a "homicide" because the fetus is not a human being	36.5	10.6	52.9	1.8
7. As a matter of fact, I believe that induced abortion is not a question of morality	32.4	10.8	56.3	1.8

Table 18. Policy Makers' Attitude Toward Induced Abortion Under Moral and Religious Circumstances. (Percentage of respondents who express specified attitudes)

Moral and Religious Circumstances	Approves	Uncer-tain	Disap-proves	Mean Scores
1. Induced abortion is sinful and immoral	33.7	27.5	37.5	2.0
2. Induced abortion is reasonable if the child to be born is likely to be neglected by the parent	75.0	11.2	13.7	2.6
3. Liberalized induced abortion contributes to social decadence	27.5	33.7	38.7	1.9
4. Induced abortion induces cruelty and callousness in man	46.2	23.7	30.0	2.2
5. Induced abortion indicates irresponsibility and selfishness of the mother	51.2	21.2	26.5	2.2
6. Induced abortion is not a "homicide" because the fetus is not a human being	36.2	31.3	32.5	2.0
7. As a matter of fact, I believe that induced abortion is not a question of morality	33.7	27.5	38.7	1.9

D) Attitude toward induced abortion under health circumstances

In Thailand illegal induced abortion is increasingly recognized as a serious health problem. According to current Thai law, induced abortion can be performed legally by a medical practitioner in cases of pregnancy resulting from rape or if necessary to protect the woman's health. In practice, protection of health is defined in terms of a situation in which the woman's life is endangered only. Other kinds of physical and mental health problems are not allowed for in this law.

Ten items regarding health circumstances are presented to the respondents, as follows:

Item 1. Liberalization of induced abortion should not be supported because many kinds of birth control methods are available.

Item 2. Liberalized induced abortion decreases the danger arising from illegal practicing by quacks.

Item 3. Liberalized induced abortion should be supported as a measure for birth control.

Item 4. Induced abortion should not be allowed even though the parents are mentally retarded.

Item 5. Induced abortion should not be allowed even to deformed mothers, such as the blind, the deaf, the mute or the handicapped.

Item 6. Illegal practicing of induced abortion by quacks leads to complications in hospitals.

Item 7. Induced abortion should be allowed to a mother with severe psychiatric problems.

Item 8. Induced abortion should be allowed if there is serious reason to believe that the child would be born deformed.

Item 9. Illegal induced abortion endangers the mother's health and might cause death.

Item 10. Induced abortion should be allowed if the mother agrees to be sterilized after the induced abortion.

Table 19. General Public Attitude Toward Induced Abortion Under Health Circumstances. (Percentage of respondents who express specified attitudes)

Health Circumstances	Approves	Uncer-tain	Disap-proves	Mean Scores
1. Liberalized induced abortion should not be supported because there are many other methods for birth control.	33.6	7.6	58.8	1.7
2. Liberalized induced abortion decreases the danger from illegal practicing by quacks.	87.2	5.4	7.4	2.8
3. Liberalized induced abortion should be supported as a method for birth control.	43.1	9.3	47.6	1.9
4. Induced abortion should not be allowed even though the parents are mentally retarded.	62.7	6.4	30.9	2.3
5. Induced abortion should not be allowed even to deformed mothers, such as the blind, the deaf, the mute, the handicapped.	59.5	7.6	32.9	2.3
6. Illegal practicing of induced abortion by quacks leads to complications in hospitals.	88.5	3.6	7.8	2.8
7. Induced abortion should be allowed to a mother with severe psychiatric problems.	78.8	5.1	16.1	2.6
8. Induced abortion should be allowed if there is good reason to believe that the child would be born deformed.	77.8	5.4	16.8	2.6
9. Illegal induced abortion endangers a mother's health and might cause death.	92.8	2.5	4.6	2.9
10. Induced abortion should be alllowed if the mother agrees to be sterilized after the induced abortion.	53.0	8.7	38.3	2.1

Attitudes of the General Public

Table 19 shows that a great majority of respondents have positive attitudes toward induced abortion under many items. More than three-fourths approve of induced abortion because of the reasons that illegal induced abortion by quacks endangers the mothers' health and might cause death (item 9); and that it might lead to complications in hospitals (item 6). They believe that liberalized induced abortion can decrease this kind of danger (item 2). More than three-fourths think that induced abortion should be allowed to a mother with severe psychiatric problems and if there is good reason to believe that the child would be born deformed (item 7 and 8). Nevertheless, most of the general public (47.6 per cent) do not approve of induced abortion as a method of birth control (item 3) and over half of them (58.8 per ent) do not agree with liberalized induced abortion because there are many other contraceptive methods, such as pills, IUD, sterilization, etc., available for the couples who want to limit their family size.

Attitudes of Policy Makers

Table 20 reveals that under all health circumstance, except for item 1, most policy makers approve of induced abortion. The pattern of attitudes is similar to those of the general public, but the percentage of approval in each item is higher among policy makers than those for the general public (except for item 2). However, only 47.5 per cent of the policy makers think that induced abortion should be supported even though there are many other contraceptive methods available.

Table 20. Policy Maker's Attitude Toward Induced Abortion Under Health Circumstances. (Percentage of respondents who express specified attitudes)

Health Circumstances	Approves	Uncer-tain	Disap-proves	Mean Scores
1. Liberalized induced abortion should not be supported because there are many other methods for birth control.	47.5	16.2	36.2	2.1
2. Liberalized induced abortion decreases the danger from illegal practices by quacks.	82.5	10.0	7.5	2.7
3. Liberalized induced abortion should be supported as a method for birth control.	51.2	23.7	25.0	2.3
4. Induced abortion should not be allowed even though the parents are mentally retarded.	83.7	10.0	6.3	2.8
5. Induced abortion should not be allowed even to deformed mothers, such as the blind, the deaf, the mute or the handicapped.	75.0	7.5	17.5	2.6
6. Illegal practices of induced abortion by quacks lead to complications in hospitals.	92.5	6.3	1.2	2.9
7. Induced abortion should be allowed to a mother with severe psychiatirc problems.	88.7	3.7	7.5	2.8
8. Induced abortion should be allowed if there is good reason to believe that the child would be born deformed.	88.7	3.7	7.5	2.8
9. Illegal induced abortion endangers a mother's health and might cause death.	91.2	7.5	1.2	2.9
10. Induced abortion should be allowed if the mother agrees to be sterlized after the induced abortion.	60.0	17.5	22.5	2.4

E) Attitudes toward induced abortion under the circumstance concerning law and policy condition

Legalizing abortion has long been considered a sensitive and politically controversial issue. Most elected officials and many health and social welfare professionals have sought, where possible, to avoid it or, when forced to take a stand, have favored maintaining existing restrictive laws and policies as the safer alternative. Thailand is no exception in spite of the adoption of a national population policy. Although a revised abortion law was prepared to allow abortion on the grounds of additional social and health indications such as incest, a high likelihood of child deformity, or a very young maternal age (age 13 and younger), it has not been enforced yet. Thus, the general public and policy makers attitude should be evaluated.

Eight statements about the current abortion law as well as the population and family planning policy are presented to respondents. Before the respondents were asked to express their attitude toward these items, information on the current legal status of induced abortion and population/family planning policy was provided as background for decision-making.

Item 1. The current law on abortion is appropriate for Thai society and needs no amendment.

Item 2. Induced abortion promotes small family size and supports the family planning policy.

Item 3. The current law on abortion in Thailand which allows legalized induced abortion under restricted conditions denies a woman the right and freedom regarding her own fertility.

Item 4. The population policy would be more effective if the family planning program were supplemented by a more liberal abortion law.

Item 5. The current law on abortion should be revised to achieve consistency with the social and economic circumstances and population policy of the country.

Item 6. The government should impose more serious penalties on illegal practitioners and abortees.

Item 7. The Family Planning Policy of Thailand should include induced abortion within the first months of pregnancy as a birth control method when parents are not ready to have children or when they have enough children.

Item 8. Illegal induced abortion should be allowed, within the first three months, for pregnancy resulting from birth control failure.

Attitudes of the General Public

This part is the most difficult part of the attitudinal scale, especially for the couples in rural areas with low education. The problem is that some of these couples do not have enough general background on law enforcement and population policy to answer all questions critically and systematically. The results shown in Table 21 seem to suggest inconsistency in the answers. Only 45.3 per cent of the general public think that the current law on abortion is appropriate to Thai society and needs no amendment, whereas 72.3 per cent consider that the current law on abortion should be revised consistently with the social-economic circumstance and population policy of the country. The large discrepancy between these two percentages may be due to differences in the way the questions were posed. When item 1 was asked, the respondents might have thought that the conditions existing in the current Thai abortion law (pregnancy resulting from rape or if necessary to protect the woman's health) were appropriate, and that the law needed no amendment. However, when item 5 was posed, the phrase "the current law on abortion should be revised consistently with the social-economic circumstance and population policy of the country", respondents may feel that there is greater social and economic justification for changes in law and policy than is implied in item 1. And the respondents seem to give positive responses easily. Thus, the proportion of couples who endorse item 7 is relatively higher than those in item 1.

Table 21. General Public Attitudes Toward Induced Abortion Under Law and Policy Circumstances. (Percentage of respondents who express specified attitudes)

Law and Policy Circumstances	Approves	Uncer-tain	Disap-proves	Mean Scores
1. The current law on abortion is appropriate for Thai society and needs no amendment.	45.3	9.7	45.0	2.0
2. Induced abortion promotes small family size and supports the family planning policy.	61.4	11.4	27.2	2.3
3. The current law on abortion in Thailand which allows legalized induced abortion under restricted conditions denies a woman the right and freedom regarding her own fertility.	46.7	15.8	37.5	2.1
4. The population policy would be more effective if the family planning program is supplemented by a more liberal abortion law.	55.2	11.1	33.6	2.2
5. The current law on abortion should be revised consistently with the social-economic circumstance and population policy of the country.	72.3	8.3	19.4	2.5
6. The government should impose more serious penalties on illegal practitioners and abortees.	24.9	8.7	66.4	1.6
7. The family planning policy of Thailand should include induced abortion within the first 3 months of pregnancy as a birth control method when parents are not ready to have children or when they have enough children.	66.8	5.8	27.3	2.4
8. Illegal induced abortion should be allowed, within the first 3 months, for pregnancy resulting from birth control failure.	60.5	7.8	31.6	2.3

Table 22. Policy Makers' Attitude Toward Induced Abortion Under Law and Policy Circumstances. (Percentage of respondents who express specified attitudes)

Law and Policy Circumstances	Approves	Uncer-tain	Disap-proves	Mean Scores
1. The current law on abortion is appropriate for Thai society and needs no amendment.	61.2	16.2	22.5	2.4
2. Induced abortion promotes small family size and supports the family planning policy.	58.7	17.5	23.7	2.3
3. The current law on abortion in Thailand which allows legalized induced abortion under restricted conditions denies a woman the right and freedom regarding her own fertility	32.5	18.8	48.7	1.8
4. The population policy would be more effective if the family planning program is supplemented by a more liberal abortion law.	61.2	21.2	17.4	2.4
5. The current law on abortion should be revised consistently with the social-economic circumstance and population policy of the country.	86.2	6.3	7.5	2.8
6. The government should impose more serious penalties on illegal practitioners and abortees.	33.7	25.0	41.2	1.9
7. The family planning policy of Thailand should include induced abortion within the first 3 months of pregnancy as a birth control method when parents are not ready to have children or when they have enough children.	71.2	12.5	16.2	2.5
8. Illegal induced abortion should be allowed, within the first 3 months, for pregnancy resulting from birth control failure.	73.7	11.2	15.0	2.6

Nevertheless, over half of the general public approves of induced abortion as in items 2, 4, 5, 7 and 8 whereas over half of them disagree with strict enforcement of the current Thai abortion law, i.e. imposing penalties on illegal practitioners and abortees. The highest mean scores are in items 5, 7, 2 and 8 respectively.

Attitude of the Policy Makers

With respect to the abortion law, 61.2 per cent of the policy makers responded that the current law on abortion is appropriate for Thai society and needs no amendment, whereas over four-fifths (86.2 per cent) think that the current law should be revised consistently with the social-economic circumstance and population policy of the country. This is, again, because of the way in which the questions were posed, as mentioned before. Over 70 per cent responded that induced abortion, within the first three months, should be allowed for pregnancy resulting from birth control failure. Moreover, 71.2 per cent think that induced abortion within the first trimester of pregnancy should be included as a birth control method for parents who do not want another child or who have enough children (item 8). Mean scores of attitude are highest in items 5, 8 and 7 respectively. In comparison with the attitude of the general public, the mean scores of the attitude of policy makers in almost every item (except for items 1, 2 and 4) are higher than those of the general public.

F) Level of Attitudes Toward Induced Abortion Under all Circumstances

The combined index of attitudes is employed as the measure of degree or level of attitudes. Attitudes are classified into three levels: most favorable, more favorable, and least favorable, respectively. In practice, the range from the lowest total score to the highest total score for each circumstance is divided into 3 intervals equally. The highest interval is represented by "most favorable", the middle interval is represented by "more favorable" and the lowest interval is represented by "least favorable".

According to the above criteria of attitude level, the interval of score and attitude level for each circumstance and overall circumstance is presented below.

Table 23. Score interval and attitude level on induced abortion under all circumstances

Circumstances	Score interval	Attitude Level
Social	14-23	least favorable
	24-33	more favorable
	34-42	most favorable
Economic	5-8	least favorable
	9-12	more favorable
	13-15	most favorable
Religious and Moral	7-11	least favorable
	12-16	more favorable
	17-21	most favorable
Health	10-16	least favorable
	17-23	more favorable
	24-30	most favorable
Law/Policy	8-13	least favorable
	14-19	more favorable
	20-24	most favorable
All Circumstances	44-73	least favorable
	74-103	more favorable
	104-132	most favorable

Combined Index of Attitude Level : The General Public

Table 24 shows that the proportion of the general public is highest in the "most favorable" level for economic circumstances, health circumstances as well as law and policy. For social circumstances, the highest proportion is in "more favorable" whereas most of the general public or over half of them (50.8 per cent) is in "least favorable" for religious and moral circumstances. When the mean score of attitudes under each circumstance is considered, it is found that the highest to the lowest mean scores are in health circumstances, economic circumstances, law and policy circumstances, social circumstances and religious and moral circumstances, in that order. It might be concluded that health conditions are the most acceptable reasons for induced abortion.

Combined Index of Attitude Level : Policy Makers

Table 25 shows that the proportion of the policy makers is highest in the "most favorable" level under all circumstances. However, the highest percentage of "most favorable" is in health circumstances (82.5 per cent). Among the remaining, the second highest to the lowest are economic circumstances, social circumstances, law and policy circumstances as well as religious and moral circumstances. The mean score is also highest to lowest in health circumstances, economic circumstances and religious and moral circumstances. It is concluded according to the policy makers' view, that health circumstances also form the most acceptable conditions for induced abortion.

It is interesting to find that both policy makers and the general public have a concensus that health conditions are the most important factor for legalization of induced abortion. This is probably because good health is a common requirement for human beings all over the world, and unwanted pregnancy always affects the health of mother and fetus both physically and mentally. Thus, the degree of favorable attitudes of both policy makers and the general public is highest in health circumstances.

Table 24. The percentage and mean score of the general public by attitude level toward induced abortion under various circumstances

Circumstances	Combined index of attitude			Mean Scores	Total
	Most Favorable	More Favorable	Least Favorable		
Social Circumstances	36.9	41.3	21.7	2.1	907
Economic Circumstances	47.9	37.2	15.0	2.3	907
Religious and Moral Circumstances	25.7	23.4	50.8	1.8	907
Health Circumstances	62.4	30.1	7.5	2.5	907
Law and Policy Circumstances	41.6	36.2	22.3	2.2	907
All Circumstances	39.4	45.1	15.5	2.2	907

Table 25. The percentage and mean score of policy makers by attitude level under various circumstances

Circumstances	Combined index of attitude			Mean Score	Total
	Most Favorable	More Favorable	Least Favorable		
Social Circumstances	60.0	28.7	11.2	2.5	80
Economic Circumstances	63.7	31.3	5.0	2.6	80
Religious and Moral Circumstances	41.2	31.3	27.5	2.1	80
Health Circumstances	82.5	13.7	3.7	2.8	80
Law and Policy Circumstances	50.0	38.7	11.2	2.4	80
All Circumstances	65.0	27.5	7.5	2.5	80

There is a difference between the general public attitude and the policy makers' attitude in social circumstances. The highest proportion of the general public have "more favorable" attitudes, whereas, the highest proportion of the policy makers have "most favorable" attitudes. The mean scores of attitudes under social circumstances are much higher for the policy makers (2.5) than that for the general public (2.1). It is possible that the policy makers are much more concerned with social problems resulting from the current restrictive Thai abortion law than the general public.

Concerning religious and moral grounds, there is quite a difference between the general public attitude and the policy maker attitude. Most of the general public have a "least favorable" attitude (50.8 per cent) whereas most of the policy makers have a "most favorable" attitude (41.2 per cent). The reason may be that the general public, especially those in rural areas, is much more concerned with religious and moral grounds.

For the other circumstances, most of the general public and policy makers have a common "most favorable" attitude toward induced abortion. However, the degree of favorable attitudes of policy makers (mean scores) is higher than those of the general public in all circumstances.

Part IV

The Relationship Between Socio-Demographic Variables and Attitude Level Under Overall Circumstances

In order to gain more insight into the factors associated with the attitude toward induced abortion, the score of attitude under five circumstances were added up into a combined single index of attitude, which is then classified into three levels from the lowest interval score to the highest interval score representing the combined index of overall attitude. The relationship between some socio-demographic variables of the total sample of couples and the level of attitudes under overall circumstances were then investigated. Because there is a flatness in the distribution of many of the demographic, social, and economic characteristics among the total sample of policy makers and the range of variation in characteristics among these policy makers is not great, such a relationship is not being examined here. The several socio-demographic independent variables utilised in this study are: age, sex, education, number of living children, etc. The lowest interval of attitude score represents "least favorable"; the highest interval represents "most favorable", with the interval of score between that representing "moderately favorable".

A) Age Groups and Attitude Levels Under Overall Circumstances

The couples were classified into four age groups from the youngest to the oldest as shown in Table 26. From this table it can be seen that the pattern of attitude level among the youngest couples in the age group under 20 years is considerably different from the three remaining older age groups. There is a small proportion of the youngest couple (only 17.7 per cent) who have the most favorable attitude toward induced abortion, whereas a relatively higher proportion of those in each of the three older groups have the same level of favorable attitude.

Table 26. The percentage of couples by age-group and attitude toward induced abortion under all circumstances

Age Group	Attitude			Total
	Least Favorable	Moderately Favorable	Most Favorable	
Under 20	5.9	70.6	23.5	100.0 (17)
20-29	12.2	47.0	40.9	100.0 (328)
30-39	15.5	45.5	39.0	100.0 (342)
40 and over	21.4	40.0	38.6	100.0 (220)
Total	15.5 (141)	45.1 (409)	39.4 (357)	100.0 (907)

X^2 = 15.00, d.f. = 6, significance at .05

Table 27. The percentage of couples by sex and attitude toward induced abortion under all circumstances

Sex	Attitude			Total
	Least Favorable	Moderately Favorable	Most Favorable	
Male	16.3	36.7	47.0	100.0 (314)
Female	15.2	47.0	35.1	100.0 (593)
Total	15.5 (141)	45.1 (313)	39.4 (357)	100.0 (907)

X^2 = 18.10, d.f. = 2, significance at .01

It is interesting to note that there is a very similar pattern of attitude level among the two groups of couples age 20-29 and aged 30-39. The percentage distribution in the three levels of attitudes are about the same. Moreover, the couples aged 20-29, the most fertile age group, have the highest proportion (40.9 per cent) in the most favorable attitude level.

A statistical test with a Chi-square of 15.00 found that the percentage difference was statistically significant. Thus, it is concluded that there is a positive relationship between the age of the couple and level of attitude towards induced abortion. The older couples have more liberal attitudes than the younger ones.

B) Sex and Attitude Level Under Overall Circumstances

The relationship between sex and attitude level under overall circumstances was studied as shown in Table 27. Similar percentages of males and females fall in the "least favorable" category. However, most of the males (47 per cent) have a most favorable attitude toward induced abortion, whereas most of the females with exactly the same percentage of 47, have a moderately favorable attitude toward induced abortion. It is somewhat surprising that the proportion of females who have most favorable attitudes (35.1 per cent) is relatively lower than that of males in the same attitude level. It is interesting to note that the percentage for males increases from 16.3 per cent in the least favorable attitude to 36.7 per cent in the moderately favorable attitude, reaching the highest percentage in the most favorable attitude.

After having performed a statistical test with a Chi-square of 18.10, it was found that the percentage difference was statistically significant. Therefore, it can be concluded that there is a relationship between sex and attitude toward induced abortion. Males show much higher levels of support for induced abortion than females.

Table 28. The percentage of couples by education level and attitude induced abortion under all circumstances

Educational Level	Attitude under all circumstances			Total
	Least Favorable	Moderately Favorable	Most Favorable	
Grade 4 and under	18.2	46.2	35.6	100.0 (549)
Grade 5 - Grade 10	14.6	51.2	34.1	100.0 (123)
Grade 11 - Grade 12	5.9	41.2	52.9	100.0 (34)
Vocational School	9.3	34.9	55.8	100.0 (129)
University	9.7	46.8	43.5	100.0 (62)
Other	30.0	50.0	20.0	100.0 (10)
Total	15.5 (141)	45.1 (409)	39.4 (357)	100.0 (907)

χ^2 = 31.06, d.f. = 10, significance at .01

Table 29. The percentage of couples by occupation and attitude toward induced abortion under overall circumstances

Occupation	Attitude Level			Total
	Least Favorable	Moderately Favorable	Most Favorable	
Agriculture	14.8	47.4	37.8	100.0 (392)
Employee, Labour	16.3	39.9	43.8	100.0 (153)
Government Official	12.1	40.6	47.3	100.0 (224)
Housewife	13.3	55.6	31.1	100.0 (45)
Business & Trading	26.9	49.5	23.7	100.0 (93)
Total	15.5 (141)	45.1 (409)	39.4 (357)	100.0 (907)

χ^2 = 24.91, 8 d.f, significance at .001

C) Education and Attitude Toward Induced Abortion

Table 28 shows the association between educational attainment of the couples and their attitude toward induced abortion. Most of the couples in the two lowest levels of education, up to grade 4 and grade 10, have moderately favorable attitudes, (about 46 per cent of couples with grade 4 and under and over half (51.2 per cent) of the couples with grade 5 to grade 10). Among the couples with higher educational levels, it was found that more than half of the couples with grade 11 to grade 12 (52.9 per cent) and with vocational school level (55.8 per cent) have the most favorable attitude toward induced abortion. The highest proportion of couples who have the most liberal attitude was found among the couples with a vocational level of education. Among the couples who graduated from universities, the highest level of education, it was found that the highest proportion (46.8 per cent) of them have a moderately favorable attitude toward induced abortion. Nevertheless, a sizable proportion of them showed the most favorable attitude whereas a small proportion of them (9.7 per cent) have least the favorable attitude toward induced abortion. It is generally said that the better educated are more supportive than the less educated.

A statistical test with a Chi-square of 31.06 indicates that the percentage difference is statistically significant. It could be concluded, therefore, that the couple with the higher education have more favorable attitudes toward induced abortion than those who have a lower education.

D) Occupation and Attitude Toward Induced Abortion

The occupation of the couples was divided into five different types of careers: agriculture, employee and/labourer, government officials, housewife, as well as business and trading. The results shown in Table 29 indicate that most couples who are farmers (47.4 per cent), housewives (55.6 per cent), and business-men and traders have a moderately favorable attitude toward induced abortion, in contrast to the couples who are employees, labourers, and government officials and who have the most favorable attitude toward induced

abortion. The reason for this may be that the government officials are more concerned about population and family planning policy, while the employees or labourers do not want an unwanted conception to interfere with their work activities and wages. It is surprising that the businessmen and traders are less positive in their attitudes toward induced abortion than housewives. After a statistical test with a Chi-square of 24.91 it was found that the percentage difference was statistically significant. Thus it can be concluded that there is a difference in attitude levels among different types of occupation. The couples who are government officials expressed a more positive attitude toward induced abortion than those couples who are employees or labourers, farmers, housewives and businessmen and/or traders, in that order.

E) Economic Status and Attitude Toward Induced Abortion

The income level was used as an index of economic status of the couples. It is very difficult to obtain reliable income data especially for the rural couples because most of them get both monetary income and non-monetary income. In this study, all non-monetary income such as agricultural products was converted into monetary income. Thus this kind of data is not exactly accurate. The income level was divided into six levels from the poorest with an income of less than 1,000 Baht per month, to the richest with an income level of 5,000 Baht and higher per month. It was supposed that the poorer should have a more favorable attitude toward induced abortion than the rich because the unwanted pregnancy is likely to be an obstacle for earning their income or wages. In fact, most of the poorer with an income level of lower than 1,000 Baht to 3,999 Baht expressed themselves to be moderately favorable toward induced abortion, whereas most of the richer with the income level of 4,000 Baht per month and over have the most favorable attitude toward induced abortion. Moreover, it is confusing in that the percentage of couples who have the most favorable attitude decreases, from couples in the lowest income level to the moderate income level of 2,000 - 2,999 Baht, and then increases among the couples with higher income levels of 3,000 - 3,999 Baht and 4,000 - 4,999 Baht, decreasing again in the highest income level of 5,000 Baht and higher.

Table 30. The percentage of couples by income level and attitude toward induced abortion under overall circumstances

Income Level (Baht)	Attitude			Total
	Least Favorable	Moderately Favorable	Most Favorable	
Under 1,000	13.3	43.4	42½	100.0 (196)
1,000 - 1,999	15.9	46.7	37.4	100.0 (334)
2,000 - 2,999	16.6	46.5	36.9	100.0 (217)
3,000 - 3,999	17.7	42.7	29.6	100.0 (96)
4,000 - 4,999	12.1	39.4	48.5	100.0 (33)
5,000 and over	12.9	41.9	45.2	100.0 (31)
Total	15.5 (141)	45.1 (409)	35.4 (357)	100.0 (907)

X^2 = 4.33, 10 d.f., no significance

Table 31. The percentage of couples by number of living children and attitude toward induced abortion under all circumstances

Number of living children	Attitude under all circumstances			Total
	Least Favorable	Moderately Favorable	Most Favorable	
None	15.7	38.6	45.7	100.0 (70)
1 - 2	12.6	46.3	41.1	100.0 (429)
3 - 4	14.6	47.1	38.3	100.0 (261)
5 - 6	44.2	30.8	25.0	100.0 (52)
7 and over	22.6	45.2	32.3	100.0 (32)
Total	15.5 (141)	45.1 (409)	39.4 (357)	100.0 (907)

X^2 = 40.34, d.f. = 8, significance at .01

A statistical test with a Chi-square of 4.33 showed that the percentage difference was not statistically significant. It is, therefore, said that there is no association between economic level and the attitude toward induced abortion (see Table 30).

F) Number of Living Children and Attitude Toward Induced Abortion

The number of living children was classified into five groups from none to seven living children and over as shown in Table 31. It is surprising that the highest percentage (45.7 per cent) of couples who have the most favorable attitude toward induced abortion are among the group of couples with no living children. The percentage decreases from the most favorable attitude to the least favorable attitude (15.7 per cent). In contrast, for couples with five to six living children, the proportion with the least favorable attitude level is highest (44.2 per cent), decreasing to 30.8 per cent in the moderately favorable attitude and to 25.0 per cent in the most favorable attitude. Most of the couples with one to four children as well as seven children and over have moderately favorable attitudes. In general, it was found that a greater proportion of couples with more positive attitudes are couples who either have no children or few children. Couples with five to six living children have the lowest percentage with the most favorable attitude.

After a statistical test with a Chi-square of 40.34 it was found that the percentage difference was statistically significant. It is, therefore, concluded that there is a negative relationship between the number of living children and the attitude toward induced abortion. That is, couples who have a smaller family size are more liberal regarding induced abortion than those who have a larger family size.

G) Residence and Attitude Toward Induced Abortion

The residence of the couples was classified into two areas: urban area and rural area. Urban couples, in this study, are couples who live in the municipal area and the rural couples are those who live outside municipal areas.

Table 32 shows that most of the couples, urban and rural, have a moderately favorable attitude toward induced abortion. However, the proportion of couples who have the most favorable attitude are significantly higher than those with the least favorable attitude, in both groups. The proportion of urban couples with the most favorable attitude is also slightly higher than the proportion for rural couples. Nevertheless, a statistical test with a Chi-Square of 2.23 found that the percentage difference was not statistically significant. Therefore, it can be concluded that there is no relationship between residence and attitude toward induced abortion.

H) Ideal Family Size and Attitude Toward Induced Abortion

The relationship between ideal family size and attitude toward induced abortion was investigated under the assumption that couples with a smaller ideal family size should have a more positive attitude toward induced abortion than couples with a larger family size. The rationale for expecting this to be the case is based upon the assumption that such couples may approve of an induced abortion of an unwanted conception so that they can keep their family size small. For this study, the question that was asked was, "if you are a newly-wed couple and you could make a choice regarding the number of your own children, how many children would you prefer to have". The number of desired children then was classified into four groups as shown in Table 33. According to Table 33, a substantial proportion of couples with a smaller family size ideal of 1-2 (41.1 per cent) and 3-4 children expressed the most favorable attitude toward induced abortion, whereas a sizable majority of couples with larger ideal family size of 5-6 children (43.2 per cent) and 7 children and over (44.5 per cent) have the most favorable attitude. Moreover, the percentage of couples who have the most favorable attitude is highest among the couples with the smaller family size (42.9 per cent), gradually declining among the couples with the larger ideal family size of 3-4 and 5-6 children and finally reaching the lowest (9.0 per cent) among the couples who prefer the largest ideal family size of 7 children and over. Again, the percentage of the

Table 32. The percentage of couples by residence and attitude toward induced abortion under all circumstances

Residence	Attitude under all circumstances			Total
	Least Favorable	Moderately Favorable	Most Favorable	
Urban area	14.5	45.3	40.3	100.0 (401)
Rural area	16.4	45.1	38.5	100.0 (506)
Total	15.5 (141)	45.1 (409)	39.4 (357)	100.0 (907)

X^2 = 2.23 d. = 2, no significance

Table 33. The percentage of couples by ideal family size and attitude toward induced abortion under overall circumstances

Ideal Family Size	Attitude under overall circumstances			Total
	Least Favorable	Moderately Favorable	Most Favorable	
1 - 2	11.2	45.9	32.9	100.0 (518)
3 - 4	18.2	46.0	35.8	100.0 (341)
5 - 6	43.2	24.3	32.4	100.0 (37)
7 and over	45.5	45.5	9.0	100.0 (11)
Total	15.5 (141)	45.1 (409)	39.4 (357)	100.0 (907)

X^2 = 41.84, 6 d.f., significance at .00

couples who expressed the least favorable attitude toward induced abortion increases from the couples who prefer the smallest family size to the couples who prefer the largest family size (from 11.2 per cent to 45.5 per cent).

After having conducted a statistical test with a Chi-square of 41.81 it was found that the percentage difference was statistically significant. It is, therefore, concluded that there is a strong negative association between ideal family size and favorable attitude toward induced abortion. In other words, the couples with the smaller ideal family size have a more positive attitude toward induced abortion than those with the larger ideal family size.

I) Knowledge and Practice of Birth Control Methods and Attitude Toward Induced Abortion

The hypothesis that the couples who have family planning or birth control knowledge and have ever used some kind of birth control method are supposed to have a more positive attitude toward induced abortion than those who have birth control knowledge but never used it, and those who have never known and never used it, was tested. Based upon the result shown in Table 34, most couples in each group have a moderately favorable attitude toward induced abortion. The proportion of couples who expressed the most favorable attitude is highest (41.5 per cent) among the couples who have known about contraceptive methods and have ever used some form of contraception, followed by those who knew about it but never used it (37.6 per cent), being lowest among those who have never known and never used it (23.4 per cent). So, it should be said that family planning knowledge and experience in practicing contraception leads to a favorable attitude toward induced abortion.

However, a statistical test with a chi-square of 8.625 indicated that the percentage difference was not statistically significant. Thus, it can be concluded that there is no relationship between knowledge and practice of birth control and attitude toward induced abortion.

Table 34. The percentage of couples by knowledge and practicing of birth control methods and attitude toward induced abortion under overall circumstances

Knowledge and Practice of Birth Control	Attitude under overall circumstances			Total
	Least Favorable	Moderately Favorable	Most Favorable	
Known and ever used	14.7	43.8	41.5	100.0 (646)
Known but never used	16.2	46.2	37.9	100.0 (197)
Never known and never used	21.9	54.7	23.4	100.0 (164)
Total	15.5 (141)	45.1 (409)	39.4 (357)	100.0 (907)

X^2 = 8.625, 4 d.f, no significance

Table 35. The percentage of couples by abortion experience and attitude toward induced abortion under overall circumstances

Abortion Experience	Attitude			Total
	Least Favorable	Moderately Favorable	Most Favorable	
Never	15.9	44.9	39.2	100.0 (712)
Ever (Spontaneous Abortion)	17.2	47.2	35.6	100.0 (163)
Induced Abortion	0.0	37.5	62.5	100.0 (32)
Total	15.5 (141)	45.1 (409)	39.4 (357)	100.0 (907)

X^2 = 10.83, 4 d.f., significance at 0.05

J) Abortion Experience and Attitude Toward Induced Abortion

The relationship between abortion experience and attitude toward induced abortion was studied under the hypothesis that couples who had at least one miscarriage and particularly an induced abortion should have a more positive attitude toward induced abortion than those not having any such experience. The result shown in Table 35 reveals that the percentage of couples who have the most favorable attitude toward induced abortion is highest among those who have previous experience in induced abortion, as expected. Moreover, there is none among this group who showed the least favorable attitude. However, it is somewhat surprising that the percentage of couples who had spontaneous abortion experience and have the most favorable attitude is slightly lower than those who never had abortion experience (44.9 per cent). In addition, those who had experience with fetal loss expressed a moderately favorable attitude, whereas most of those who have ever resorted to induced abortion showed the most favorable attitude.

A statistical test with a chi-square of 10.83 found that the percentage difference was statistically significant. Therefore, it can be concluded that there is a relationship between abortion experience and attitude toward induced abortion.

Part V

Analysis of Variance and Multiple Classification Analysis of Attitudes Toward Induced Abortion

In order to know the interaction among some major independent variables affecting the attitudes toward induced abortion, and the net effect of each variable when the differences in the other factors are controlled, analysis of variance together with multiple classification analysis will be employed. Table 36 illustrates the three selected independent variables: number of living children, ideal family size and types of abortion experience as the main effects. Birth control experience is a covariate, which because of its discrimination is suspected.

According to this table, it is concluded that the combination of three selected independent variables is significantly related in the context of Attitudes toward induced abortion. If each independent variable is considered, it is found that the two variables, number of living children and type of abortion experience, have an effect on attitude toward induced abortion. But ideal family size does not affect it. Similarly, birth control experience does not have an effect on it. Considering possible two way interactions between the three types of independent variables: number of living children and ideal family size, number of living children and type of abortion experience, ideal family size and types of abortion experience, it was found that there is no interaction between those three types of variables. Thus, it can be said that these three independent variables do not affect the attitudes toward induced abortion.

A further attempt is illustrated on multiple classification analysis of attitudes towards induced abortion as shown in Table 37.

Table 36. Analysis of variance of attitudes toward induced abortion

Source of Variance		Sum of Squares	DF	Mean Square	F	Signif. of F
Main Effects		7011.066	5	1402.213	3.986	0.002
No. of Living Children		2491.188	2	1245.594	3.541	0.031
Ideal Family Size		391.914	2	195.957	0.557	0.574
Types of Abortion Experience		4290.328	1	4290.328	12.195	0.001
Covariates		253.328	1	253.328	0.720	0.397
Birth Control Experience		253.330	1	253.330	0.720	0.397
2-Way Interactions		3311.871	8	413.984	1.177	0.316
No. of Living Children	Ideal Family Size	2524.379	4	631.095	1.794	0.133
No. of Living Children	Types of Abortion Experience	175.757	2	87.878	0.250	0.779
Ideal Family Size	Types of Abortion Experience	270.103	2	135.052	0.384	0.682
Explained		10576.266	14	755.448	2.147	0.012
Residual		54881.504	156	351.804		
Total		65457.770	170	385.046		

Covariate Raw Regression Coefficient

Birth Control Experience 1.997

Table 37. Multiple classification analysis of attitudes towards induced abortion

(Grand Mean = 96.37)

Variable + Category	N	Unadjusted		Adjusted for Independents		Adjusted for Independents + Covariates	
		Dev'n	Eta	Dev'n	Beta	Dev'n	Beta
No. of Living Children							
0 - 2	103	0.32		-0.06		-0.06	
3 - 4	49	3.18		3.91		3.95	
5 and over	19	-9.90		-9.77		-9.85	
			0.19		0.20		0.20
Ideal Family Size							
1 - 2	83	-0.15		0.18		0.10	
3 - 4	80	-0.24		-0.84		-0.81	
5 and over	8	3.88		6.54		7.08	
			0.04		0.08		0.08
Types of Abortion Experience							
Spontaneous	144	-2.19		-2.18		-2.12	
Induced	27	11.66		11.63		11.30	
			0.26		0.26		0.25
Multiple R Squared					0.107		0.111
Multiple R					0.327		0.333

It is found that the effect of each independent variable on attitudes toward induced abortion, correlation ratio (Eta value), as well as partial correlation ratio (Beta value) is considerably low. The pattern of relationship of the two variables: number of living children, ideal family size, and attitudes toward induced abortion are similar. The relationship between both variables and attitudes toward induced abortion is somewhat weak. After other independent variables are controlled, the strength of the relationship slightly increases. And it still remains unchanged when the covariate, birth control experience, is applied. By contrast, the relationship between types of abortion experience and attitudes toward induced abortion remain the same when adjusted for other independent variables, and become more weak after a covariate is considered.

To conclude, each independent variable has little association with the attitude towards induced abortion. The combined net effect of the three variables (number of living children, ideal family size, types of abortion experience), and birth control experience has fairly little impact on attitudes toward induced abortion.

Part VI

Revision of the Abortion Law

In the study of the revision of the abortion law, a certain number of indications were proposed to the respondents. They were asked: For which, if any, of the following reasons do you think a legal abortion should be made available to a woman:

a) If the pregnancy resulted from rape

b) Incestuous pregnancy

c) If there is good reason to believe that the child will be born deformed.

d) Mother with severe mental illness

e) Underaged mother, 13 years or under

f) Underaged mother, 16 years or under

g) Contraceptive failure

h) Contraceptive failure and woman agrees to be sterilized after the abortion

i) If the couple does not have enough money to support another child

j) If the couple does not want another child

k) If the mother is unmarried and does not want to marry the father

l) If it is an unwanted pregnancy

By this approach, it was found that the percentage of both the general public and policy makers who approved of revision of the abortion law under any of these indications became higher than with the attitudinal scale. This may be because the conditions proposed suggested to the respondents the way in which the abortion law should be revised. Thus, they have more background knowledge for making a decision on this issue.

From Table 38 more than 90 per cent of the policy makers and 84.3 per cent of the general public agreed that the current Thai law needs thorough review and possible change. For the policy makers, approval of induced abortion was over 90 per cent for four indications: rape, incest, and the likelihood of congenital deformity both physically and mentally (indication C and D). A substantial proportion of policy makers felt that induced abortion was permissible for underaged mother 13 or under, in cases of contraceptive failure and if the woman agrees to be sterilized after the abortion, in cases where the couple cannot support another child, and contraceptive failure. About half of them approved of induced abortion where couples cannot support another child, and for unmarried women who do not want to marry the father. Only 40.7 per cent agreed with induced abortion for teenage mothers aged 16 years and under, and the smallest number (13.6 per cent) agreed with induced abortion for any pregnant woman without restriction.

For the general public, approval of induced abortion was highest (84.3 per cent) in cases of pregnancy resulting from rape. About three-quarters of them felt that induced abortion should be legalized for three indications: incest, likelihood of congenital deformity and a mother with severe mental illness. A substantial proportion of the general public regard induced abortion as defensible for an underaged mother 13 and under, and couples who do not have enough money to support another child. Less than half of them agreed with induced abortion in cases of contraceptive failure followed by post abortion sterilization, couples who do not want another child, contraceptive failure, and a teenage mother 16 years of age and under. Only 14.4 per cent approved of induced abortion on request, without any restriction.

Table 38. The percentage approving revision of induced abortion law by indications

Indication	General Public	Policy Makers
a) Rape	84.3	93.8
b) Incest	75.5	92.6
c) Good reason to believe the child will be born deformed	77.5	91.4
d) Mother with severe mental illness	78.8	91.4
e) Maternal age 13 or under	64.9	72.8
f) Maternal age 16 or under	36.6	40.7
g) Contraceptive failure	41.4	53.1
h) Contraceptive failure, woman agrees to be sterilized after the abortion	48.3	69.1
i) Couple cannot support another child	52.7	56.8
j) Couple does not want another child	44.9	49.4
k) Unmarried woman who does not want to marry the father	35.5	48.1
l) Any pregnant woman without restriction	14.4	13.6
(N)	(908)	(81)

For both groups, it can be concluded that the highest proportions approve of revisions in the induced abortion law in the case of rape, which is at present legally allowed. The proportion approving is higher among policy makers than the general public under every circumstance, except for the last indication: in cases of any pregnant woman who ask for induced abortion without any condition. It is somewhat surprising that the proportion of the general public who approved induced abortion in the most liberal case was slightly higher than the policy makers. However it could be said that, in general, the policy makers have a more liberal attitude than the general public. The proportion of approval is higher for "hard" reasons which cluster around pregnancy resulting from unusual sexual behavior (indications a and b) and health problems, and are lower in "soft" reasons which concentrate on social and economic problems as well as family planning purposes. The lowest proportion approved of the most liberal condition: induced abortion on demand.

The Decision Making for Induced Abortion

The respondents who replied that the current Thai abortion law needs revision under any circumstance were then asked who should make the decision to have an induced abortion. The following five criteria for legal authorization of induced abortion were presented to the respondents.

a) Two physicians at least

b) Two physicians and one social worker

c) A pregnant woman only

d) A pregnant woman with her physician

e) A pregnant woman with her husband

Table 39. The percentage of respondents by condition regarding who should make the decision to have an induced abortion

By whom the decision to have an abortion should be made	Couple	Policy Makers
a) Two physicians at least	3.4	2.8
b) Two physicians and one social workers	3.0	12.5
c) Pregnant woman only	6.8	1.4
d) Pregnant woman and a physician	56.2	69.4
e) A pregnant woman and her husband	30.6	13.9
Total	100.0	100.0
(N)	(745)	(72)

Table 40. Duration of pregnancy which should be allowed by abortion law

Duration of Pregnancy	Couple	Policy Makers
a) During the first trimester	72.3	61.1
b) During five months of pregnancy and under	2.0	1.4
c) More than five months, with cogent medical reason	16.9	22.2
d) Any month of pregnancy	8.8	15.3
Total	100.0	100.0
(N)	(739)	(72)

According to the result shown in Table 39 most of the couples (56.2 per cent) as well as the policy makers (69.4 per cent) agreed that the decision to have an abortion should be made solely by a pregnant woman and her physician. A substantial proportion of couples (30.6 per cent) view that it should solely be pregnant woman and her husband who make the decision based on their own personal circumstances. Anyway, only s small proportion of the policy makers (13.9 per cent) preferred such a condition. For the remaining items, support was given by only a few couples and policy makers.

Duration of Pregnancy to be Terminated by Induced Abortion

There is some evidence to indicate that induced abortions performed during the first trimester are much safer than those performed during the second trimester or later. In other words, the longer a woman delays abortion, the greater her risk. In this study, the opinion on duration of pregnancy that should be allowed for induced abortion by Thai abortion law was asked. The four different periods of gestation are classified as follows:

a) During the first trimester, the safest period

b) During the first five months of pregnancy

c) More than five months if there is some cogent reasons, such as medical confirmation of a deformed fetus, etc.

d) Any month of gestation without time restriction.

As might be expected, the result shown in Table 40 revealed that most couples and policy makers (72.3 per cent and 61.1 per cent respectively) approved of induced abortion during the first trimester, the safest period. Nevertheless, 22.2 per cent of policy makers and 16.9 per cent of couples view that the period for legal induced induced abortion should extend to whatever month (more than five months) if there is some cogent medical reason to believe that such pregnancy would cause health hazards for both mother and fetus, such as medical confirmation of a deformed fetus, etc. Only 15.3 per cent of the policy makers and 8.8 per cent of couples agreed with induced abortion at any time when requested by a pregnant woman.

CHAPTER V

CONCLUSION, DISCUSSION AND POLICY RECOMMENDATIONS

Conclusion and Discussion

The purpose of this study is to investigate the extent of induced abortion in Thailand, and the attitude of the general public and the policy makers toward induced abortion in order to ascertain the facts and the prospects for population policy development.

The results show an increasing trend of induced abortion, both legally and illegally, as discussed in Chapter IV. This result concurs with many previous findings in the literature as mentioned in Chapter II. It was found that there were 15,962 cases of induced abortion of all types in 1974, the latest year. The problem was concentrated in the Northeast and the North. However, the latest statistical report of the Ministry of Public Health revealed a total of 21,585 induced abortions occurring in all provincial hospitals in 1975. Even though the data obtained in this study is somewhat lower than the actual number, it is believed that its trend has been increasing in Thailand. Furthermore, the study of case-loads of illegal induced abortion occurring outside hospitals in rural Thailand by the NFPP estimates a total of 261,612 cases in 1978. If the estimation is correct, it is credible that induced abortion occurring at present should be approximately 300,000 cases yearly.

In relation to the attitudes toward induced abortion, it was found that, on the basis of all five circumstances: social, economic, moral and religious, health, and law and policy, the policy makers have more liberal attitudes than the general public. The former expressed most favorable attitudes with a mean score of 2.5 whereas the latter expressed more favorable attitudes with a mean score 2.2. In general, it can be concluded that policy makers have a positive attitude toward induced abortion whereas the general public expressed uncertainly in giving their approval.

On the basis of social circumstances, the policy makers have the most favorable attitude with a mean score of 2.5, whereas the general public has a more favorable attitude with a mean score of 2.1. However, most of the general public feel uncertain that induced abortion has more advantages than disadvantages.

On the basis of economic circumstances, both the general public and the policy makers have positive attitudes toward induced abortion. However, the policy makers, again, have a more liberal attitude than the general public. The former has the most favorable and the latter has the more favorable attitude. Both groups approved of induced abortion under economic conditions.

On the basis of moral and religious circumstances, it was found that the degree of liberality of both the general public and the policy makers was at the lowest level, compared with other circumstances. The mean score of the former and the latter are 2.1 and 1.8, representing the more favorable attitude toward induced abortion. However, most of the general public expressed disapproval toward induced abortion on the basis of moral and religious conditions.

On the basis of health circumstances, both the policy makers and the general public expressed most favorable attitude toward induced abortion with a mean score of 2.8 and 2.5 respectively. The degree of liberality of attitude reached the highest level, compared with other circumstances. Most of the two groups approved of induced abortion under health circumstances.

On the basis of law and policy limitations, the policy makers expressed a more liberal attitude than the general public. The former have the most favorable attitude with a mean score of 2.4, and the latter have the more favorable attitude with a mean score of 2.2. Moreover, both groups approved of induced abortion on the basis of law and policy limitation.

Finally, it could be concluded that there is some common agreement among the general public and the policy makers on attitudes toward induced abortion under economic circumstances, health circumstances and circumstances relating to law and policy limitation. However, a difference in attitudes toward induced abortion is revealed under social circumstances as well as moral and religious circumstances.

The association between demographic variables as well as some selected variables and the degree of liberality of attitude toward induced abortion under all circumstances was investigated. The results showed there is statistical association between age, sex, education, occupation, number of living children, ideal family size, abortion experience and the degree of liberality of attitude. However, the "net" impact of each variable on the degree of liberality of attitude toward induced abortion is not strong.

It might be said that, generally, the Thai people have more liberal attitudes toward induced abortion than before. Comparatively, the percentages of the general public who express positive attitudes are higher than those in previous studies, under the same conditions. For example, on the basis of illegitimate pregnancy, this study revealed that about half (49.7 per cent) of the couples approved of induced abortion (see item 11 of social circumstances), whereas only 12.7 per cent of the respondents in the Bangkhen study and about 32.7 per cent of the rural Thai woman in the study of "Attitudes of Rural Thai Woman Toward Induced Abortion" by Burnight and Leoprapai, favored it. Again, where couples do not want another child, more than half of the general public in this study (see item 13 of social circumstances) expressed a positive attitude toward induced abortion, whereas only 4.4 per cent of the respondents in the Bangkhen Study, and 19.3 per cent of the rural Thai woman in Burnight and Leoprapai's study approved of it. Similar to the Bangkhen Study, 92.8 per cent of the general public approved of induced abortion on the condition that the pregnancy might endanger the mother's

health (see item 9 on health circumstances). This result is different from Burnight and Leoprapai's study which showed only 40.1 per cent of the rural Thai women agreeing with it, and it is also different from Pravit's study which showed that over half of the university lecturers approved of it. Finally, over half of the general public (56.4 per cent) approved of induced abortion when the pregnancy prevents the working mother from earning her living as usual (see item 2 in economic circumstances), whereas only 18.8 per cent of the rural Thai women in Burnight and Leoprapai's study and 43 per cent of the physicians in the NFPP's survey agreed with it.

Concerning the revision of Thai abortion law, there is a common concensus among policy makers and the general public that the current Thai abortion law needs thorough review and change towards a more broad-minded direction. A substantial percentage of the two groups approved of induced abortion for four indications: rape, incest, likelihood of congenital deformity physically and mentally (items a, b, c, d). Over half of the two groups agreed with induced abortion on the condition that the pregnant girl is aged 12 and under, as well as on the condition that the couple cannot support another child. Over half of the policy makers regard abortion as permissible in the case of contraceptive failure and the pregnant woman agrees to be sterilized after the abortion, as well as for contraceptive failure without any other conditions.

Most of the policy makers and the general public show a common concensus that the decision to have an induced abortion should be made by the pregnant woman together with her physician only. The appropriate gestation age for induced abortion is during the first trimester of pregnancy. These findings are also relevant to the previous survey of senior medical students and the nationwide survey of physician attitudes toward induced abortion, as stated in Chapter II.

Policy Recommendations

Even though the findings of this study revealed somewhat liberal attitudes toward induced abortion among the general public and the policy makers on various considerations, generally, it is not easy to make policy recommendations on this issue. According to Bernard Berelson, in "Beyond Family Planning", there are at least six criteria for any proposal to meet, in order to accomplish the objective of fertility reduction. They are:

1) scientific/medical/technological readiness,

2) political viability,

3) administrative feasibility,

4) economic capability,

5) moral/ethical/philosophical acceptability, and

6) presumed effectiveness.

However, the findings from this research cannot provide all of these criteria, except for political viability and moral/ethical/philosophical acceptability.

Political Viability

In relation to political viability, the question to be answered is: Will the Thai government approve of induced abortion within the present situation? The outcome of this study is that the policy makers approved of induced abortion on every basis. Though the policy makers, on the average, have the most favorable attitudes toward the amendment of the current Thai abortion law in order to support effective population policy, they, themselves, believe that such a restrictive law does not deny a woman the right and freedom of choice regarding her own family size. This finding may imply that their support for changing the abortion policy is not very strong. On the other hand, the policy makers sampled this study are professional or intellectual elites from relevant executive agencies involved in the preparation of technical pro proposals on abortion policy, for submission to the government.

It is not necessarily true that if the policy makers submit a realistic proposal aimed at lowering the birth rate, the government will adopt it. A previous case in 1974 lends support to this contention; the Thai government at that time took no action on the proposal submitted by the Ministry of Public Health requesting a more liberal interpretation and some revisions of the existing laws, as mentioned in Chapter II. It has been very difficult for the Thai government to adopt such a controversial policy as induced abortion. Advocating induced abortion for the purpose of controlling population growth may be regarded as a political hazard which the government would rather avoid.

Another important political standpoint rests upon the seriousness with which the population problem is viewed by the present government. It is beyond doubt that the government recognizes it. Nevertheless, the seriousness of the problem seems to be gradually decreasing because the population growth rate has decreased from over 3 per cent in 1970 to 2.6 per cent at the end of 1976, as the result of socio-economic development and family planning policy, and is estimated to fall to 2.1 per cent by the end of 1981, (the target of the NFPP). According to these facts, it is rather difficult for the Thai government to accept a more liberal abortion law when several kinds of contraceptive methods are already available for the Thai people at present.

Moral/Ethical/Philosophical Acceptability

Philosophically, it should be the right of the woman to determine her own family size and to decide upon the interruption of her undesired pregnancy by means of induced abortion. Human beings all over the world, with one or two curious exceptions, accept the fact that when presented with the straight choice between the life of the mother and the life of the foetus, that they will choose to save the life of the mother, especially if that mother is also their wife or loved one. The findings from this study supports this fact strongly as well (see item 9 of health circumstances).

However, we cannot escape the ethical and moral problems when the religious viewpoints are considered. No religion, not even the Roman Catholics who tend to adopt the most extreme point of view, have ever outlawed totally, completely and without any reservations all types of abortion. For Thailand, most Thai people are Buddhists who believe that the taking of life is sinful. The findings from this study confirms this fact. Both the policy makers and the general public disagreed with induced abortion because they viewed it as sinful and immoral. The general public also regard it as homicide, whereas the policy makers mostly expressed uncertainly about it.

It might be said that the ethical problem involved here is where to draw the line. According to the outcome of this study, there is a single common concensus on induced abortion only if the child to be born would be neglected by the parent. Specifically, the general public disapproved of induced abortion for all the remaining aspects of moral and religious circumstances. In conclusion, most of the general public disagreed with induced abortion, whereas the policy makers mostly agreed with it on moral and religious grounds. However, the degree of liberality of the policy makers' attitude is relatively lower than any other circumstances. Finally, it should be concluded that induced abortion is still a morally repugnant issue in Thai society. The underlying reason is the prevailing religious belief and the ethical values of traditional Thai people.

Since the abortion issue is particularly serious in its implications from the political viewpoint and for traditional religious groups, an abortion policy deserves serious consideration. The four remaining criteria which could not be investigated by this study should not be withdrawn from discussion. A possible way to do this is to analyze the prospects as far as the data and the facts of the present situation in Thailand permit.

Scientific/Medical/Technological Readiness

Two questions are involved: (1) is the needed technology available? and (2) are the needed medical personnel available or readily trainable to assure medical administration and safety?

For Thailand there is no problem with the abortion technique. The so-called suction device has already been utilized in all provincial hospitals and regional maternal and child health centers. However, though the technology for abortion does exist, that does not mean that it can be automatically applied where most needed. In Thailand, the knowledge and application of this abortion technique is limited to obstetrical/geneacological specialists only. If induced abortion is widely and legally acceptable, all five thousand Thai physicians are needed to be trained for serving approximately 300,000 abortion candidates annually. At present, Thailand has approximately 5,000 physicians. Thus each doctor would have to abort 60 cases per year or one case every four working days, in order to cope with this rough estimation of the magnitude of the problem. This is quite a substantial burden compared with other medical problems. It is certain that the caseload will be very much increased, assuming legality and acceptability. Additional requirements would be made on hospital beds, which are in particularly short supply in Thailand now. Thus, it might be said that, as far as an abortion technique that requires a medical operation and hospital beds is concerned, the shortage of medical personnel in Thailand will become even more serious because there are insufficient numbers for thks short period of time.

Administrative Feasibility

In order to translate a theoretical probability into a practical program, administrative feasibility should be investigated. For Thailand, not only is the medical infrastructure limited as was mentioned previously, but so is the administrative apparatus for applying any program. Even under the existing Thai abortion law limited legalization of induced

abortion to pregnancies resulting from rape, the administrative machinery is inadequate. In practice, assuming legal disputation, proof may be difficult to obtain. Legally, it has to be justified by the police or the law court, and the case may drag out for long time.

Thus it is sometimes possible that the gestation of pregnancy becomes too late for performing an induced abortion safely, or the pregnant woman might have already terminated her pregnancy before justification by the legal authority. The policies that look good on paper might be difficult to put into practice.

It is very difficult to estimate the administrative feasibility of broad-minded proposals. Assuming that Thai abortion is liberalized to cope with economic conditions, for example, when the pregnant mother cannot afford another child, the questions and problems to be encountered are: Who is the person who makes the final decision that her reason is believable? How serious should the poverty be to be considered sufficient reason for induced abortion? These are the realities that must be dealt with if the Thai abortion law becomes more liberal. In addition, the more the technology requires the services of medical or para-medical personnel, the more difficult it is to administer in the developing countries.

Economic Capability

There are two questions to be considered from the standpoint of economic capability. They are: 1) is the liberalization of induced abortion worthwhile when measured against the criterion of economic return? and 2) can it be afforded from present budgets even if worthwhile?

It is very difficult to discuss these questions because an analysis of cost-effectiveness and cost-benefit has never been done in Thailand. According to the limited data available at present the cost of induced abortion via the technique of intrauterine instrumentation, studied by Kambeang Chaturachinda, was on the average approximately 657 Baht or US$33 per case, in 1974. According to the Statistical Bulletin, Bangkok Bank of Thailand, July 1979, the

difference for the consumer price index between 1974 and 1978 is 35.5 per cent (they are 134.1 in 1974 and reach to 169.6 in 1978). Supposing that the caseload remains constant at 300,000 cases annually, it means that the Thai government has to allocate about US$13,414,500 or 268,290,000 Baht, after adjusting for inflation in 1978, for this purpose. It is a substantial sum and very expensive for the Thai government, whereas the analysis of economic return is limited. Thus it might be said that it is still unknown whether the liberalization of induced abortion is worthwhile for Thailand.

Presumed Effectiveness

A final question to be considered is: to what extent will liberalization of induced abortion actually work in bringing population growth under control? It is generally believed that a liberalized abortion system, if workable, could be effective in preventing unwanted births, but it would probably have to be associated with a contraceptive effort. From previous abortion research in Thailand, most of the abortors have previously practiced some kind of contraceptive method. In that case, births averted cannot be assumed to be the sole result of induced abortion. Similarly, free abortion for contraceptive failures would probably make for a fertility decline, but how large a decline would depend upon the quality of the contraceptive programme. In Thailand, many kinds of contraceptive methods are available for the people, and the failure rates are quite low. Thus, it might be said that it is very difficult to know the answer of presumed effectiveness of induced abortion.

Based on the information obtained from the study, the knowledge from previous studies as well as the population situation and health services system of Thailand, policy reoommendations on induced abortion are proposed as follows:

1) Because there is still considerable reluctance based on both religious and moral as well as political and economical considerations, induced abortion on demand should not be provided on a large scale, under present circumstances.

2) Because there are several modern contraceptive methods such as pills, IUD, condom, injection, sterilization, etc., being provided by the Thai National Family Planning Programme, with presumed effectiveness and without moral and religious problems in Thai society, induced abortion should not be adopted as a method of birth control in the NFPP.

3) Because there is some concensus among the policy makers and the general public regarding the revision of the current Thai abortion law and the attitudes are predominantly in the most favorable category on the basis on health circumstances, the abortion law should be reviewed and revised to encompass other more important health problems other than the health conditions being provided for by the current law. However, such a revision ought not to bring about too large a scale of induced abortion.

Induced abortion should be authorized under the following circumstances:

a) there is good reason to believe that the child will be born deformed,

b) mother with severe mental illness,

c) mother aged 13 years and under.

4) The authorization of induced abortion should be made jointly by the pregnant woman and her physician.

5) The duration of pregnancy to be terminated by induced abortion should be limited to the first trimester of gestation.

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-relations 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.