

**KNOWLEDGE AND ATTITUDE TOWARD
INDUCED ABORTION AMONG THAI MEN
IN NAKORN RATCHASIMA PROVINCE**



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Thesis
Entitled

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KNOWLEDGE AND ATTITUDE TOWARD INDUCED ABORTION AMONG THAI MEN IN NAKORN RATCHASIMA PROVINCE.**PATTARAPORN SITTHAI 4536702 RAHP/M****M.Sc.(HUMAN REPRODUCTION AND POPULATION PLANNING)****THESIS ADVISORS:SOMSUK SUTHUTSVORAVUT,M.D.,M.P.H.,DIP.THAI BOARD OF OB&GYN SANYA PATRACHI M.D.,VAJIRA SINGHAKAJEN, B.A., (STAT)LL.B.M.A.(DEMOG.)****ABSTRACT**

The purpose of this study was to evaluate the knowledge and attitude toward induced abortion among Thai men in the province of Nakorn Ratchasima,Thailand. The sample for this cross-sectional survey research was 325 men in Nakhon Ratchasima Province aged 15-49 years. Data was collected from 15th November – 31st December, 2003 through self-administered questionnaire. The statistics used for analysis included descriptive statistics and chi-square test.

The results showed that most of the men were between 25-29 years old with a mean age of 30.8 years. Most of them were government officers. Forty-three percent of them were married or in a consensual union. Most of the men had one child. Most of them had a bachelor's degree and an income of less than 10,000 baht/month with a mean income of 15,640 baht/month. Most of the men had a knowledge of induced abortion at a fair level of 55.7 percent, while most of them had a positive attitude toward induced abortion at the 94.2 percent level. No demographic or socio economic factors had statistically significant associations with knowledge, while occupation had a statistically significant association with attitude (p-value< 0.05).

The decision of men to let their girlfriends have an induced abortion was rather low in percentage. All of the respondents felt continuing with the pregnancy was best even though the pregnancy was unplanned and they were not ready. Only 3.4% of the men would let their girlfriends who were still studying in school have an induced abortion. However, 74.5% of the men would let their girlfriends have an induced abortion although their girlfriends had been raped by other men and had become pregnant.

In conclusion, Thai men seemed to have a fair knowledge and attitude toward induced abortion. Most of them decided to continue pregnancy although there were problems in their families. Beliefs and lack of knowledge on induced abortion might be reasons for this. Knowledge and attitude toward induced abortion should be improved by distribution of correct knowledge and the promotion of positive attitudes toward induced abortion in Thai society. This will ensure that society has enough information for reflecting on the problems of society and the means to solve them.

KEY WORDS: MEN / KNOWLEDGE AND ATTITUDE / INDUCED ABORTION

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บทคัดย่อ

การศึกษาในครั้งนี้มีวัตถุประสงค์เพื่อศึกษาถึงความรู้ และทัศนคติต่อการทำแท้งของผู้ชายไทยในต่างจังหวัดของประเทศไทยโดยวิธีการศึกษาเป็นการศึกษาเชิงสำรวจแบบภาคตัดขวาง โดยทำการศึกษาในกลุ่มตัวอย่างจำนวน 325 คน ต.ในเมือง อ.เมือง จ.นครราชสีมา โดยเก็บข้อมูลจากแบบสอบถามและให้กลุ่มตัวอย่างตอบแบบสอบถามด้วยตนเอง การวิเคราะห์ข้อมูลใช้สถิติเชิงพรรณนาและ Chi - square

ผลการศึกษาพบว่า กลุ่มตัวอย่างส่วนใหญ่ มีอายุ ระหว่าง 25-29 ปี ประกอบอาชีพรับราชการเป็นส่วนใหญ่แต่งงานจดทะเบียนสมรสและไม่จดทะเบียนร้อยละ 43.0 ส่วนใหญ่พบว่า มีบุตรคนเดียวการศึกษาส่วนใหญ่จบการศึกษาระดับปริญญาตรีรายได้ต่อเดือนต่ำกว่า10,000บาท/เดือน กลุ่มตัวอย่าง ส่วนใหญ่มีความรู้เกี่ยวกับการทำแท้ง อยู่ในระดับปานกลาง ร้อยละ 55.7 ส่วนทัศนคติส่วนใหญ่เห็นด้วยกับการทำแท้ง ร้อยละ 94.7 ลักษณะปัจจัยทางด้านประชากร เศรษฐกิจ และสังคม ไม่มีความสัมพันธ์อย่างมีนัยสำคัญทางสถิติเกี่ยวกับความรู้ และทัศนคติ พบว่า อาชีพ มีความสัมพันธ์อย่างมีนัยสำคัญทางสถิติกับทัศนคติ เกี่ยวกับการทำแท้ง ในการตัดสินใจในการทำแท้ง เมื่อเกิดการตั้งครรภ์ไม่ปรารถนา พบว่าร้อยละ 100 จะให้ตั้งครรภ์ต่อ หากคนรักยังไม่พร้อม หากคนรักยังศึกษาอยู่ ผู้ชายจะตัดสินใจให้ทำแท้งเพียงร้อยละ 3.4 และหากคนรักถูกผู้อื่นข่มขืนและตั้งครรภ์ จะตัดสินใจให้ทำแท้งร้อยละ 74.5 สรุป ผู้ชายไทย มีความรู้และทัศนคติต่อการทำแท้งอยู่ในระดับปานกลาง และส่วนใหญ่ยังคงตัดสินใจตั้งครรภ์ต่อทั้ง ๆ ที่มีปัญหาหรือข้อบ่งชี้ทางกฎหมายให้ทำแท้งได้ อาจจะเป็นความเชื่อ ทัศนคติและขาดความรู้เรื่องการทำแท้ง ที่ดีพอ จึงควรมีการเผยแพร่ความรู้ และส่งเสริมทัศนคติที่ถูกต้องเพื่อให้แน่ใจว่าสังคมมีความรู้ และข้อมูลที่ถูกต้องเกี่ยวกับปัญหาและการแก้ไขปัญหาของสังคม.

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CHAPTER 1 INTRODUCTION

Background

Being a developing country, Thailand is experiencing both rapid economic and social growth. However economic gain is not without any destructive loss. Rapid cultural change is the direct affect causing endless social problems in our society

Induced abortion is a one of critical social problem and is attracting interests both national and international levels since this striking problem of unwanted pregnancy is intensifying. Induced abortion is related to several factors such as materialistic, knowledge, attitude, sex education, birth control, acceptance and exposure to educational and vocational opportunity for woman. More importantly, there is an urgent need for social reform by both public and private sectors in changing law of abortion.

Induced abortion is one of the answer to unwanted pregnancy. This is the fact of life which is trues in the past, the present and into the future. WHO study showed that there were approximately 210 millions pregnant women annually and 22 percent of those ended up with abortion, indicating that there were approximately 46 millions abortion worldwide. In every 1,000 pregnancies, 35 cases are women with induced abortion. The alarmingly truth is that out of those numbers approximately 20 million cases received induced abortion from untrained physicians or substandard condition or both(1).

Recent estimates for developing world regions provide an overall figure of around 30 million induced abortions annually, broken down as follows: 3.4 million in Africa (high range estimate); 11.9 million in East Asia; between 5.2 and 12.5 million in South and South-East Asia; and between 4.4 and 6.2 million in Latin America (2).

As for Asian countries, number of abortion is quite alarming as well. In 1997, Philippines has approximately 400,000 abortion cases where as Bangladesh has as high as 30,000 cases in one year. (3).

In the United States, there are six millions pregnancy annually. Half of those cases belongs to unwanted pregnancy which leads to 1.6 millions induced abortion a year(4).

As for other countries like Norway, Russia And India where law against abortion exists, unwanted pregnancy rate continuous to rise (4) since family planning is inadequate and inefficient. According to the study of unwanted pregnancy in woman of reproductive age by Wannarat Suwan in 1987 (5), 26.2 percent of pregnancy were unplanned which the highest rate was found in the northeastern part where 40 percent of all unplanned pregnancy cases were reported.

Report from Siriraj Hospital, in 1989 studied 314 cases of unwanted pregnancy. Out of those cases, 83.7 percent were teenager mother(6).Napaporn Chayowan and John Nodel in 1992(7) also reported the same finding. Report from abortion clinic in Siriraj Hospital in 1992(8), revealed that there was, in one year,a total of 1,120 cases of unwanted pregnancy which induced abortion was requested in one year. A follow up study reported only 69 cases gave birth in the hospital, only 16 cases received therapeutic abortion whereas the rest never returned to the clinic and therefore remained unaccountable for.

In Thailand, a study showed high rate of induced abortion between 200,000-300,000 cases annually (9) which translated to 107 cases per every 1,000 women in reproductive age(6). From a study rate in Lampang, Katepradith found that there were a lot of woman with unwanted pregnancy , especially in woman under the age of 20 years old(10). , it is however a very high which is 13.1 cases in every 1,000 WRA (women of reproductive age). In Thailand, There is a law against induced abortion since 1956. However induced abortion becomes legal for 2 conditions. The first is that if induced abortion is done for the health of pregnant woman. The second one is that in case of rape victim in accordance with criminal law. (11). The law has not been modified or improved to reflect today society nor advanced medical technology.

Unplanned pregnancy occurs as a result of unprotected sexual intercourse. It is not the only responsibility of women alone. On contrast, male partner should have more responsibility as he is the original cause of problem. So far there have been very few studies regarding knowledge, attitude and behaviour of male in the problem of unplanned pregnancy and induced abortion.

This research is aimed to study knowledge and attitude toward induced abortion of men in a province of Thailand. They are in the rural areas of Thailand and are expected to be less educated and less exposed about abortion law and technology than those in Bangkok. Whether they agree and have any experience about induced abortion is worth to explore.

OBJECTIVES OF THE STUDY:

- 1.To study the level of knowledge of and attitude toward induced abortion and its law among men in of Nakorn Ratchasima Province.
2. To study the association between the demographic factors which included age , education level , marital status , income , occupation and number of children, and knowledge of and attitude toward induced abortion.
3. To study decision of men in managing unwanted pregnancy in different scenario.

HYPOTHESIS:

1.Statistically significant factors which were associated with knowledge of induced abortion among Thai men included age, occupation, education level, marital status, income and number of children.

2.Statistically significant factors which were associated with attitude toward induced abortion among Thai men included age, occupation, education level, marital status, income and number of children.

SCOPE AND LIMITATION OF THE STUDY:

The study recruited Thai men age between 15-49 years old in Amphur Muang of Nakorn Ratchasima province.

VARIABLES OF THE STUDY:

1.Independent Variables were demographic characteristics, economic and social factors among men in Amphur Muang of Nakhon Ratchasima province which included.

- 1.1 Age
- 1.2 Education level
- 1.3 Income
- 1.4 Occupation
- 1.5 Marital status
- 1.6 Number of children

2. Dependent Variables were

- 2.1 Knowledge of induced abortion.
- 2.2 Attitude toward induced abortion.

OPERATIONAL DEFENITIONS:**Age**

Complete years of age of the men since the date of birth to the data of interview.

Education level

The highest years of formal education.

Occupation

Work that men do to living.

Marital Status

Type of relationship the men living with their girlfriend.

Single

Living alone, no girlfriend.

Consensual union

Living with partner but did not have marriage registration

Married

Living with partner with registration.

Divorce /Separated/Widowed

Not living with partner due to separation or partner deceased.

Income

The money that men earned per month.

Number of children

The number of living children men have with their girlfriend.

Abortion

The definition of abortion is the termination of pregnancy by any means before the fetus is sufficiently developed to survive. In the United States this definition is confined to the termination of pregnancy before 20 weeks based upon the date of the first day of the last normal menses. Another commonly used definition is the delivery of a fetus-neonate that weighs less than 500g (12).

Knowledge about induced abortion.

Level of understanding about conception fertilization, abortion, complications of abortion, timing and method of safety induced abortion and law abortion.

Attitude toward induced abortion

Level of feeling and opinion of agree and disagree among Thai men about induced abortion and the law abortion.

CHAPTER 2

LITERATURE REVIEW

In this chapter, concepts and theories on the induced abortion which will determine men's knowledge of and attitude toward induced abortion were presented. The presentation will be organized into different topics as follow:

1. Abortion and types of abortion
2. Preception and concepts of abortion
3. Abortion laws in Thailand
4. Related researches of the knowledge of and attitude toward induced abortion.

1.Abortion and types of Abortion

Induced is to cause or initiate by artificial means(13)

Abortion is the termination of a pregnancy after, accompanied by, resulting in, or closely followed by the death of the embryo or fetus(13)

Abortion in terms of medical sciences is referred to the termination of pregnancy before the stage of Viability. The definition of the Stage of Viability is differed from each institution(weight of 400-1,000 grams or pregnancy of 20-28 weeks). In the United States, The American College of Obstetrician and Gynecologists (ACOG) defines the abortion that when the child is not more than 500 grams or pregnancy of less than 20 weeks(15).

Abortion is divided into 2 major types(15,16,17),i.e. spontaneous abortion and voluntary induced abortion.

1.1 Spontaneous abortion is a natural miscarriage that occurred without using medicine, tools, or any methods.

1.2 Induced abortion is the miscarriage that happened by the intent

of an individual either directly or indirectly in terminating the pregnancy by eliminating the unborn child in the womb. It may be sometimes called therapeutic abortion.

In the case that had pregnancy been further allowed, it might critically affect life, health and mental health of the mother as well as the unborn child after being delivered might suffer both physically and mentally. . Less has been mentioned about the effect on men who is the original cause of the problem.

Effect of induced abortion

Effect of induced abortion mostly occur from illegal abortion which can be identified in factors as follow:

1.Physical Factors These may occur from abnormal uterus, abnormal bleeding, infection, inflammation, septicemia, uterus rupture etc. If no effective medical attention is received timely, the pregnant woman may be in life danger. In same cases, these may result in the inability to become pregnant.

2.Psychological Factors There are effects of feeling of individuals such as confusion, fear, stress ,depress ,degradation and instability. In cases of women who have no other choices but abortion, despite wanting to keep the babies, induced abortion has moral deterioration effect upon those women(18).

From the study, unmarried woman who had induced abortion feel uneasiness in the first 2-3 months. However after one year follow up, it was found that they feel much better. On the other hand, most women cannot easily cope with the lost which may have effects on their ways of life and emotion to the point of having mild mentally disturb experiences.

3. Economic Factors Most illegal abortions result in complication which requires Further hospitalization that become costly to both patience and the government.

These mentioned effects mostly occur to the women. It is interesting whether these effects will ever took any responsibility on women's illness is still questioned.

2. Preception and Concepts of Abortion

Even every country has abortion laws, however, people in society

perceive the abortion differently. Arguments in the western countries can be differentiated into 3 major groups as follows (19).

The Conservatives

This group both rejects and objects abortion, perceiving that abortion is immoral in all cases. This group is religious-based, particularly the Christians and attaches to the value of life principles counting that the fetus in the womb is already being human on the seconds of conception. All humans own rights to equally live regardless who they are, either adults, or the aged, or children or the unborn young in the womb, or the limps, or the incurable sick. The abortion is therefore immoral because it kills person regardless of cases. This group adheres to the Strong Pro-life Positive believing that the unborn child is a human or a person in general. The group, which rejects the abortion, is called the Pro-life Group.

The Liberal

This group contradicts the Conservative. Most Liberal is non religious-based and likely influenced by the Utilitarianism thinking that what one should do is for the best benefits of the society. Therefore, to decide whether abortion is right or wrong depends on the permission of viability of abortion to society, and not by religious beliefs. The Liberal perceives that freedom of abortion is advantageous to society rather than impediments, and it is not against morality by using the Principles of individual freedom to be applied with right of the pregnant woman over the body and the inborn. Therefore, the pregnant woman own the rights of choice. It is also emphasized that the actual state of being human is valueless or owns the full rights till being born. It means that the unborn young in the womb rely on the values and rights of the mother without owning values and rights of its own till delivery. The Liberal counts that abortion is the individual activity and it affects non-others rather than one who takes pregnancy termination. Besides, abortion does not harm anybody. The group that accepts the Liberal abortion is called the Prochoice. It is clear that both groups are contradictory in the acceptance and the rejection of abortion. However, there is another group, that perceive the middle way i.e. neither accepting nor rejection in al cases, which is the intermediate(20).

The Intermediary

This group neither accepts nor rejects abortion in all cases alike the Conservative or the Liberal. However, this group accepts abortion in some cases, which depends upon conditions and reasons referring the viability of abortion. The acceptance of abortion is based on necessity or with the Hard Reasons, which is the medical reason and humane i.e. abortion based on the impact of pregnancy against the health of the mother, the pregnancy by felonies and the limp unborn young . The group rejects abortion on conditions and reasons of the Soft Reasons, i.e. abortion because too many children, and unmarried. However, either to accept or to reject is based on the individual different conditions.

3. Abortion Laws in Thailand

Definition of “abortion” legally is referred to the delivery of a dead child from the womb under the verdict of the court 677/BE2510(21).

There is still prohibition in liberal abortion in Thailand. Abortion by other indication rather than therapeutic abortion is therefore subject to criminal penalization, and most rationales are based on economic and social reasons(22). Illegal abortion is critical issues on the basis of affecting female health, abortion in Thailand is legally permitted on only two.

The existing Criminal Codes(BE 2499)

After enforcing the laws of Criminal Character RE 127 (BE 2451) for 48 years till the end of BE 2499, the Thai government saw the significance in the amendments of the Laws of Criminal Character RE 127 (BE 2451) corresponding to the social changes. The Thai government appointed the committee to amend the laws and being enforced since January 1. BE 2500 including offense of abortion. Also, it specified the pregnant women and the provider of service for pregnancy termination with 10 sections. Beginning from the 3rd. Section of Article 301 to 305 are 5 Articles as follows(21,23)

Article 301 codes that

“Any female commits self abortion or consent to must be subject to

imprisonment of not more than three years or fines of six thousand Baht or both”

Article 302 codes that

Any person commits pregnancy termination under the consent of the pregnant must be subject to imprisonment of not more than five years or fines of ten thousand Baht or both.

If the offense also critically hurt the pregnant, the offender must be subject to imprisonment of not more than seven years or fines of fourteen thousand Baht or both”

If the offense causes the pregnant death, the offender must be subject to imprisonment of not more than ten years or fines of twenty thousand Baht or both.”

Article 303 codes that

Any person commits pregnancy termination under the discontent of the pregnant must be subject to imprisonment of not more than seven years or fines of fourteen thousand Baht or both.

If the offense also critically hurt the pregnant, the offender must be subject to imprisonment of one years to ten years or fines two thousand to twenty thousand Baht or both.”

If the offense causes the pregnant death, the offender must be subject to imprisonment of five to twenty years or fines of ten thousand to forty thousand Baht.”

Article 304 codes that

Any person attempts to commits offense of Article 301 or 302 of the first statement is not subject to any penalization.”

Article 305 codes that

“If offense is committed against Article 301 or 302, which is the offense of the physician and

1. It is critical to the health of the pregnant
2. The pregnant victimized by the criminal offense of Article 276, 277, 282, 283 and 284. The offender is free from any allegation”

In the case of rape, the therapeutic abortion , must be under at least 2

certified physicians with professional medical certified to take medical checks and unanimously confirm the abortion and submit to the Director of the hospital or the Acting Director where the physicians are allowed. The abortion of item 2.1.3 requires evidence from the interrogation officer or authority to be submitted to the physician of operation.

4. Related researches

Knowledge of induced abortion

Induced abortion is a social problem which has impact on moral and general cultural belief according to studies by Ieke irdjiati syahbuddin in 1989-1990 (24) who also found that knowledge on induced abortion among vocational students in Bangkok and Korat were at good level and K.Auchariyayat(25) who studied knowledge of induced abortion among student vocational school in Nontaburi province. It found that the students had moderate level knowledge and moderate level of problem solving expectation

Attitude toward induced abortion

V. Prajuebbhor (26), studied attitude of women toward induced abortion : at Amphur Photaram, Ratchaburi Province in 1965 and found that acceptabilty of induced abortion among housewife was only 5 percent. They considered induced abortion as immoral and guilt.

D. Cowgill et.al. (27), in 1969 studied attitude toward acceptability of induced abortion among housewife in Bangkok. He found that the acceptability of induced abortion was 62 percent.

Institute for population and social research, Mahidol University in 1977 studied behavior and attitude toward induced abortion among rural women found that acceptabilty of induced abortion was 56 percent.

B.Leoprapai and R.G.Burnigh(28), who studied attitude of rural Thai women toward induced abortion found that rural woman had higher acceptability rate of other indications of induced abortion than urban women. They also found that

good attitude toward induced abortion was associated with educational level and income.

O. Ruayajin(29) who studied attitude toward induced abortion among executives officer and general people in Bangkok found that there was no association between economic status and attitudes toward induced abortion.

M. Chaumpluk(30) studied knowledge and attitudes concerning abortion practice in urban and rural areas of Thailand and found that urban women who were younger and higher educational level would have better attitude toward induced abortion than older and lower education level.

V. Kasirarat (31) studies the concepts and attitude toward abortion law among 60 medical social workers in government hospitals located in Bangkok. He found that a lot of women admitted due to complications of illegal pregnancy termination. He suggested that the government should amend the Criminal Laws Articles 305 on account of its high limitations resulting in the viability of the pregnant women, who are in necessity to access legal abortion services by physicians.

S. Siriboon (32), who studied Impacts of study attitude toward induced abortion among women in both urban and rural areas of Thailand found that the younger generation had more liberal attitudes than the older generation.

M. Sappayavanich (33) studies the attitudes of the staff in the criminal justice toward Abortion Laws among 239 staff interviewed most staff agreed with the amendment of the abortion law. Illegal abortion should be reduced by sex education, moral improvement providing welfare to the poor family to raise children when being pregnant, providing knowledge for juveniles to understand the nature of human and to prevent the social problem of illegal abortion. In relative to the Abortion Laws – the staff agree that there should be the laws to penalize the attempt of illegal abortion. The abortion should be allowed if the child will be born with physical and psychological disorder. Laws should be amended to penalize the males causing the pregnant women to have illegal abortion. The amendments should fit to the present situation contemplating the sensation and the integrity of the people by clearly considering the limitation and conditions of the practices as well as the economic and social reasons.

I. I. syahbuddin in 1989-1990 (24), studied comparative knowledge attitude and practice about induced abortion among adolescents in vocation school at Bangkok and Korat province found that they had positive induced abortion attitude.

R. Khamprabha (34) studied perspectives of 737 Thai youth in Bangkok toward the resolution of the unwanted pregnancy and the abortion laws and found that they had opinion that survival of the mother is more important than the baby 's right to live (81.1 percent) and strongly disagree with Free right of woman to induced abortion (80 percent) but agreed with some conditions of woman's to induced abortion (86.5 percent).

K. Phopunchana (35) studied acceptance of induced abortion among 438 adolescents who were vocational students in Bangkok. Most of the student accepted induced abortion at moderate level and strongly agreed with some condition i.e. pregnancy with HIV infection.

B. Jaiswang (36) studied acceptance of social welfare staff toward induced abortion and found that they accepted induced abortion in high level

S. Praditphong (37) studies the rights over the body and the decision of taking abortion. It is found out that cognizance and concepts regarding right over the body of the female group in the investigation have been divided into 3 groups, i.e. the abortion group, the antirights of abortion group, and the conditional supportive group. The factors of cognizance toward rights of the abortion group, e.g. economic status, education, status and social role are lower than the 2 groups, which have the supportive factors of the cognizance toward rights. However, rights will differ according the life experience. The anti group is females in the religious group and the female obstetricians. Whereas, the conditional supportive group is females in the criminal justice and social workers conditioning that rights is used under restriction with the period of pregnancy, providing instructions and information to the females in association with amendments of laws to help the unwanted pregnancy.

There are many factors influencing attitude toward induced abortion. Similarly, there are many reasons given when people express their opinion for opposing or supporting abortion. The major content of debates on abortion include for example, the cause and prevention of unwanted pregnancy, the fetus, woman's right, etc.

Sherwin (38) analyzed the ethics of abortion by comparing between feminist and non-feminist arguments about abortion. She found that non-feminist arguments focus exclusively on the morality and/or legality of performing abortions, whereas feminists insist that other questions including ones about accessibility of delivery of abortion services must also be addressed. Non-feminist theorists, whether they support or oppose a woman's right to choose abortion, focus almost all their attention on the moral status of the developing embryo or the fetus. Most feminists believe that a pregnant woman is in the best position to judge whether abortion is the appropriate response to her circumstances.

Sherwin (39) also gathered sets of the reasons of those who oppose or support abortion. For the opposition, abortion should not be promoted as woman can avoid unwanted pregnancy by avoiding sexual intercourse and the fetus is value as human and therefore entitled not to be killed. In contrast, feminist supporting abortion argue that young woman are always discouraged from preparing for sexual activity that might never happen and are offered instead romantic models of spontaneous passion. For the feminists, fetuses are morally significant, but their status is relation rather than absolute. The relationship existing between a woman and the fetus is clearly asymmetrical. She is the only party in the relationship who is capable of making a decision about whether the interaction should continue and the fetus is wholly dependent on the woman who sustains it while she is quite capable of surviving without it.

Often, the legal status of abortion has become the heart of the debate in many countries. Currently, 25 percent of the world's woman live in parts of the world where abortion is permitted only to save a woman's life or is prohibited altogether. According to the Alan Guttmacher Institute (39), of 1.38 billion of woman in 1999, ten percent reside in countries where abortion is allowed when it is necessary to protect a woman's physical health or her life, and another 4 percent where it is permitted for these reasons or to protect a woman's mental health. Fortunately, the more liberal law is provided for 61 percent of woman in the world . Among them, 20 percent live in countries that permit abortion for economic reasons, as well as for the narrower grounds described above, and 41 percent in countries where woman may obtain the procedure without being required to give a specific reason.

In Thailand, as noted above, there are only two exceptions permitted by the law for obtaining a legal abortion. Along with advocacy for expanding grounds for legal abortion in Thailand, studies on attitude towards induced abortion have been conducted among either the general population or people in some particular career. Most of the studies have found wide support for abortion under the conditions permitted by the law. Some studies have also focused on some other dimensions of abortion, for example abortion as a woman's choice, morally of abortion, advantage of abortion in reducing some social problem.

Determinants of abortion attitude

In Thailand, according to the review by Suchada Ratchukul (40) of 40 years of studies on attitudes toward induced abortion, there has been a change from negative to positive attitudes toward induced abortion among people in almost every sector of society. Many studies were undertaken to identify variables influencing variation of abortion attitudes, and had been done either among the general population or specific groups.

Age of respondents is employed as an independent variable in almost every study on abortion attitudes. It was found in many studies age is one of the important factors affecting attitudes toward induced abortion. Miller, studied the abortion attitudes among married men and women, found that the acceptability of abortion increase with age. Similarly, some studies in Thailand found that older generation are more favorable in their attitudes toward abortion than the younger generation(29). However, some studies also presented opposite results that the younger generation had more liberal attitudes than the older generation (32,41). Considering the timing of each study, we could argue that abortion attitudes have improved to be more positive among the younger generation. Or it may be that, rather than age, abortion attitudes are affected by other factors, for example, education, type of occupation, which are themselves related to age.

In Thailand, some studies have found that people with higher education have more favorable attitudes towards induced abortion than those who have lower education (31,32,40).However the effect of education on abortion attitudes is not

direct effect. It was evident in the study of Siriboon(32) that education influenced abortion attitudes though ideal family size and number of children ever born, as it led to a desire to have a small family and favorable attitude towards fertility control. Woman with low fertility and who desire a small number of children viewed abortion as a supplementary means of family limitation. Similarly, Chulalongkorn (42) concluded that the attitude also depend on the background and experiences of people.

Similarly, a study on trends in abortion attitudes in U.S. during the period of 1972-78, found that education was the most important socioeconomic variable in explaining the variability of attitudes toward abortion (43). Again, in a study of the trend of abortion attitudes of black woman in the U.S. during 1972-1991, the higher the education of the black woman the more their support for legal abortion. The positive relationship was found significant during the year 1982-1991 (39)

An effect of occupation on abortion attitudes has been found in many studies. Those who work in government organization expressed a more positive attitudes toward induced abortion than those who were employees or laborers, farmers, housewives and businessmen and/or trader (42) . Woman working in civil service and professional career also had attitudes supporting abortion (29).

Taking income level as an indicator for the economic status, O.Ruayajin (29) found that there was no association between economic status and attitudes toward induced abortion. On the other hand, the study by S.Bhiromkaew (41) found those with high incomes favored abortion more than those with low incomes. She explained that those with higher incomes probably had benefited from a good education and were able to enter a high-pay job. These people believed abortion was respectable and not wrong or repulsive.

It has been hypothesized that people living in rural area might be more conservative than those living in urban area, so they should be less supportive of abortion also. However, it was found by B.Leoprapai and R.G.Burnihgt (28) that woman in rural areas, regardless of their other characteristics. In contrast, the study done by O.Ruayajin (28), found no association between residence and abortion attitudes.

Other than the characteristics of the respondents, outside factors such as the social situation also play an important role in forming attitudes toward induced abortion. Cook studied the generational differences in attitudes toward abortion between 1972 and 1991 among whites in the U.S. Her findings suggested that the government policy on abortion had an association with the citizen's abortion attitudes. Whites who came of age during the reagan/Bush era are significantly less supportive of legal abortion than those who reached adulthood during the previous two decades. This cohort was exposed to organized antiabortion activity of the government.

Abortion experience: A relationship between the experience of abortion and the attitude toward induced abortion has been found in the study of O.Ruayajin (29) that couples who had at least one miscarriage and particularly an induced abortion had more positive attitude towards induced abortion.

CONCEPTUAL FRAMEWORK

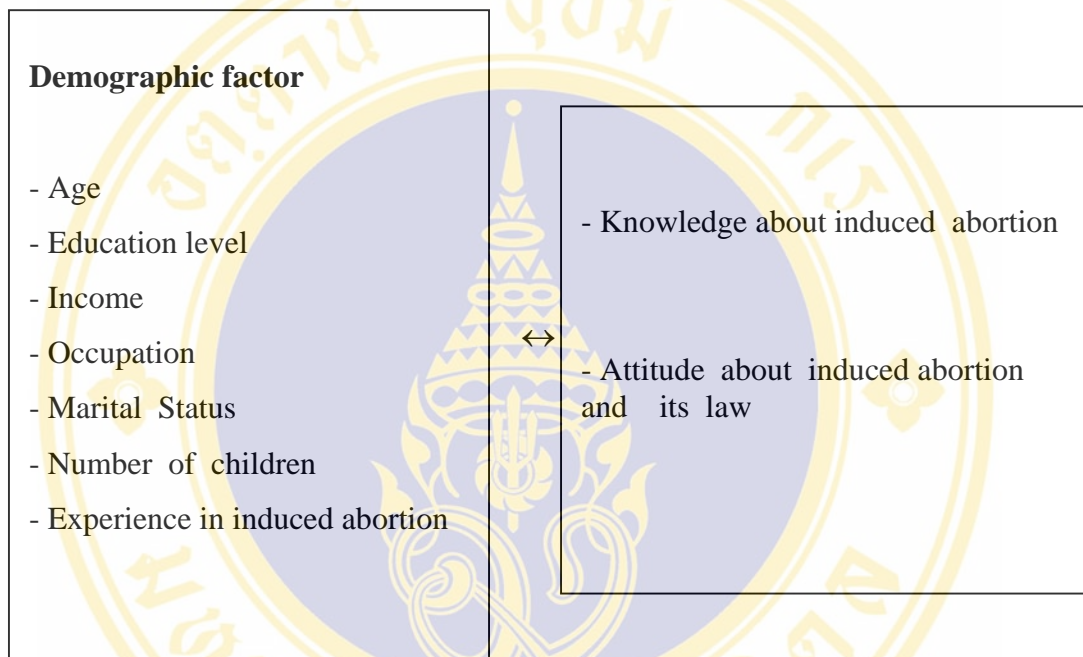


Figure 1 : Conceptual framework

CHAPTER 3

METERIALS AND METHODS

RESEARCH DESIGN

Research design is survey research. The study is aimed to study knowledge of and attitude toward induced abortion among men in Amphur Muang, Nakorn Ratchasima Province.

TARGET POPULATION

Target population are men in Amphur Muang, Nakorn Ratchasima Province with age of 15-49 years old.

SAMPLE SIZE ESTIMATION

A pilot study was conducted in Amphur Muang Nakorn Ratchasima Province to determine the percentage of men who had the sample size estimation used following statistical formula as follows

$$n_0 = \frac{Z^2PQ}{d^2}$$

n_0 = Estimated sample size

Z = Degree of reliability (95%)

P = The proportion of men with good knowledge of induced abortion

Q = 1-P

d = Degree of error allowance (0.05)

$$n_0 = \frac{3.841(.26)(.74)}{.0025}$$

$$n_0 = 295$$

Therefore, the minimum sample size required is 295 sample. But sometimes the questionnaires was not completed and therefore were not used for the analysis, so that the researcher increased the sample size to cover the missing data by 10 percent , thus there were 325 samples in this study.

Sampling Method

The samples were randomly selected from male living in Tambon Suranaree in Nakorn Ratchasima Province 325 men whose age range 15-49 years old .

RESEARCH INSTRUMENT:

The questionnaire was constructed by using close and open ended questions with are divided into 5 parts as follows:

Part 1: The general characteristics of men including

- Age
- Education
- Income
- Occupation
- Marital Status
- Number of children

Part 2: The knowledge of induced abortion

The knowledge scale consisted of 15 question that focus mainly on meaning of fertilization, spontaneous abortion, induced abortion, timing of safety for induced abortion, safest induced abortion method, complication of induced abortion

and law of abortion. Correct answer received 1 point, incorrect answer received 0 point. The category of the level of knowledge of induced abortion was classified in 3 levels :

- Low level if the score was less than 50%
- Moderate level if the score was 50-70 %
- High level if the score was more than 70%

Part 3. The attitude toward induced abortion

The level of attitude was into 4 levels according to Likert's scale, i.e. strongly agree, agree, disagree and strongly disagree. Positive question received 4,3,2,1 scores respectively. Negative received 1,2,3,4 scores respectively. All item was positive questions except item no 1,6,7 were negative questions. Attitude measurement can be done by summing up score on each question and dividing attitude into 2 level ie.

- Agree : if the scores was less than 2.50 scores
- Disagree : if the scores was more than 2.51 scores

Part 4. Abortion experience :

The questionnaire consisted of 3 items whether they know the women, the place ever received abortion services and ever guide a women to induced abortion.

Part 5. Decision of solving unplanned pregnancy in different scenario :

The questionnaire consisted of 3 items : There were 3 scenario for WRA to make decision to solve unplanned pregnancy.

- Scenario I : If your girl friend unwanted pregnancy
- Scenario II : If your girl friend is pregnancy but she is studying
- Scenario III : If your girl friend is pregnancy from rape by other men

Validity and Reliability Test

1. Content validity

Corrections and revisions of the questionnaire were made according to suggestions and recommendations from three experts who participated in the validation of the self-administered questionnaire.

2. Reliability

The revised questionnaire were used as the pre-tested among 30 age man in Suranaree district Muang Amphur, Nakhon Ratchasima province. How much knowledge which had the same characteristics in the selection population. The reliability of the questionnaires was calculated by using Cronbach Alpha Coefficient and Kuder-Richardson in the knowledge of induced abortion as follows: (45,47)

The knowledge of induced abortion = 0.71

The attitude toward induced abortion = 0.68

The abortion experience and decision on unwanted pregnancy = 0.72

Data collection

Data were collected by self-administrated questionnaires in Thai language. The steps of data collection were as follows :

1.Submitting the letter of request from the Dean of Faculty of Graduate Studies for permission for data collection and describe the propose of this study.

2.Collecting data from WRA in Muang district, Amphur Muang, Nakhon Ratchasima Province of self-administrated questionnaire.

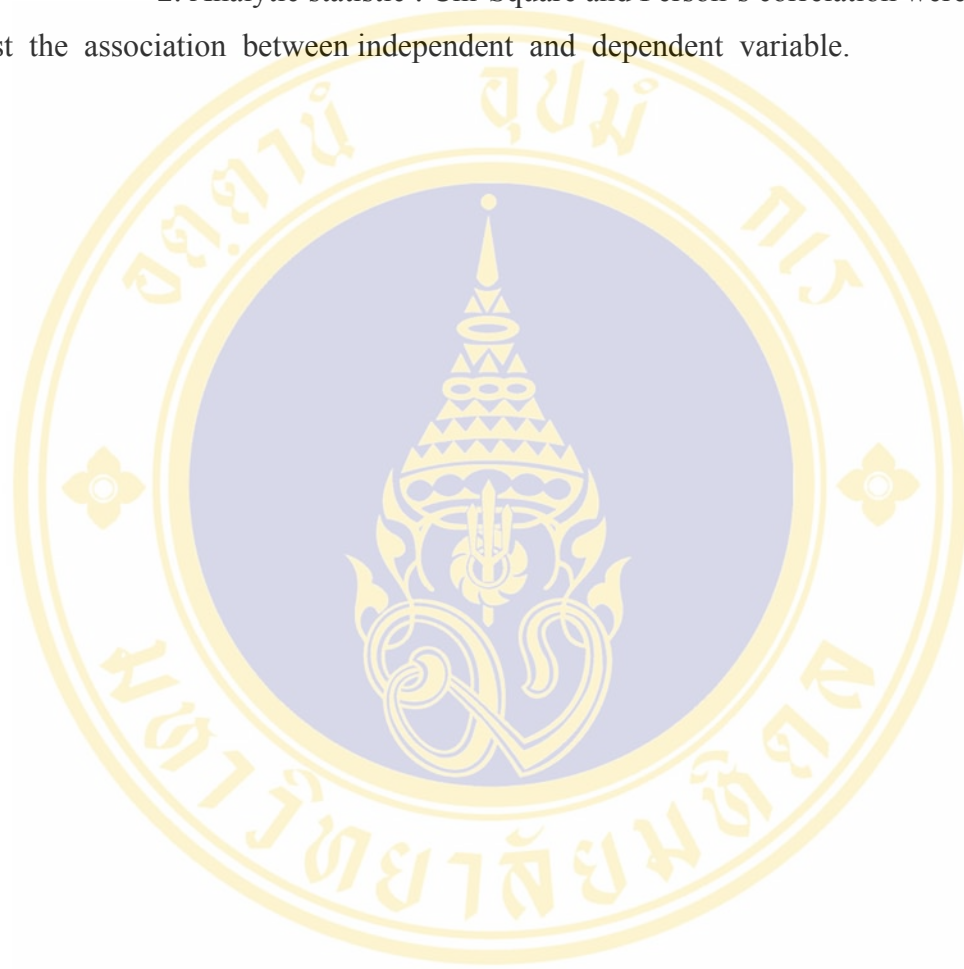
3.Editing and verifying the questionnaires for data analysis

Method of data analysis

The self administered questionnaires were coded by using computer. The statistics used for data analysis are as follows :

1. Descriptive statistic : percentage, mean, standard deviation were calculated to describe individual characteristics and other background information of the respondents.

2. Analytic statistic : Chi-Square and Person's correlation were used to test the association between independent and dependent variable.



CHAPTER 4

RESULTS

This cross-sectional study of knowledge and attitude toward induced abortion among men in urban areas of Nakorn Ratchasima Province was done during 15th November 2003 – 31st December 2003 by using self-administered questionnaires. Three hundreds and twenty five questionnaires were completed. The results are presented in 4 parts as follow :

- Part 1.** The demographic characteristics and experience of induced abortion.
- Part 2.** The level of knowledge and attitude about induced abortion and its law.
- Part 3.** The association between the demographic factor and knowledge and attitude toward induced abortion.
- Part 4.** Decision to have induced abortion in difference scenario of unplanned pregnancy.

Part 1. The demographic characteristics (Table 1)**1.1 Age**

Most of men were in the age group of 25-29 years old (36.9 %) with the mean age of 30.78 years old.

1.2 Occupation

Most of men were government officers (35.1 %) , Twenty eight percent were employee and 21.0% were labourer.

1.3 Marital Status

Most of men were married or live with girlfriend (55 %). Forty two point five percent were single. Only 2.5 % were windowed , divorce or separated.

1.4 Income

Most of men had the income of less than 10,000 bath/month (42.2 %) with the mean of 15,640 bath/month.

1.5.Education level

Most of men had bachelor degree (47.4 %).Thirty two point six percent had diploma level of education.

1.6.Number of children

Among married men or men living with girlfriend , 50.3 % had one child , 29.4 % had children. There were 11.8 % of married men who had no child in family.

Table 1. Distribution of number and percentage of demographic factors of men.

Demographic characteristic	Number	Percent
Number of respondents	325	100.0
Age (years)		
≤ 24	40	12.3
25 - 29	120	36.9
30 -34	64	19.7
35 –39	79	24.3
≥ 40	22	6.8
—		
X = 30.78 S.D. = 6.05 Max = 46 Min = 15		
Occupation		
Merchants	52	16.0
Employee	91	27.9
Government enterprise / Government	114	35.1
Labourer	68	21.0
Marital Status		
Single	138	42.5
Consensual union	39	12.0
Married	140	43.0
Divorced / Separated / Widowed	8	2.5

Demographic characteristic	Number	Percent
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Income (Bath/month)

≤ 10,000	137	42.2
10,001 - 15,000	81	24.9
15,001 - 20,000	55	16.9
≥ 20,001	52	16.0
$\bar{X} = 15,640$ S.D. = 10,840 Max = 60,000 Min = 3,000		

Education level

Primary	11	3.4
Secondary	23	7.1
Diploma	106	32.6
Bachelor	154	47.4
Master or above	31	9.5

Number of child

Single	138	42.5
Married , ever married or consensual union	187	57.5 (100.0)
0	22	6.8 (11.8)
1	94	28.9 (50.3)
2	55	16.9 (29.4)
≥ 3	16	4.9 (8.5)

—
 $\bar{X} \pm S.D. = 1.36 \pm 0.84$ Max = 4 Min = 0

1.7 Experience involving induced abortion service.

Thirty four point two percent of men knew women who ever had induced abortion. Eleven point seven percent of respondents knew the place of induced abortion and 11.7 percent had ever guided a women to have induced abortion.

Table 2. Number and percentage characteristic level of experience in induced abortion service.

Experience	Number N = 325	Percent 100.0
Know women who ever had induced abortion.	111	34.2
Know the place of induced abortion.	38	11.7
Ever guide a women to induced abortion.	38	11.7

Part 2. Knowledge and attitude toward of induced abortion.

2.1 Knowledge toward of induced abortion

The questions for evaluation of knowledge of induced abortion were shown in Table 3. The percentage of men who could answer the questions correctly was 60-80%. The most correct answer is the beginning of pregnancy 89.2%. The question of least percentage of correct answer was the indication of legal abortion especially about the women who is still studying in school.(Table 3.)

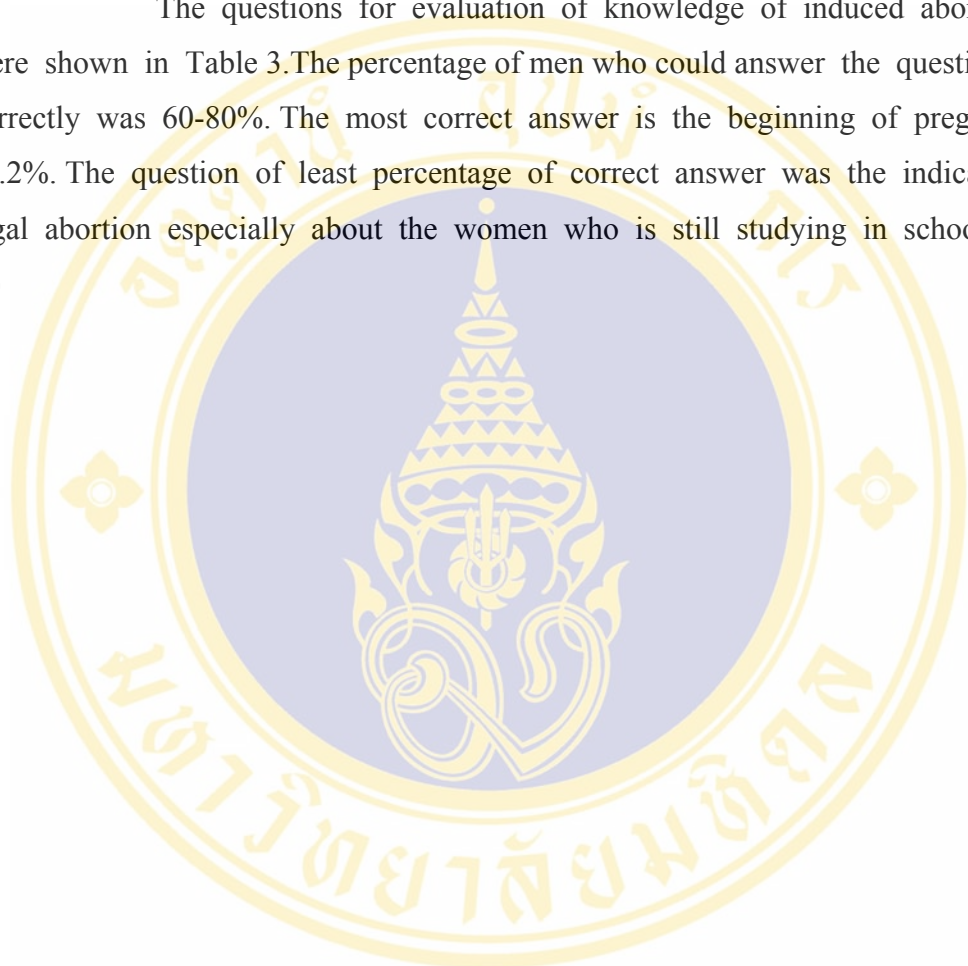
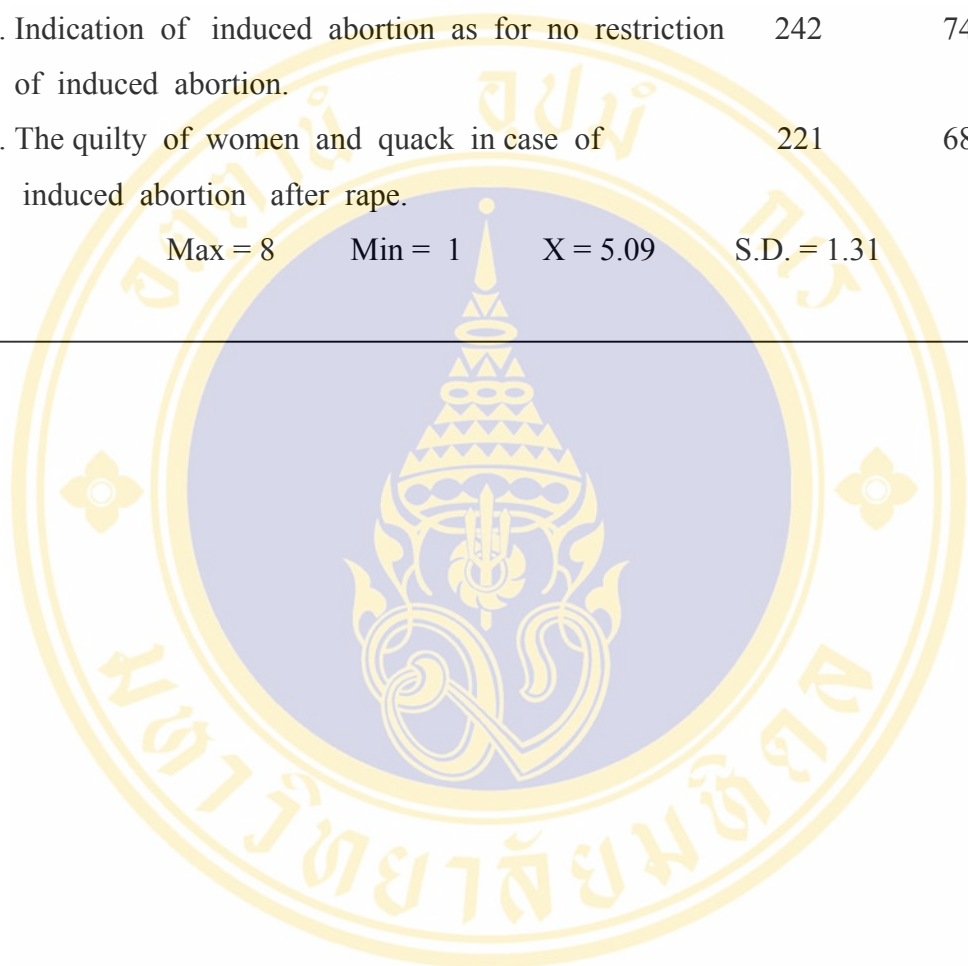


Table 3. Number and percentage of correct answer to question in evaluating knowledge of induced abortion of characteristic level of induced abortion and abortion law.

QUESTION	CORRECT ANSWER	
	Number	Percent
The questionnaire about knowledge on induced abortion.		
1. The beginning of pregnancy.	290	89.2
2. The difinition of abortion.	233	71.7
3. The difinition of induced abortion.	215	66.2
4. The proper time to do induced abortion.	211	64.9
5. The method to induced abortion to be good results and to safety.	236	72.6
6. The place of safe induced abortion.	224	68.9
7. The consequences of induced abortion	227	69.8
Max = 7 Min = 2 X = 4.80	S.D. = 1.02	
The questionnaire about knowledge on abortion law.		
8. Indication of induced abortion as for economic reason to raise the child.	217	66.8
9. Indication of induced abortion due to the women's study in school.	207	63.7
10. Indication of induced abortion due to the women's failure of the family planning practice.	234	72.0
11. Indication of induced abortion as for the young age of women (< 15 years)	230	70.8
12. Indication of induced abortion due to psychociatric disorder of the women.	234	72.0
13. Indication of induced abortion as for the old age of women (> 40 years).	217	66.8

QUESTION	CORRECT ANSWER	
	Number	Percent
14. Indication of induced abortion as for no restriction of induced abortion.	242	74.5
15. The guilty of women and quack in case of induced abortion after rape. Max = 8 Min = 1 X = 5.09 S.D. = 1.31	221	68.0



The knowledge of induced abortion was categorized into 3 group. Score of 60 or less was classified as low , 61-75 was moderate and 76 or more was high. Most of men moderate level of knowledge (55.7%). Thirty six percent had high level of knowledge while only 8.3 % had low level of knowledge of induced abortion.

Table 4. Number and percentage of WRA by level of induced abortion knowledge.

Level of knowledge	Number N = 325	Percentage 100.0
- Low (≤ 50 percent)	27	8.3
- Moderate (50-70 percent)	181	55.7
- High (≥ 70 percent)	117	36.0
— X ± SD = 9.89 ± 1.76	Range = 5-15	

2.2 Attitude towards of induced abortion.

The question to determine men's attitude towards induced abortion are shown in table 5. Mean score high especially regarding the right of the women. The least score of 2.5 was found among question regarding the indication and benefit of legal abortion as well as the amendment of law.

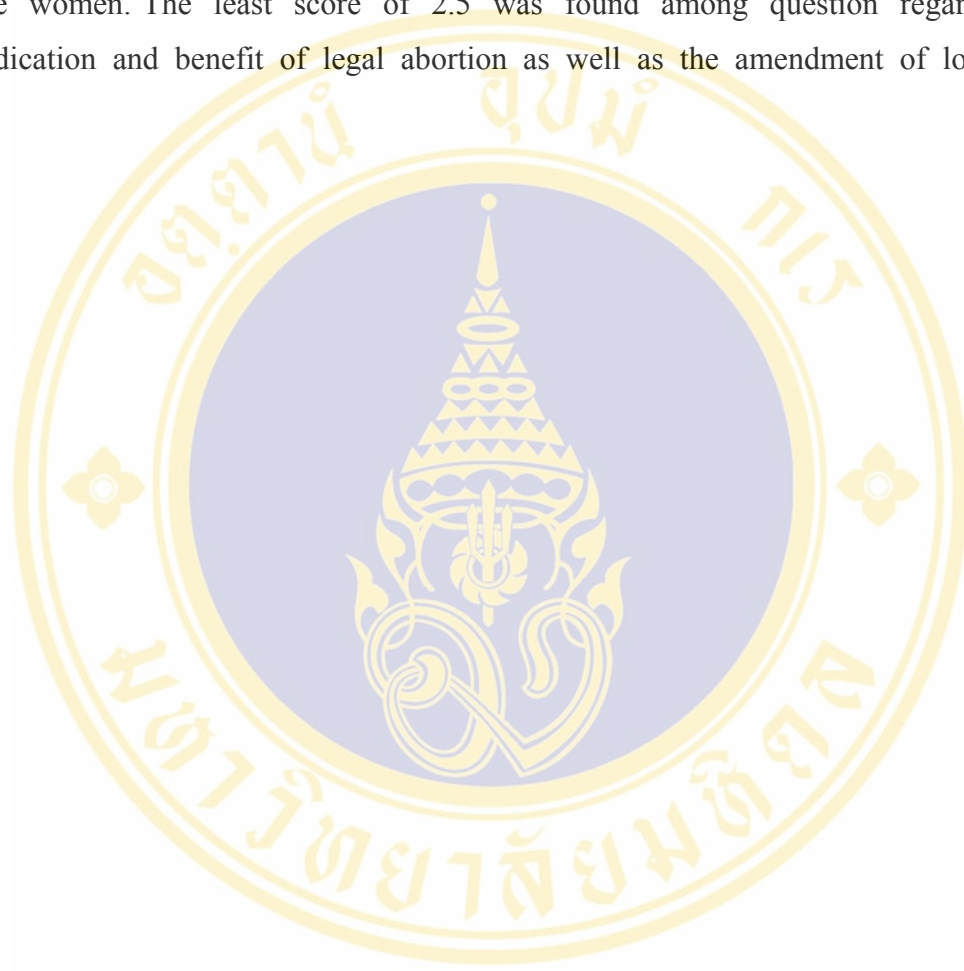


Table 5. Number and percentage of attitude towards induced abortion and its law.

Question	Agree		Disagree		\bar{X}	SD
	N	%	N	%		
The questionnaire about attitude toward induced abortion.						
1.Free right of women.	96	36.2	165	62.5	3.0	1.06
2.Some condition of right.	201	75.8	61	23.0	2.8	0.89
3.Survival of mother is more important than the baby's right to live.	53	20.0	210	79.2	2.7	0.71
The questionnaire about attitude toward abortion law and its impact.						
4.Indication for legal induced abortion and the doctor should provide service if the indication is fulfilled. The indications should include.						
4.1 Psychopathic problem and mental retardation.	245	92.5	18	6.8	2.9	0.67
4.2 Pregnancy from rape.	229	86.4	33	12.5	2.8	0.78
4.3 Women's HIV infection.	218	82.3	42	15.8	2.5	0.74
4.4 Hereditary disease of women eg. DM, Epilepsy , Blood Disease.	216	81.5	39	14.7	2.7	0.79
4.5 The women is prostitute and pregnancy from service.	173	65.3	89	33.6	2.7	0.72
4.6 Pregnancy in widowed or separated.	109	41.1	151	57.0	2.5	0.80
4.7 Failure of contraception.	61	23.0	202	76.2	2.8	0.81
4.8 Teenage pregnancy which no consent from own parents.	77	29.1	185	69.8	2.6	0.72
4.9 Teenage pregnancy which no consent from husband's parent.	54	20.4	208	78.5	2.6	0.88

Question	Agree		Disagree		\bar{X}	SD
	N	%	N	%		
4.10 Teenage pregnancy which unknown or not accept.	48	18.1	214	80.8	2.5	0.67
4.11 Unmarried women which possible toward outcome to her life.	72	27.2	190	71.7	2.8	0.84
4.12 Economic problem.	101	38.1	161	60.8	2.6	0.69
5. Induced abortion will to resolve child abandon problem.	101	38.1	158	59.6	2.6	0.88
6. Abortion law enforcement will decrease complication from unsafe induce abortion.	118	44.5	139	52.5	2.9	0.68
7. Illegal induced abortion is an urgent problems of weakness of law enforcement.	41	15.5	220	83.0	2.7	0.74
8. Thai society would accept benefit of induced abortion for health of mother & fetus.	34	14.7	221	83.4	2.5	0.73
9. Amendment of criminal law (section 305) should be done in according to the development of science and technology.	184	69.4	76	28.7	2.7	0.71
10. Amendment of criminal law (section 305) will decrease unsafe abortion.	227	85.7	32	12.1	2.8	0.8

From the scores which men got in attitude test , the attitude of men toward induced abortion was categorized into 2 level using percentile cut off level. Disagree had the score of ≤ 1.75 -2.50 (1.75 or lower to 2.50 score).and agree had the score of ≥ 2.51 -3.25 (2.51 or above to 3.25 score).There were 5.2% and 94.8% of men who had disagree and agree respectively.

Table 6. Number and percentage of attitude towards induced abortion and its law.

Level of attitude toward abortion	N	Percentage
	325	100.0
Disagree (≤ 1.75 –2.50 score)	17	5.2
Agree (≥ 2.51 – 3.26 score)	308	94.8

Part 3. Association of demographic factors and knowledge and attitude towards induced abortion.

There were no demographic characteristics of men which had statistically significant association with knowledge of induced abortion (Table 7). On the contrary , occupation of men had statistically significant association of attitude toward induced abortion (Table 8).



Table 7. Association between demographic factor with knowledge towards induced abortion.

Variable	r	Chi-square	df	p-value
Demographic factors				
Age	0.02	3.6	6	0.72
Education		5.1	6	0.53
Marital Status		9.1	8	0.33
Income	- 0.06	7.1	6	0.31
Occupation		5.1	6	0.53
Number of child	- 0.07	10.1	8	0.25
Know women who ever had induced abortion.		1.1	2	0.57
Know the place of induced abortion.		2.6	2	0.26
Ever guide a women to induced abortion.		0.7	2	0.70

Table 8. Association between Demographic factor with Attitude towards induced abortion.

Variable	r	Chi-square	df	p-value
Demographic factors				
Age	0.12	7.3	3	0.06
Education		0.9	4	0.91
Marital Status		0.4	4	0.97
Income	0.05	1.4	3	0.69
Occupation		7.9	3	0.04*
Number of child		3.5	4	0.46
Know women who ever had induced abortion.		0.7	1	0.40
Know the place of induced abortion.		0.1	1	0.70
Ever guide a women to induced abortion.		0.1	1	0.70

Part 4. Men's decision to have induce abortion in differe scenario of unplanned pregnancy.

Three different scenario of unplanned pregnancy were asked for the decision of men they would decide to seek induced abortion service or should they let their girlfriend to continue the pregnancy.(Table 9).

Scenario 1. If their girlfriend had unplanned pregnancy , all of the men decided that their girlfriend should continue pregnancy.

Scenario 2. If their girlfriend was studying in school and because pregnancy , 96.6% of men still decided that their girlfriend should continue pregnancy.

Scenario 3. If their girlfriend were raped by other men and because pregnancy , most of men (74.5%) decided that their girlfriend should had induced abortion while 25.5% still decided that their girlfriend should continue pregnancy.

Table 9. Number and percentage of decision in different scenario.

Scenario	Number	Percent
1. If your girl friend unwanted pregnancy.		
Continue pregnancy	325	100.0
2.If your girl friend is pregnancy but she is studying what is your decision.		
Continue pregnancy	314	96.6
3. If your girl friend is pregnancy from rape by other men what is your decision.		
Continue pregnancy	83	25.5

CHAPTER 5

DISCUSSION

The discussion of this study will be divided into two parts:

1. Research methodology.
2. Research results.

1. Research methodology.

1.1 Research design.

This study is a cross-sectional survey research. The sampling groups were the men in Maung district, Amphur Muang Nakhon Ratchasima Province, who could understand the questionnaire and answer it by themselves. This is the most appropriate methodology for the study because it is able to collect all the studied variable in order to answer the questions and objectives of the study.

1.2 Study samples and the sample size.

The study samples were the group of men who were to living in Maung district, Amphur Muang Nakhon Ratchasima Province. The number of men in the was 325 which was adequate according to the sample size calculation. Simple random sampling method was used to select men in the area of study.

1.3 Research Instrument.

The researcher used the questionnaire which contained of the content covering their objectives. All of the content was examined in the area of its accuracy by three experts and then the research was tried out with 30 men in Suranaree district, Amphur Muang Nakhon Ratchasima province that was the co-ed in Maung district Amphur Muang Nakhon Ratchasima province.

The reliable measurement of the knowledge about induced abortion was 0.71 , and for the attitude about induced abortion 0.68 , which is family high. The answer of these questionnaire may have some limitation as male respondents may ell shy or uncertain to answer the true events to the researcher as the result of different gender.

1.4 Data Collecting

The researcher collected data by herself by distributing questionnaire and explaining to the selected men how to answer the questions and resumed them that the data of their answers would be kept secret and the research results would be concluded as a will group not individually. The questions about induced abortion were sensitive for them. This explanation and reassurance helped them relax and encouraged them to answer the questions correctly with ease.

1.5 Data Analysis.

Descriptive statistics presented in the form of number , percent , mean and standard deviation were used to explained the general features of the sampling group. Chi-square test was used to determine the association among the variables

2.Research Results.

2.1 Objective1.The level of knowledge and attitude toward induced abortion.

Most menin this study had moderate level of knowledge toward induced abortion. This is in accordance with the study of Syahbuddin I.(18) who studied knowledge about induced abortion among vocational students in Bangkok and Nakon Ratchasima. He found that vocational student in both place knew rather will about best source of information and places to get safe services (more than 70%) but knew less about proper time to do induced abortion (50%)

Only 24.3% of men had high level of attitude toward induced abortion which is rather low. This may be due to the fact that Thai society was

conservation in the way of thought. Most men were education educated and reared in the context of society.

There was no research specifically studying on attitude of Thai male. However Rewadee Khumprapha (1995)(21) studied 737 Thai youth (both male and female)in Bangkok toward the resolution of the unwanted pregnancy showed that they had poor attitude toward induced abortion although in some condition of unwanted pregnancy eg. Of HIV infection or of mental retarded mother induced abortion is more acceptable

Objective 2. The association between demographic factors with knowledge and attitude.

No demographic characteristics had statistically significant association knowledge. This may be due men get more knowledge from every daylight and learn about environment since very young.

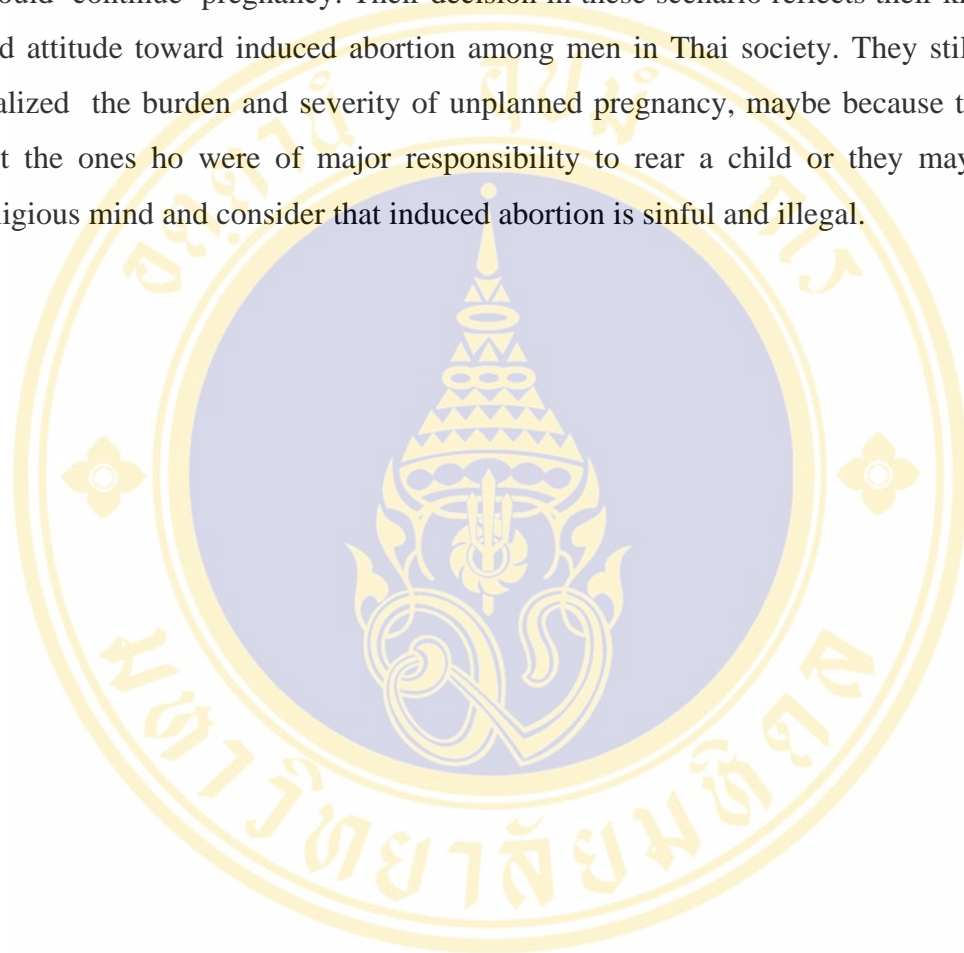
They did not acquire knowledge only from formal education in school where information about induced abortion may not ever been touched

Only occupation had statistic significant association with attitude toward induced abortion (P-value = 0.04 respectively).Its seemed that government offices and men aged between 25-39 year old had better attitude, than other. This is in acardance with the study of Niyomvan V.et al(19) who found that age and occupation had statistically significant association with attitude toward induced abortion among HIV infected pregnant women (P-value = 0.05).In this study, government officers may be the occupation that expose more to the problems of unwanted pregnancy as well as men of 25-39 year of age who are most active in reproductive life.

2.2 Decision to induced abortion in difference scenario of unwanted pregnancy.

There were 3 scenario of unwanted pregnancy in this study for men to decide whether to have their girlfriends continue pregnancy or induced abortion. In the first scenario that their girlfriends had unplanned pregnancy and they are not ready to rear child all of the men decided that their girlfriends should continue pregnancy. scenario that if their girlfriends was studying in school and became

pregnancy , 96.6% of men still decided that their girlfriend should continue pregnancy. And the lest scenario that if their girlfriend were raped by other men and became pregnancy , most of men (74.5%) decided that their girlfriend should had induced abortion while 25.5% still decided that their girlfriend should continue pregnancy. Their decision in these scenario reflects their knowledge and attitude toward induced abortion among men in Thai society. They still did not realized the burden and severity of unplanned pregnancy, maybe because they were not the ones ho were of major responsibility to rear a child or they maybe more religious mind and consider that induced abortion is sinful and illegal.



CHAPTER 6

CONCLUSIONS AND RECOMMENDATION

The purpose of this study was to evaluate the knowledge and attitude toward induced abortion among Thai men in the province of Nakorn Ratchasima, Thailand. The sample for this cross-sectional survey research was 325 men in Nakorn Ratchasima Province aged 15-49 years. Data was collected from 15th November – 31st December, 2003 through self-administered questionnaire. The statistics used for analysis included descriptive statistics and chi-square test.

The results showed that most of the men were between 25-29 years old with a mean age of 30.8 years. Most of them were government officers. Forty-three percent of them were married or consensual union. Most of men had one child. Most of them had bachelor's degree and an income of less than 10,000 bath/month with a mean of income of 15,640 bath/month. Most of the men had a knowledge of induced abortion at a fair level of 55.7 percent, while most of them had a positive attitude toward induced abortion at the 94.2 percent level. No demographic or socio economic factors had statistically significant associations with knowledge, while occupation had a statistically significant association with attitude (p -value < 0.05).

The decision of men to let their girlfriends have an induced abortion was rather low in percentage. All of the respondents felt continuing with the pregnancy was best even though the pregnancy was unplanned and they were not ready. Only 3.4% of the men would let their girlfriends who were still studying in school have an induced abortion. However, 74.5% of the men would let their girlfriends have an induced abortion although their girlfriend had been raped by other men and had become pregnant.

In conclusion, Thai men seem to have fair knowledge and attitude toward induced abortion. Most of them decided to continue pregnancy although there

were problem in their families. Beliefs and lack of knowledge on induced abortion might be reasons for this. Knowledge and attitude toward induced abortion should be improved by distribution of correct knowledge and the promotion of positive attitude towards induced abortion in Thai society. This will ensure that society has enough information for reflecting on the problems of society and the means to solve them.

Recommendation for Further Application.

- 1.Public education to promote awareness of child abandon and maternal problem mortality problem.
- 2.Special education for men since boyhood to be more considerate and responsible for their role in prevention and solving unplanned pregnancy.

Recommendations for further studies.

- 1.To study knowledge and attitude among urban men in Bangkok.
- 2.To study qualitatively cohort couples in solving real situation of unplanned pregnancy.

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APPENDIX

Data record form (English version)

Data record form (Thai version)



Questionnaire

Knowledge and attitude toward induced abortion among Thai men in Nakorn Ratchasima Province

.....

Explanation

This questionnaire were thesis submitted in partial fulfillment of the requirements for the degree of master of science (Human reproduction and population planning faculty of graduation studies Mahidol University).Which the results of this study will benefit of investigation to solving towards unwanted pregnancy and induced abortion then researcher to ask for sympathy from to you please to answer this questionnaire and to show the opinions to complete the questionnaire. The data used for analyze in this research is strictly confidential.

This questionnaire composes of 5 parts including:

- Part I** General Data
- Part II** Knowledge about induced abortion and abortion law
- Part III** Attitude about induced abortion and adjust to abortion law
- Part IV** Practice towards induced abortion
- Part V** Scenario

Questionnaire

Explanation Please read the questionnaire and mark / on the () and fill in the blank to complete the questions

Part I General Data

- 1.Age.....years
- 2.Occupation is.....
- 3.What is your status now?
 Single Divorce/Separated
 Consensual union Widowed
 Married
- 4.The number of the child to be alive.....person.
- 5.The level of education
 Primary Education Bachelor Degree
 Secondary Education Highest of Bachelor Degree
 Diploma
- 6.Only income.....Baht/Month.

Part II Knowledge about induced abortion and abortion law

1.Do you know the women were pregnancy when ever to begin ?

- The moment to have behavior intercourse
- Sperm to mix the egg of the women
- The fetal to movement
- The fetal to have organ to complete

2.What is the difinition of abortion ?

- To be finished pregnancy before 7 month
- To be finished pregnancy before 8 month
- To be finished pregnancy before 9 month
- all above

3.What is the difinition of induced abortion ?

- To make the fetal distress
- To make the infant to die
- To make the women of pregnancy to have severe stomachache
- To make the child to have mistake

4.Which is the proper time to do induced abortion ?

- Two month
- Three month
- Four month
- Firth month

5.Which is the method to induced abortion to be good results and to safety ?

- To take medicine for to eject of blood
- D & C
- To compress the abdominal
- To receive to effect for example to fall the stairs
- None the method to safety

6.Where is the place of induced abortion to safety ?

- Hospital
- House to receive induced abortion
- Clinic
- Health center
- None the place to safety

7.The doctor able to induced abortion by innocent law on cause health of the mother.

- Yes
- No

8.The doctor able to induced abortion by innocent law on cause the women was to study.

Yes No

9.The doctor able to induced abortion by innocent law on cause failure of the family planning.

Yes No

10.The doctor able to induced abortion by innocent law on cause to rape.

Yes No

11.The doctor able to induced abortion by innocent law on cause the women was insane.

Yes No

12.The doctor able to induced abortion by innocent law on cause the age women more than forty years

Yes No

13.The doctor able to induced abortion by innocent low

Yes No

14.What is the consequences of induced abortion ?

Perforation of uterus / Haemorrhage

Headache / Convulsion

Infection / Convulsion

Headache / Sterile

15.The women of pregnancy to rape go to induced abortion by quack.

Yes No

Part III Attitude about induced abortion and adjust abortion law

Topic	Strongly Agree	Agree	Disagree	Strongly Disagree
<p>1.Free right of women.</p> <p>2.Some condition of right.</p> <p>3.Survival of mother is more important that the baby’s right to live.</p> <p>4.Indication for legal induced abortion and the doctor should provide service if the indication is fullfilled.The indications should include.</p> <p>4.1 Psychopathic problem and mental retardation.</p> <p>4.2 Pregnancy from rape.</p> <p>4.3 Women’s HIV infection.</p> <p>4.4 Hereditary disease of women eg. DM, Epilepsy , Blood Disease.</p> <p>4.5 The women is prostitute and pregnancy from service.</p> <p>4.6 Pregnancy in widowed or separated.</p> <p>4.7 Failure of contraception.</p> <p>4.8 Teenage pregnancy which no consent from own parents.</p> <p>4.9 Teenage pregnancy which no consent from husband’s parent.</p> <p>4.10 Teenage pregnancy which unknow or not accept.</p> <p>4.11 Unmarried women which possible toward outcome to her life.</p>				

Topic	Strongly Agree	Agree	Disagree	Strongly Disagree
<p>4.12 Economic problem.</p> <p>5. Induced abortion will to resolve child abandon problem.</p> <p>6. Abortion law enforcement will decrease complication from unsafe induce abortion.</p> <p>7. Illegal induced abortion is an urgent problems of weakness of law enforcement.</p> <p>8. Thai social ought to acknowledge about induced abortion able to help the women of life and child then to make law to be exposed.</p> <p>9. You was to find that the penalty law of system 305 (in the present) ought to receive to make adjustments to offer suitable with the problem and progress to technology of the science and medicine in the present.</p> <p>10. You was to find that adjust the penalty law of system 305 will to help decrease induced abortion not safety.</p>				

Part IV Practice towards induced abortion

1.Do you know the friend or kindred to ever induced abortion ?

- Know Unknow

2.Do you know the place to induced abortion ?

- Know Unknow

3.Do you ever to guide the lover or kindred go to induced abortion ?

- Ever Never

Part V Scenario

1.How do you know the lover or kindred unwanted pregnancy ?

- To do unwillingly of pregnancy by reason of
- To advance the child to other people
 - To help the take care of
 - To sympathize with the child
 - Dangerous
 - To make a mistake of law
 - To wrong of morality
- Induced abortion by reason of
- To correct of law
 - Safety
 - To know proficient of the doctor
 - To ever guide the friend / kindred go to induced abortion
 - The problem in the social
 - To wrong of morality
 - The problem in the social

2.How do you selected of practice the lover or kindred were pregnancy on the moment to study ?

() To do unwillingly of pregnancy by reason of

- To advance the child to other people
- To help the take care of
- To sympathize with the child
- Dangerous
- To make a mistake of law
- To wrong of morality

() Induced abortion by reason of

- To correct of law
- Safety
- To know proficient of the doctor
- To ever guide the friend / kindred go to induced abortion
- The problem in the social

3.How do you selected of practice the lover or kindred were pregnancy because to rape ?

() To do unwillingly of pregnancy by reason of

- To advance the child to other people
- To help the take care of
- To sympathize with the child
- Dangerous
- To make a mistake of law
- To wrong of morality

() Induced abortion by reason of

- To correct of law
- Safety
- To know proficient of the doctor
- To ever guide the friend / kindred go to induced abortion
- The problem in the social

แบบสอบถาม**ความรู้และทัศนคติของผู้ชายไทย ต่อ การทำแท้ง****คำชี้แจง**

แบบสอบถามนี้ เป็นส่วนหนึ่งของการศึกษาวิจัยของนักศึกษาปริญญาโท สาขาการเจริญพันธุ์และวางแผนประชากร มหาวิทยาลัยมหิดล ซึ่งผลการวิจัยจะเป็นประโยชน์อย่างยิ่ง ในการพิจารณาทางเลือกในการแก้ปัญหาการตั้งครรภ์ไม่พึงประสงค์และการทำแท้งอันเป็นปัญหาของสังคมไทยต่อไป ดังนั้นผู้วิจัยจึงใคร่ขอความกรุณาจากท่านช่วยตอบแบบสอบถามนี้ และแสดงความคิดเห็นต่างๆข้อคำถามด้วย ผู้วิจัยขอรับรองว่า ข้อมูลที่ท่านตอบทั้งหมดเป็นความลับ และจะนำเสนอผลการวิจัยในภาพรวมเท่านั้น

แบบสอบถามชุดนี้มี 5 ตอน ประกอบด้วย

ตอนที่ 1 ข้อมูลพื้นฐานทั่วไป

ตอนที่ 2 ความรู้เกี่ยวกับการทำแท้งและกฎหมายการทำแท้ง

ตอนที่ 3 ทัศนคติเกี่ยวกับการทำแท้งและการปรับปรุงกฎหมายการทำแท้ง

ตอนที่ 4 การปฏิบัติเกี่ยวกับการทำแท้ง

แบบสอบถาม

คำชี้แจง โปรดทำเครื่องหมาย / ลงใน ()

ตอนที่ 1 ข้อมูลพื้นฐานทั่วไป

1.ขณะนี้ท่านอายุ.....ปี

2.อาชีพ

3.สถานภาพสมรส

(1) โสด

(2) อยู่ด้วยกัน

(3) สมรส

(4) หย่า/แยกกันอยู่

(5) หม้าย

4.จำนวนบุตรที่มีชีวิต.....คน

5.ระดับการศึกษาสูงสุด

(1) ประถมศึกษา

(2) มัธยมศึกษา

(3) ประกาศนียบัตร

(4)ปริญญาตรี

(5) สูงกว่าปริญญาตรี

6.รายได้ที่ได้รับ.....บาทต่อเดือน

ตอนที่ 2 ความรู้ในเรื่องการทำแท้งและกฎหมายการทำแท้ง

1.ท่านทราบหรือไม่ว่า การที่หญิงตั้งครรภ์นั้น เริ่มตั้งแต่เมื่อใด

- (1) ตั้งแต่มีพฤติกรรมการร่วมเพศ (2) ตั้งแต่สุจิของชายผสมกับไข่ของหญิง
(3) ตั้งแต่ทารกคืบ (4) ตั้งแต่ทารกมีอวัยวะครบถ้วน

2.การทำแท้งบุตร หมายถึงอะไร

- (1) การสิ้นสุดการตั้งครรภ์ก่อนอายุครรภ์ 7 เดือน
(2) การสิ้นสุดการตั้งครรภ์ก่อนอายุครรภ์ 8 เดือน
(3) การสิ้นสุดการตั้งครรภ์ก่อนอายุครรภ์ 9 เดือน
(4) ถูกทุกข้อ

3.การทำแท้ง หมายถึงอะไร

- (1) การทำให้ลูกตายขณะอยู่ในครรภ์
(2) การทำให้ลูกที่คลอดออกมาแล้วถึงแก่ความตาย
(3) การทำให้หญิงตั้งครรภ์เกิดอาการปวดท้องอย่างรุนแรง
(4) การทำให้เด็กเกิดความผิด

4.การทำแท้งที่ปลอดภัยควรทำเมื่อท้องไม่เกินกี่เดือน

- (1) 2 เดือน (2) 3 เดือน
(3) 4 เดือน (4) 5 เดือน

5.วิธีการทำแท้งที่ได้ผลดีและปลอดภัยคือวิธีใด

- (1) การรับประทานยาเพื่อขับเลือด (2) การดูดมดลูก
(3) การบีบหน้าท้อง (4) การได้รับการกระทบกระเทือนมากๆ

(5) ไม่มีวิธีที่ปลอดภัย

6.สถานที่ทำแท้งที่ปลอดภัย คือที่ใด

- | | |
|---------------------|-------------------------|
| (1) โรงพยาบาล | (2) ตามบ้านที่รับทำแท้ง |
| (3) คลินิก | (4) สถานีนามัย |
| (5) ไม่มีที่ปลอดภัย | |

7. แพทย์ที่สามารถทำแท้งได้โดยไม่ผิดกฎหมายในกรณีสุขภาพของหญิงนั้น

- | | |
|---------|------------|
| (1) ใช่ | (2) ไม่ใช่ |
|---------|------------|

8. แพทย์ที่สามารถทำแท้งได้โดยไม่ผิดกฎหมายในกรณีหญิงนั้นกำลังศึกษาอยู่

- | | |
|---------|------------|
| (1) ใช่ | (2) ไม่ใช่ |
|---------|------------|

9. แพทย์ที่สามารถทำแท้งได้โดยไม่ผิดกฎหมายในกรณีคุมกำเนิดล้มเหลว

- | | |
|---------|------------|
| (1) ใช่ | (2) ไม่ใช่ |
|---------|------------|

10. แพทย์ที่สามารถทำแท้งได้โดยไม่ผิดกฎหมายในกรณีถูกข่มขืน

- | | |
|---------|------------|
| (1) ใช่ | (2) ไม่ใช่ |
|---------|------------|

11. แพทย์ที่สามารถทำแท้งได้โดยไม่ผิดกฎหมายในกรณีหญิงวิกลจริต

- | | |
|---------|------------|
| (1) ใช่ | (2) ไม่ใช่ |
|---------|------------|

12. แพทย์ที่สามารถทำแท้งได้โดยไม่ผิดกฎหมายในกรณีหญิงอายุมากกว่า 40 ปี

- | | |
|---------|------------|
| (1) ใช่ | (2) ไม่ใช่ |
|---------|------------|

13. ผู้ใดที่สามารถทำแท้งได้โดยไม่ผิดกฎหมาย

- | | |
|--------------------------------|------------------|
| (1) แพทย์ประจำตำบล หรือหมอดำแย | (2) แพทย์ |
| (3) พยาบาล | (4) หมอเสนารักษ์ |

(5)ไม่มีผู้ใดทำแท้งได้ถูกกฎหมาย

14.ท่านทราบหรือไม่ว่าภาวะแทรกซ้อนของการทำแท้งคืออะไร

(1) มดลูกทะลุ , ตกเลือด

(2) ปวดศีรษะ, ชัก

(3) ติดเชื้อ, ชัก

(4) ปวดศีรษะ, เป็นหมัน

15.หญิงตั้งครรภ์หลังถูกข่มขืนแล้วไปทำแท้งกับหมอเถื่อน ผู้ใดทำผิดกฎหมาย

(1) หญิงตั้งครรภ์

(2) หมอเถื่อน

(3) ผิดกฎหมายทั้งคู่

(4) ไม่มีผู้ใดทำผิดกฎหมาย



ตอนที่ 3 ทักษะคิดเกี่ยวกับการทำแท้งและการปรับปรุงกฎหมายการทำแท้ง

ข้อความต่อไปนี้เป็นเรื่องของความคิดเห็น ไม่มีคำตอบใดถูกหรือผิด ขอให้ตอบตรงกับความ
 คิดเห็นของท่านมากที่สุด โดยขีดเครื่องหมาย / ลงในช่องที่ตรงกับความคิดเห็นของท่าน

	เห็นด้วย อย่างยิ่ง	เห็นด้วย	ไม่เห็น ด้วย	ไม่เห็น ด้วย อย่างยิ่ง
1. ผู้หญิงควรมีสิทธิในการตัดสินใจทำแท้งได้ใน ทุกกรณี				
2. ผู้หญิงควรมีสิทธิในการทำแท้งได้ แต่ต้องมี เงื่อนไข				
3. สิทธิของหญิงในการทำแท้งเหนือกว่าสิทธิการ มีชีวิตของทารกในครรภ์				
4. ผู้หญิงควรมีสิทธิในการทำแท้ง โดยไม่ผิด กฎหมายและแพทย์ต้องทำให้หญิงนั้นตามสิทธิ ในกรณีต่อไปนี้				
4.1 หญิงที่มีร่างกายพิการ และเป็นอุปสรรคต่อ การตั้งครรภ์ การคลอด และการเลี้ยงดูบุตร				
4.2 หญิงตั้งครรภ์เพราะถูกข่มขืน				
4.3 หญิงที่ได้รับเชื้อเอชไอวีแล้วตั้งครรภ์				
4.4 หญิงที่ตั้งครรภ์โดยมีปัญหาทางพันธุกรรม เช่น เบาหวาน ลมชัก โรคลึ่ดบางชนิด ฯลฯ				
4.5 หญิงผู้ประกอบอาชีพค้าประเวณีเกิดตั้ง ครรภ์ขึ้น				
4.6 หญิงที่เพิ่งหย่าขาด หรือแยกกันอยู่กับสามี และทราบภายหลังว่าเกิดการตั้งครรภ์ขึ้นกับสามี คนเดิม				
4.7 หญิงตั้งครรภ์ที่สมรสแล้วและ กำลังใช้วิธี คุมกำเนิดอยู่ แต่เกิดความผิดพลาด				

	เห็นด้วย อย่างยิ่ง	เห็นด้วย	ไม่เห็น ด้วย	ไม่เห็น ด้วย อย่างยิ่ง
4.8 หญิงตั้งครรภ์ขึ้นแล้วบิดามารดาของตนเอง ไม่ยอมรับ				
4.9 หญิงตั้งครรภ์ขึ้นแล้วบิดามารดาของสามี ไม่ยอมรับ				
4.10 หญิงตั้งครรภ์ขึ้น โดยไม่มีใครยอมรับเป็น บิดาหรือไม่ทราบแน่ชัดว่าใครเป็นบิดาเด็ก				
4.11 หญิงที่ยังไม่ได้สมรส แต่เกิดตั้งครรภ์ขึ้น และอาจเป็นอุปสรรคต่อการศึกษา/การประกอบ อาชีพ				
4.12 หญิงหรือครอบครัวมีปัญหาทาง เศรษฐกิจ/ฐานะยากจน				
5. การทำแท้งจะช่วยแก้ปัญหาเด็กถูกทอดทิ้งได้				
6. การใช้กฎหมายปราบปรามการทำแท้ง จะช่วย ลดการทำแท้งที่ไม่ปลอดภัยลงได้				
7. ปัญหาการลักลอบทำแท้งเป็นปัญหาสังคมเร่ง ด่วนที่ต้องแก้ไขเนื่องจากทำให้กฎหมายไม่ศักดิ์ สิทธิ์				
8. สังคมไทยควรยอมรับการทำแท้งว่าสามารถ ช่วยชีวิตผู้หญิงและเด็กได้จึงควรทำให้ถูก กฎหมาย				
9. ท่านเห็นว่า กฎหมายอายุมาตรา 305 (ฉบับ ปัจจุบัน) ควรได้รับการแก้ไขปรับปรุงให้เหมาะ สมกับสภาพปัญหาและความเจริญของ เทคโนโลยีทางวิทยาศาสตร์และการแพทย์ใน ปัจจุบัน				
10. ท่านเห็นว่าการแก้ไขกฎหมายอายุมาตรา 305 จะช่วยลดการทำแท้งที่ไม่ปลอดภัยลงได้				

ตอนที่ 4 การปฏิบัติเกี่ยวกับการทำแท้ง

1. ท่านรู้จักเพื่อนหรือญาติที่เคยทำแท้งหรือไม่

() รู้จัก () ไม่รู้จัก

2. ท่านรู้จักสถานที่ทำแท้งหรือไม่

() รู้จัก (ระบุ)..... () ไม่รู้จัก

3. คนรักหรือญาติของท่านเคยทำแท้งหรือไม่

() เคย () ไม่เคย

4. ถ้าคนรักหรือญาติของท่านตั้งครรถ์ในขณะที่ไม่พร้อม ท่านจะทำอย่างไร

() จำใจตั้งครรถ์ต่อ เพราะ

..... จะขบคุตรให้ผู้อื่น

..... จะช่วยลูกสาวเลี้ยงคุบุตร

..... สงสารเด็ก

..... อันตราย

..... ผิดกฎหมาย

..... ผิดศีลธรรม

() ทำแท้ง เพราะ

..... ถูกกฎหมาย

..... ปลอดภัย

..... รู้จักหมอเก่ง

..... เคยพาเพื่อน/คนรู้จัก ไปทำ

..... เคยมีประสบการณ์

5.ถ้าคนรักหรือญาติของท่านตั้งครรภ์ ในขณะที่กำลังศึกษาอยู่ ท่านจะเลือกปฏิบัติอย่างไร

() จำใจตั้งครรภ์ต่อ

..... จะยกบุตรให้ผู้อื่น

..... จะช่วยลูกสาวเลี้ยงบุตร

..... สงสารเด็ก

..... อันตราย

..... ผิดกฎหมาย

..... ผิดศีลธรรม

() ทำแท้ง เพราะ

..... ถูกกฎหมาย

..... ปลอดภัย

..... รู้จักหมอเก่ง

..... เคยพาเพื่อน/คนรู้จัก ไปทำ

..... เคยมีประสบการณ์

6.ถ้าคนรักหรือญาติของท่านตั้งครรภ์ เพราะถูกข่มขืน ท่านจะเลือกปฏิบัติอย่างไร

() จำใจตั้งครรภ์ต่อ

..... จะยกบุตรให้ผู้อื่น

..... จะช่วยลูกสาวเลี้ยงบุตร

..... สงสารเด็ก

..... อันตราย

..... ผิดกฎหมาย

..... ผิดศีลธรรม

() ทำแท้ง

..... ถูกกฎหมาย

..... ปลอดภัย

..... รู้จักหมอเก่ง

..... เคยพาเพื่อน/คนรู้จัก ไปทำ

..... เคยมีประสบการณ์



BIOGRAPHY

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