



Research Report

Knowledge, Perceptions, Attitudes and Expectations towards Abortion Services

among Clients of the Planned Parenthood Association of Thailand (PPAT)



The Planned Parenthood Association of Thailand
under the Patronage of Her Royal Highness the Princess Mother (PPAT)



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The Research Team
April 2022

Executive Summary

This is a report of the study of knowledge, perceptions, attitudes and expectations towards abortion services among a sample of service recipients from clinics of the Planned Parenthood Association of Thailand (PPAT). It is a qualitative research effort with data collected through in-depth interviews (IDI). A total of 40 abortion clients at PPAT medical clinics in all regions of Thailand were recruited and provided informed consent to participate in the study with staff counselors. The participating PPAT clinics include three in Bangkok, two clinics in the North, and two clinics in the Northeast and South regions.

The sample had a mean age of 27.6 years (minimum 15, and maximum 48 years). Most respondents were in the 25-44 years age group. Fully eighteen women said they were single, and thirteen were full-time students. The clients were a mixture of those who lived outside the area and who lived in the same province as the clinic. Eleven cases were from outside the area and twenty nine cases were in the same area as the clinic location. Of the forty cases, twenty-nine were having their first abortion, while the other eleven were having a repeat abortion.

The principal causes of the unplanned pregnancy relate to inability to use contraception for health or other reasons, incorrect use of contraception, or use of non-clinical methods of contraception (e.g., withdrawal, safe period, etc.). The reason for having the abortion include the need to remain enrolled in school, inability to raise a child due to financial limitations, problems with the father of the pregnancy, not wanting to have any more children, and being single and not yet ready for marriage. The sample included women who had experienced sexual coercion. Usually, there was no single reason for wanting an abortion for this pregnancy; it was usually a combination of the factors mentioned above.

Termination of Pregnancy: The determination that a pregnancy is unwanted and that an abortion is needed is the decision of the woman primarily and, ideally, in consultation with the father of the pregnancy and/or significant others. There are some cases in which the decision is made on behalf of the woman without her consent.

Knowledge, perceptions and information about abortion: Some women who faced an unplanned pregnancy for the first time may not know about the option of abortion. However, when these women discover they are pregnant, many seek out information to help them decide what to

do. The first thing that a pregnant woman needs to determine is the gestational age of the pregnancy. If she has decided to abort the pregnancy, the women need to identify a safe and legal service. The level of the knowledge of the participants in this study about the legality and conditions of abortion in Thailand ranged across the following: (1) They knew that the abortion they were having was legal, and they knew the details of the terms and conditions for the service in advance; (2) They only knew that the abortion was not illegal, but did not know the details; (3) They did not know that there are legal abortions being done; or (4) They had no knowledge about the law and abortion.

Attitudes towards abortion: Most of the respondents felt that abortion was the alternative of the unplanned pregnant women, and it is an essential service for those in need. Some said they had believed that having an abortion was a sin. However, after having an unwanted pregnancy, their attitude changed.

Expectations about having an abortion: The respondents in this study expected that the abortion they were having was legal, and that the service provider would keep their information confidential. They understood that abortion was one of the options they had, and that it should be convenient to access, and be affordable. They expected to receive counseling or advice before receiving the service, either in the form of a hotline phone number, internet counseling, or in-person advice. They expected to receive guidance on not having a repeat unplanned pregnancy.

This study highlights the importance of providing comprehensive information about abortion, especially regarding the law and conditions for legal abortion services in Thailand. The findings point to the need to improve the quality of contraceptive counseling and services to minimize incorrect use. Staff need to conduct outreach education to ensure the availability of accurate information on unplanned pregnancy prevention that is tailored to the needs and receptivity of each group. There should be more public information dissemination to improve understanding of legal abortion services and benefits covered by Thailand's universal health insurance scheme. Society needs to understand that pregnancy termination is part of essential reproductive health care which all women and couples are entitled to.

There is more research needed on the factors which contribute to contraceptive user failure at different ages. There should be more evaluation of the effectiveness of post-abortion counseling, especially in terms of preventing repeat, unplanned pregnancy. There should be a study of unplanned pregnancy in women age 45 years or over, or women who are approaching the end of their reproductive life.

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1 Introduction

1.1 Background and Importance

The current legal situation on abortion in Thailand is defined in the Government Gazette, which announced, on February 6, 2021, that the Penal Code No. 28, 2021, was being amended regarding the definition of the offense of abortion that has been used since 1956, to allow women to have an abortion within 12 weeks of pregnancy and added other exceptions which will benefit women to be able to have a safe abortion and not violate the law. The said amendment came into force as from the day following the date of its publication in the Government Gazette, that is, February 7, 2021. This was because the Constitutional Court's ruling No. 4/2020 (19 February 2020) pointed out that Article 301 of the Penal Code which imposes an offense against a woman who causes herself to have an abortion is unconstitutional.

For this reason, women who want to terminate a pregnancy should be able to access safe abortion services in Thailand. At present, the benefits of the Universal Health Coverage (UHC) scheme for Thai citizens covers medical abortion (MA) with Medabon®, manual vacuum aspiration (MVA), or electric vacuum aspiration (EVA). In sum, all Thai women have the right to abortion under the terms of the criminal law and regulations of the Medical Council of Thailand. Data from the e-Claim system of the National Health Security Office (NHSO) show that, since 2018, the most common method of pregnancy termination reimbursed under the UHC scheme is MA with Medabon®.

Data on reimbursement for treatment of unsafe abortion using MA with Medabon®, MVA, or EVA, through the e-Claim system of the NHSO

FY	MA with Medabon		MVA		EVA		Total Services	
	Number (case)	Cost of Service (THB)	Number (case)	Cost of Service (THB)	Number (case)	Cost of Service (THB)	Number (case)	Cost of Service (THB)
2016	3,657	Support pills	-	-	-	-	3,657	-
2017	8,582	Support pills	-	-	-	-	8,580	-
2018	9,767	17,896,326	5,350	16,044,867	2	6,000	15,119	33,947,193
2019	22,390	46,754,000	869	2,605,740	-	-	23,259	49,359,740
2020	14,870	44,608,623	1,166	3,498,000	3	9,000	16,039	48,115,623

Source: e-Claim system of the National Health Security Office (as of Sept. 30, 2020)

Data of the Planned Parenthood Association of Thailand (PPAT) for 2021 indicate that the number of abortions by type performed in ten PPAT clinics are as follows: MVA = 7,454 cases, and MA = 5,769 cases. Approximately one in ten cases were under age 20 years.

Type of Abortion	Age < 20 years	20-24 years	Age > 25 years	Total
MVA	761	1,969	4,724	7,454
MA	421	1,401	3,947	5,769
Total	1,182	3,370	8,671	13,223

Source: Planning and Evaluation Division PPAT

Because government service providers of abortion need to record the client’s personal identification information in their system, some women choose to get abortion services at a private clinic, in order to protect their confidentiality.

For over 40 years, PPAT has provided clinical services, including abortion, contraception, and other sexual and reproductive health services. PPAT collects data from its clients, and has consistently found that its services are considered client-friendly and confidential. Thus, PPAT has earned the trust of Thais around the country. However, PPAT also believes that there is always room for improvement to be able to better respond to the expectations or needs of service recipients. Although PPAT records data on client satisfaction, perceptions can change over time, and there is a need to periodically gather more in-depth information to monitor client attitudes. In particular, it is important to understand the factors that, at present, are causing women and couples to have an unplanned pregnancy, and what factors determine the decision to seek abortion. This information includes knowledge and perceptions about abortion before deciding to receive the service, and the choice of the method. It is also important to be aware of the short- and long-term effects that may arise from abortion, and whether clients experience self-stigma or other post-abortion sequelae which adversely affect other situations in their life or health.

With this information, PPAT can improve its clinical services; not only the abortion care itself, but also the pre- and post-abortion counseling so that each individual can make the optimal decision with which they are satisfied and prevent any needless self-stigma or guilt for the rest of their lives.

1.2 Situation of unplanned pregnancy in Thailand

The 2021 Adolescent Pregnancy Surveillance Report of Thailand collected data from Thai women who received examinations after one month but not more than one year post-partum in hospitals, both within and outside the Ministry of Public Health (MOPH) jurisdiction. The 2021 surveillance study compiled data for females under age 20 years who gave birth in 25 provinces at 60 service providers during April – May 2021. Two out of three (65.6%) of the cases said that the current pregnancy was unplanned, and that is one indicator of unsatisfactory pregnancy prevention and family planning among Thai teens at the present time.

The 2020 Abortion Surveillance Report in Thailand, of the Bureau of Reproductive Health, Department of Public Health (MOPH) contains data from 103 health care facilities in 35 provinces. A total of 1,154 women voluntarily participated in the survey. Of these, 53.8% had an induced abortion, while 46.2% were being treated for spontaneous abortion (miscarriage). Most of them were age 20-24 years; 20.7% were married; 66.1% were not studying; 79.9% said they had induced abortion for health reasons; 45.6% cited socio-economic reasons. Of those who cited socio-economic reasons was 54.4%, which was found that 55.8% were women under 25 years of age enrolled in school.

In term of abortion methods, the report found that those who had incomplete abortion went to government hospitals under the abortion surveillance system to get another abortion service, which 72.4% of those had self-managed abortion and 6.9% had an unsafe abortion by an unknown practitioner resulting in potentially severe consequences for women.

Another study analyzed data from the One-Stop Crisis Center client registration form over the decade from 2009-2019 for pregnant women. Nearly all (98%) said they had not used contraception before the current pregnancy, and 11% decided to receive abortion services in a hospital. One out of five (21%) requested to get a transfer or a recommendation of networks elsewhere for an abortion (Yaowarat and Chaiyaporn, 2021).

1.3 Objectives

- 1) To study the level of knowledge, perceptions, attitudes, and expectations of women undergoing abortion at a PPAT clinic; and
- 2) To study the factors related to the use of the services and access to safe abortion services.

1.4 Hypotheses

- There are women undergoing abortion who want to terminate their pregnancy for reasons other than medical indications, and they choose to receive services at a PPAT clinic in order to maintain their confidentiality about the abortion (which is not the same as being anonymous). By contrast, clients who are treated in a government hospital have to provide personal identification information which is entered into a database that is accessible by persons other than the attending clinician.
- Women undergoing abortion faced conditions that made it impossible for them to prevent the current pregnancy or faced other circumstances that made the pregnancy unwanted.
- Women undergoing abortion have limited knowledge and awareness of abortion services, such as the array of abortion methods, possible adverse consequences after an abortion, or appropriate methods of contraception to use after an abortion.

1.5 Related Literature

Most of the research on abortion in Thailand is among female adolescents or youth. The sample of some studies had individuals ranging from elementary school to university students. The interest in studying this population is stronger than other age groups, perhaps because unplanned adolescent pregnancy is also a strategic issue of the country.

A study among antenatal care (ANC) clinic clients in the hospital setting found that about one-third of the pregnancies were unplanned (Wattanakamolchai P. et.al, 2018). Ngampit Chanthip (2017) conducted an analysis of women who received ANC and maternity services in the hospital setting, and found that 12% of female clients age 10-19 years had become pregnant from a lack of sex education and not using birth control. In addition, a ten-year retrospective study of unwanted pregnancy among clients in the hospital setting by Yaowarat and Chanyaporn (2021) found that more than 40% were under the age of 18 years, and the oldest was 38 years and experiencing her first pregnancy.

A study of abortion patients in hospitals in the south region of Thailand found that more than one-third had come to the hospital to treat complications from an unsafe abortion. In that group, 37% were age under 18 (Chunuan, S. et al, 2012).

Cause of the unplanned or unwanted pregnancy

The main reason cited by women for an unwanted pregnancy was that they had problems with the use of contraceptives. Chorthip and Siriwan (2021) studied a sample of ANC clients age 35 years or over, and found that one in five had become pregnant because they did not use contraception out of the belief that they were old and no longer fecund. The second most common reason was forgetting to take birth control pills on schedule. A qualitative study by Nisanat Sankhaphong and Phanomphon Phumchan (2017) gathered data from women who had an unplanned pregnancy but had decided not to terminate it. The respondents were age 25-28 years in that study, and the lack of use of contraception was due to lack of concern, the belief that they couldn't get pregnant, had been using withdrawal, and/or inability to tell the male partner to use condoms or deny sex if forcibly asked by the male partner. The study by Yaowarat and Chanyaporn (20021) found that almost the entire sample who had an unwanted pregnancy had not been using birth control at all.

On the issue of problems using contraceptive methods, many studies have been done in youth and adolescents. The studies found that many adolescents and young adults lacked proper knowledge about the proper use of contraception and pregnancy prevention in general. The samples included youth and adolescents who were still full-time students. Thepthai et al (2020) studied a sample of female students in five lower secondary schools and found that the youth had only a moderate level of knowledge and attitudes related to preventing pregnancy that might occur to women at their age. The most common misinformation and attitude in the study was that

prolonged use of hormonal contraception, especially the pill, was potentially harmful to a woman's body. Piansri Namprai (2017) conducted a study of upper secondary school students, and also found only a moderate level of knowledge and attitude about pregnancy prevention in adolescence. Most stated that condoms are the most convenient and safe form of contraception for people their age.

Supaporn Phoarat (2017) conducted a study of ANC clinic clients age 15-19 years, and found that the cause of the pregnancy in more than half the sample was due to problems using birth control. This included not using contraception at all, or not knowing how to use birth control correctly.

For students at the university level, studies also found that inaccurate knowledge of contraception is the main factor leading to unplanned pregnancy. Pimwadee et al (2017) found that sexually-active female university students only had moderate knowledge of the need to practice effective pregnancy prevention. The study examined knowledge across four dimensions: Choice of a contraceptive method; avoiding risk for an unwanted pregnancy; having skills to refuse unsafe sex; and knowing a source of support or a solution when there is a problem. The main reason for not using contraception in this sample was lack of income to pay for the contraceptive method resulting in a moderate level of behavior about unplanned pregnancy prevention.

Thanida et al (2022) found that most of the students in their sample had a moderate level of knowledge and understanding of pregnancy prevention. However, there was still important misunderstanding about oral contraceptives. Wararat et al (2021) found that their sample had insufficient knowledge and understanding of pregnancy prevention. Maleewan Lertsakornsiri (2014) found that contraceptive knowledge affects perceptions of unwanted pregnancy. In that study, it was found that students had the correct knowledge and attitude about contraception.

Parichat et al. (2019) conducted a study of adolescents with both intentional and unintended recurrent pregnancies. The authors reflected about the problem that the male partner in the relationship did not participate or was uncooperative regarding contraception; perceiving it to be the responsibility and burden on the women leading to unplanned pregnancy problems.

Reason for having an unwanted pregnancy

Causes of unwanted pregnancy include pregnancy through sexual violence, the male partner refuses to take responsibility, the family does not accept it, and economic problems (Yaowarat and Ethics, 2021). Other studies found that pregnancy or childbearing is an obstacle to continuing one's education or occupation, or not being in a situation that is suitable for bringing a child into the world (Sivaporn Jungpichanvanich, 2014; Gaysorn et al, 2020). One study found that the pregnancy was unwanted because the husband does not want any/more children (Deanya et al, 2013). Another study found that women did not consider themselves capable of raising a child at that time in their life (Rudee and Emporn, 2014).

In sum, the reasons for the decision to terminate the pregnancy are family, financial, and social conditions (Chunuan, S. et al, 2012). Some women who are older decide to terminate the pregnancy since it would be too much of a burden on the family. She might also be concerned about the health risks of pregnancy at an older age, and the potential threats to the unborn child (Benjawan Klai Tubtim, 2016).

Abortion services

The main problem of pregnancy termination services in Thailand is that there are still too many government hospitals that are unwilling to provide safe abortion services. This is despite the amendments to medical regulations and abortion law, including the woman's right to access Comprehensive Abortion Care (CAC). What is more, women continue to be stigmatized and discriminated against when it comes to the issue of abortion, especially if they are young, underprivileged, and marginalized (Chaturachinda, K., 2014). There is also the issue of service providers' attitudes that need to be improved in order for them not to become a barrier to women's access to services (Chaturachinda and Boonthai, 2017).

The situation of unplanned pregnancy and problems with access to safe abortion services are conditions that push many women to try to self-abort or seek abortion from an unqualified provider (which is often unsafe). Data for women in Asia indicate that the unsafe abortion rate was as high as 30% (Iqbal Shah & Elisabeth Ahman, 2004). Unsafe abortions occur in a higher proportion among women under 20 years of age compared to other age groups (Srinil, S., 2011). UNICEF (2015) published data for the ten years from 2004 to 2013, and females age 10-14 years had the highest abortion rate, followed by those age 15-19 years, and then for women age 30-49 years.

Studies of hospital patients who have appeared with complications of an unsafe abortion also provide useful information about what can go wrong when safe abortion is not easily available, accessible and affordable. Most of these cases are the result of desperate women and girls who attempt to abort the pregnancy by themselves by inserting a suppository or taking some oral medication. However, it finally ended with incomplete abortion or complications (Chunuan, S. et al, 2012).

A large sample survey in the north region of Thailand found that respondents (both male and female) said they had experienced an unplanned pregnancy before in their life. Fully two out of three of these respondents said that the pregnancy was aborted, mostly by themselves or by use of an illegal abortion service, and some having complications requiring hospitalization (Tangmunkongvorakul, A. et. al., 2011).

Attitudes towards terminating a pregnancy

In Thailand, most of the studies on attitudes towards abortion were conducted among the general population or professional groups such as doctors, nurses, social workers, medical students, lawyers, etc. There is a lack of studies of the affected or vulnerable women's own thoughts about abortion. However, a study by Nithinan Mahawan (2009) found that adolescent women who have experienced illegal abortion have both positive and negative opinions of pregnancy termination. Some realize that abortion is an unpleasant but necessary option. Others feel that abortion is very sinful and wrong.

Weerachai et al (2013) surveyed Thai youth age 10-19 years studying in the 2nd year of lower secondary school and vocational school across the country. It was found that approximately one in seven (15%) of the respondents said that if a pregnancy occurs while a full-time student, the decision should be to terminate the pregnancy. The respondents said that parents, friends, and teachers should be consulted. A study by Fengxue, Y. et al (2003) surveyed a sample of upper secondary school students and found that there was a negative attitude towards adolescent pregnancy, but a positive attitude towards termination of an unwanted pregnancy. The authors concluded that the adolescent students were determined to prevent an accidental pregnancy but, if pregnancy occurs, then abortion is a reasonable choice.

Sureerat Rongruang (2016) studied the attitudes, opinions, and recommendations of students and personnel towards pregnancy among Muslim adolescents. It was found that the following statement had the least favorable response: "When a Muslim teenager becomes pregnant and is not ready to continue the pregnancy, the teacher or the person involved should advise the student to terminate the pregnancy through abortion."

Methodology **2**

2.1 Scope

This was a qualitative research study which collected data by in-depth interview (IDI). A sample of forty abortion clients from PPAT clinics was purposively selected and represented four regions throughout Thailand. The clinics were located in Chiang Mai and Lampang in the north, Khon Kaen in the northeast, Hat Yai (Songkhla) in the south, and in Bangkok. A quota of ten clients was assigned for each of the four regions.

2.2 Definition

Induced abortion: In this study, “abortion” refers to intentional termination of pregnancy of not more than 12 weeks gestation by any means for medical reasons, and no specification for gestational age for non-medical reasons as per the terms and conditions of PPAT clinics.

2.3 Research methods

2.3.1 Sample

A sample of forty abortion clients from PPAT clinics was purposively selected. The clinics were located in Chiang Mai and Lampang in the north, Khon Kaen in the northeast, Hat Yai (Songkhla) in the south, and in Bangkok. A quota of ten clients was assigned for each of the four regions with sufficient diversity to explore differences by age, marital status, domicile, and whether this was the first or a repeat abortion.

2.3.2 In-depth interviews (IDI)

The IDI in this study used a semi-structured questions guideline and recorded the interview for further analysis. The interview took place after the client gave informed consent. Interviews were conducted in person, face-to-face, in a private room or space where no one else could overhear the IDI.

2.3.3 Interviewers

The IDIs were conducted by full-time personnel from the PPAT headquarters and regional offices. It was stipulated that the interviewer must not be a person who had provided a clinic service to the respondent in the past, e.g., an attending physician, nurse, or counselor.

All the PPAT staff members were trained in conducting the IDI by the project’s co-investigator (Asst. Prof. Dr. Dusita Phuengsamran), who is an expert in conducting qualitative research on sensitive issues. Training content consisted of the goals and objectives of the study, each item in the questionnaire/guideline, obtaining informed consent, maintaining privacy and confidentiality of the respondent, and techniques in conducting the IDI.

2.3.4 Recruitment

The sample group was women who received abortion services at one of the participating PPAT clinics. Candidates were given a brief orientation about the study by the staff counselor, and then invited to participate. Inclusion criteria were age 15 years or over who received abortion at the participating PPAT clinic during January-February 2022. Participants received abortion under the conditions of PPAT services, and had gestational age not in excess of 12 weeks, as required by law.

Exclusion criteria consisted of the following:

- Having a physical condition that could hinder successful completion of the interview
- Having post-abortion depression or other adverse mental health condition
- Being unable to communicate in Thai or understand the questions

Discontinuation criteria: Participation in the study was terminated if a respondent decided they wanted to discontinue participation (for any reason), knowing that to do so would not have a negative impact on them. Even after successfully completing the IDI, the participant could elect to withdraw from the study, for any reason.

Location of PPAT clinic	Number invited to participate in the study	Number declining	Number agreeing to participate
Bangkok	32	22	10
North	17	7	10
Northeast	19	9	10
South	15	5	10

The following are reasons for declining to participate in the study:

- Bangkok: Inconvenient, not enough spare time, need to hurry home, declined after first consenting, too tired from the abortion, her male partner did not consent for her to participate, had to hurry back to place of employment or routine activity so as not to arouse suspicion
- North: Most cited lack of time or pressing obligations elsewhere
- Northeast: Too far from home, many relatives were waiting for her, needed to hurry because she had paid for a driver to wait, concern about personal information being shared, declined after first consenting, tired from the abortion
- South: Did not have spare time do the IDI, fear that personal information would be shared

2.3.5 Data collection instrument

The data were collected through in-depth interviews using a semi-structured questions guideline. In addition, a socio-demographic matrix was used to record general information about the respondent. The matrix was filled out online using Google Form so that the investigators could be assured that the inclusion criteria were met, and that the sample had adequate diversity as required (Appendix A).

The following are the sections of content of the questionnaire guidelines:

- Unexpected pregnancy: Past pregnancy history; reason why this pregnancy was unplanned
- The decision to have an abortion: Reason for decision; people involved in decision making
- Knowledge or information about abortion or pregnancy termination: Method of abortion; post-abortion effects
- Attitudes towards abortion: Attitudes or feelings towards oneself from the decision to have an abortion
- Expectations of the service provider

2.3.6 Duration of the study

The study was conducted during January to April, 2022.

2.3.7 Data analysis

This study used NVivo for Windows software for data management and analysis. The researchers used Analytic Induction as the prescribed method to interpret the conclusions from information collected from discrete objects or visible phenomena.

2.4 Ethics in research

The protocol and data collection tools for this study received approval from the Human Research Ethics Committee of the Institute for Population and Social Research, Mahidol University on December 23, 2021 (COA No. 2021/12-221).

2.5 Implementation (the first 4 months of 2022)

Activity	January	February	March	April
Training for IDI interviewers	●			
Recruitment of forty PPAT clinic clients for the IDI and conducting the IDI	●	●		
Analysis of data and writing the research report			●	●

3.1 Demographic characteristics of the sample

This study collected data from forty women who received abortion services at PPAT medical clinics in all four regions of Thailand: Northern region, Chiang Mai and Lampang; Northeastern region, Khon Kaen; Southern region; Songkhla (Hat Yai); and Central region, Bangkok. Ten cases were recruited from three PPAT clinics in Bangkok (Din Daeng, Bang Khen, Pinklao); five cases from the PPAT Chiang Mai clinic, five cases from the PPAT Lampang clinic; ten cases from the PPAT Khon Kaen Clinic; and ten cases from the PPAT Hat Yai clinic (Songkhla Province).

Table 1 shows demographic characteristics of the respondents. The mean age of the sample in this study was 27.6 years, ranging from 15 to 48 years, and most were sixteen respondents who were between age 25 and 44 years. The second were twelve respondents who were between age 20-24 years. The third were nine clients who were between 15-19 years - out of this number were six adolescents age below 18 years. There were three respondents age over 45 years including 48 years from Bangkok, 47 years from Khon Kaen, and 46 years from Songkhla.

Slightly under half were eighteen respondents who were single and not co-habiting with a partner. A full twelve of the clients were co-habiting but not married. A total of seven clients were married (with license). The rest were three clients who were widowed, divorced, or separated.

In terms of occupation, most were thirteen respondents who were full-time students including two lower secondary school students, five upper secondary school students, two high vocational school students, and four bachelor's degree students. Six of the clients were unemployed. The rest mentioned other occupations including five full-time employees, four daily laborers, etc.

For educational attainment, it was found that eleven clients had completed upper secondary school/vocational school/or equivalent eleven clients had attained a bachelor's degree, ten clients had completed lower secondary school, etc.

Eleven of the forty clients lived in a province outside the province where they went for the abortion (i.e., out of the area) while twenty nine clients lived in the same province.

Table 1: Demographic characteristics of the sample

Characteristics of the sample (N=40)	Number
Age (years) (mean 27.6, range 15-48)	
15-19	9
20-24	12
25-44	16
45 or older	3
Marital status	
Single	18
Co-habiting;	12
Married (with license)	7
Widowed, divorced, separated	3
Occupation	
Unemployed	6
Student	13
Full-time hire	5
Part-time worker	1
Independently employed	3
Day laborer	4
Merchant;	4
Business owner	2
Farmer	2
Highest education attained	
Primary	1
Lower secondary	10
Upper secondary/vocational/or equivalent	11
High vocational/diploma/or equivalent	7
Bachelor's degree	11
Site of the PPAT clinic of the abortion	
Bangkok	10
Chiang Mai	5
Lampang	5
Khon Kaen	10
Songkhla	10
Current residence	
Same province as the clinic	29
Outside the province of the clinic	11
Is this the client's first abortion?	
Yes	29
No	11

The data in Table 1 show that the researchers achieved a certain degree of diversity in recruiting PPAT abortion clinic clients to participate. That reflects the fact that unplanned pregnancy and abortion is not confined to a certain demographic or profile. Although most of the sample was adolescents and young people, there were also seven women age over 40 years, nine women age in their 30s, 15 women age in their 20s years, and nine clients age less than 20 years.

It is also noteworthy how many full-time students are having problems of unplanned pregnancy, and that points to the need for stronger in-school sex education and contraceptive awareness, starting from before students reach puberty. It is also possible that the joblessness and loss of income due to the response to the Covid-19 epidemic is causing persons to rethink the affordability of having a child at this time, at least until they can return to some sense of job security.

The clients who went for their abortion at a PPAT clinic in Bangkok tended to have a domicile in Bangkok. By contrast, those who went to the PPAT Khon Kaen clinic in the northeast tended to come from other provinces in the region such as Maha Sarakham and Nakhon Phanom. The PPAT Hat Yai clinic in the south also had clients from Nakhon Srithammarat. That said, all the clients in the north lived in the same province where the clinic is located. PPAT data over time confirms the fact that a significant percentage of its abortion clients cross provincial boundaries to obtain the service.

Eleven of the forty clients in the sample were coming for a repeat abortion and twenty nine clients were coming for their first abortion.

3.2 Unplanned pregnancy and attitudes towards abortion

This study included questions about the background of pregnancy, reasons or conditions that cause unplanned pregnancy and the decision to get an abortion.

3.2.1 Situation which led to the pregnancy

The PPAT clients whether young or old, appear at the clinic early in their pregnancy, which conforms to the service criteria that the gestational age must not exceed 12 weeks. Women sense they are pregnant from delayed menstruation and some had experienced abortion for an unplanned pregnancy before. Some women are especially observant because they are not ready to get pregnant or have children. Furthermore, many women suspected a pregnancy when having obvious physical symptoms or morning sickness, along with a lack of menstruation.

“My period was a few days late and I felt a breast engorgement and there was no menstruation. So I bought a pregnancy test to check and see.”

(Chiang Mai CM04; age 33 years; upper secondary school/vocational school/equivalent co-habiting; merchant; not the first abortion)

“Now I’m about 8 weeks and 3 days pregnant. I first suspected that I was pregnant in January due to lack of menstruation. I did not feel anything. My partner told me to buy a pregnancy test, and re-test weekly if negative. I also took a tonic to stimulate my menstruation, but my period still didn’t come.”

(Songkhla; HY05; age 24 years; upper secondary school/vocational school/or equivalent single; Muslim; business owner; first abortion)

“My menstruation usually comes on schedule every month. Some months there might be a variation of a day or two. But this time I felt a change in my body, like pain and engorgement in my breasts. So I had some doubts, and bought a pregnancy test to check, and that confirmed it.”

(Songkhla; HY08; age 33 years; high vocational school/diploma/or equivalent; married; full-time hire; first abortion)

All of these reports reflect good awareness and women taking charge of their reproductive health status such as whether their menstruation was on schedule or not. In general, this self-awareness is a good health practice, and it will serve these women well in the future in observing their bodies for change, not only related to pregnancy, but in case there are other reproductive health problems.

The factors which led these women to have an unplanned pregnancy include the following:

(1) Having sex without using any contraceptive methods: It was found that: (1.1) It was the first episode of sex; (1.2) Having sex to get pregnant but then changing their mind; (1.3) Having a chronic health condition, feel old, or her partner is old and, thus, sub-fecund; (1.4) Having sex infrequently and thinking that pregnancy was not likely; or (1.5) Was not confident enough to buy/obtain a method of contraception.

“We weren’t using contraception because we only had occasional sex. Still, I got pregnant anyway. We had only been a couple for a year.”

(Songkhla; HY05; age 24 years; upper secondary school/vocational school/or equivalent single; Muslim; business owner; first abortion)

“I was afraid/shy to go buy contraception. (What did your partner say about that?) He told me to go get some contraception, but I wasn’t brave enough. He also did not want to buy condoms. He was too shy to go buy them.”

(Khon Kaen; KK06; age 16 years; upper secondary school/or equivalent; single; full-time student; first abortion)

One respondent from Khon Kaen said she didn’t feel she could get pregnant because she had a chronic disease/condition. Plus, her husband was older now, and they didn’t have sex that often. She also believed that she could prevent pregnancy by douching after sex. She feels that she got pregnant this time because they started having sex more often.

“We are both getting older, and we weren’t having sex that often. I thought I could be in control, and I would be able to prevent a mistake. However, when we had sex, I couldn’t stop my husband from ejaculating inside. Then, I thought I could just prevent pregnancy by urinating and douching after sex. We often had sex 3-4 times per month. If not often, it would be 2 times per month. My husband is in his middle 40s, and he likes to drink, which I believed was diluting/weakening his sperm, and that he probably couldn’t get me pregnant. But, as you see, I was wrong.”

(Khon Kaen; KK04; age 43 years; primary education; married; farmer; not the first abortion)

(2) Contraceptive failure: Some women were using some modern contraception (e.g., the pill, injectable, sub-dermal implant), but this didn’t always work. Upon closer questioning, it appeared that some women did not take the pill or injectable regularly or as prescribed.

“I had been getting contraceptive injections. My partner told me to get the injectable. So, that’s what I did for a long time. But, this time, I had been in a traffic accident and injured my leg. So, I couldn’t go for my regular injections.”

(Bangkok; BK04; age 19 years; lower secondary school; single; day-job worker; first abortion)

“Before, I didn’t use contraception regularly. Some months I would, and some months I wouldn’t. Sometimes, I would forget about it. We used condoms sometimes, and sometimes not. Sometimes we would switch between condoms and the pill. I had been off the pill for a while before this pregnancy happened.”

(Chiang Mai; CM04; age 33 years; upper secondary school/vocational school/or equivalent co-habiting; merchant; not the first abortion)

“In the past months, I hadn’t been going for my regular (contraceptive) injection. I missed the appointment by 2-3 weeks. Plus, I didn’t buy any oral pills to take instead.”

(Bangkok; BK03; age 26 years; high vocational school/diploma/or equivalent; married; full-time hire; not the first abortion)

These are examples of user failure to use contraception as prescribed. There are also method failures, even with sterilization. In the present study, there was the case of an older woman age 48 years who had had a tubal ligation, but still became pregnant. She decided to get an abortion and the government hospital referred her to PPAT. After that, she decided not to have a tubal ligation or take any regular contraception, but instead choose emergency contraception in case she has sex – which isn’t often since her husband/partner doesn’t always live with her. (Bangkok; PK04; age 48 years; lower secondary school; married; merchant; not the first abortion)

(3) Emergency contraception (“morning-after pill”): This method is usually used by women who are not having regular sex with their partner, and didn’t want to take on the burden of regular contraception.

“These days I prefer to use emergency contraception. That’s because my partner and I live separately. We only get together about once or twice a month. That’s all.”

(Bangkok; BK02; age 21 years; lower secondary school; single; merchant; first abortion)

(4) Irregular use of condoms: In this sample, there were only a few cases who reported using condoms. However, they did not use condoms for every sex episode. One woman from Chiang Mai had been living with her partner for over ten years, but she had problems taking the pill. So, they switched to condoms, but did not use condoms regularly. Thus, she had this unplanned pregnancy.

“At first, I was on the pill. But I had trouble remembering to take it every day. Also, I felt nauseous when taking the pill. So, I stopped the pills, but did not use another (clinical, female) method. We used condoms, but only part of the time.”

(Chiang Mai; CM05; age 33 years; bachelor’s degree; co-habiting; self-employed; not the first abortion)

(5) Withdrawal or other natural birth control: (i.e., safe period): These so-called natural methods of contraception avoid putting any substance in or on the body. The participants in this study who used them said they had trouble using modern or clinical methods. These women believed that the natural methods were just as effective as modern, clinical methods. However, other women had their doubts about the effectiveness, and some even took the pill while still having her partner practice withdrawal.

“Usually, my partner practices withdrawal. Even so, I still take the pill some months – but some months I don’t. I am forgetful and don’t always remember to take the pill on time.”

(Chiang Mai; CM04; age 33 years; upper secondary school/vocational school/or equivalent co-habiting; merchant; not the first abortion)

“I didn’t use contraception. I had my partner withdraw before ejaculation. I tried to take oral contraceptives, but I had bad side effects. I tried many different brands of pills, but I still had side effects, like rashes. So, I stopped the pill.”

(Bangkok; DD02; age 18 years; upper secondary school/vocational school/or equivalent co-habiting; full-time student; first abortion)

3.2.2 Reasons or conditions of the unplanned pregnancy

The study found the reasons or conditions why the woman is not yet ready to have a child include the following: (1) Getting pregnant while studying. Thirteen of the total sample were full-time students, and out of this number nine were lower secondary school students. The rest were those studying in vocational schools or college/university. (2) Another condition included having financial constraints. Some of the clients had lost their job or suffered serious reductions in their income, or there was only one person earning income for the whole family. (3) Some of the women had problems with their partners such as having just broken up or were going to break up, or their partners had a new girlfriend, or had problems with the partner’s family. (4) The woman’s family did not know she had an intimate partner. (5) The woman was still single and felt she would be stigmatized by having a child out of wedlock. (6) Some women felt they had enough children already and wanted to stop childbearing. Many of the women had combinations of the above problems which made continuing the pregnancy and having a child untenable.

“There were many reasons. There were issues with my job, things like that. I did not have job security. I had just been laid off from work. My youngest child, age nine years, was still dependent on me. I had two other children, age 14 and 15. Plus, I was starting a new relationship. So, I didn’t have much stability in my life. I wasn’t sure how well the future would turn out.”

(Bangkok; BK01; age 36 years; lower secondary school; single; (newly divorced); unemployed; first abortion)

“I am a full-time student, and I am close to graduating. In addition, my family members do not know that I am having an intimate relationship.”

(Bangkok; DD02; age 18 years; upper secondary school/vocational school/or equivalent co-habiting; full-time student; first abortion)

“There are issues of expenses, work, and cost of living. So, the thought of having a child at this time did not seem affordable. I want to be better prepared than this before I have a child.”

(Songkhla; HY05; age 24 years; upper secondary school/vocational school/or equivalent single; business owner; first abortion)

In addition, some of this sample of PPAT abortion clinic clients had been a victim of sex abuse, or sexual coercion. Thus, the pregnancy was clearly involuntary in those cases. Plus, some of the older women said they would be concerned about the health of their infant child if they continued the pregnancy to term.

“I am already too old to have another child. All my children are already into adulthood. It might be dangerous, at my age, to continue the pregnancy. The child might not be normal.”

(Khon Kaen; KK02; age 44 years; lower secondary school; co-habiting; day-job worker; not the first abortion)

“I didn’t want this pregnancy. I was sexually abused by a neighbor who is also a drug addict. Thus, the pregnancy was not with my husband. So, I had to find a way out of this crisis.”

(Khon Kaen; KK03; age 41 years; lower secondary school; married; day-job worker; not the first abortion)

One of the key informants in this study was only 16 years old. In fact, the decision to terminate the pregnancy was not her own – it was the family who insisted that she had an abortion. This girl had been impregnated by her boyfriend, who was about the same age as her. The adult members of both families insisted that the girl abort the pregnancy. In a case such as this, some people might think that it is appropriate that the adults in the family decide since the girl was a minor. The families might presume that this couple does not yet appreciate the responsibilities and sacrifices that go along with parenthood. Nevertheless, it is clear that this young woman did not go through a proper process of pregnancy counseling, and she was never given a chance to have a say in the matter of what was done to her own body.

“(Interviewer: When was the decision made to abort the pregnancy?) Well, it was my family; it was they who were not ready to have me take this pregnancy to term. In fact, I understood what it meant to be pregnant, and I was ready to have this baby. But, the family could not accept that option. (Interviewer: Which family – yours or your lover’s?) Both families. My uncle and my boyfriend’s mother did not accept the idea of our having a child since they felt my boyfriend was too young.”

Lampang; LP01; age 16 years; upper secondary school/vocational school/or equivalent single; full-time student; first abortion)

3.2.3 The decision to have an abortion

An unplanned pregnancy need not always result in an abortion. However, because this sample was drawn from PPAT abortion clinic clients, it goes without saying that a decision had already been made to terminate the pregnancy, regardless of the circumstances that led to it. As noted earlier, twenty nine of the forty clients were having their first abortion, while eleven had a previous abortion. Those eleven women were asked what the reason was for the previous abortion(s), and the results were similar for the current abortion.

Reason for choosing abortion: (1) Partner is violent and abusive, plus pressure from the family to abort the pregnancy, thus, pre-empting the autonomy of the woman to make her own decision (Bangkok; BK04; age 19 years; lower secondary school; single; day-job worker; first abortion). A woman was abused both by her partner and his family. In the words of the male partner: “I was rough with her because I could do it without consequences.” Given this abusive situation, it is not surprising that the girl’s mother also wanted her to abort the pregnancy. In the words of the mother: “I didn’t want my daughter to have a child. I didn’t want her to get pregnant. So, I told her to get an abortion.”

(2) The young woman who is still a full-time student should not get pregnant while studying. Some schools in Thailand have a policy that supports pregnant students, but these are very few. However, any female student in this situation who wants to continue her studies through graduation really does not have any choice, other than to terminate the pregnancy.

“I had no other choice. If I did not (terminate the pregnancy) then my future would be bleak.”

(Chiang Mai; CM03; age 15 years; lower secondary school; single; full-time student; first abortion)

(3) The other reasons for electing to have an abortion are the usual factors, such as economic constraints, having enough children already, family’s unreadiness, etc.

“I have two children, age 7 years and 2 years and a half. At this time, I am not ready to have a third child. These are tough economic times, and it’s hard to find a good-paying job. If I had a child now, it would be hardship for everyone, including the infant.”

(Bangkok; BK03; age 26 years; high vocational school/diploma diploma/or equivalent; married; full-time hire; not the first abortion)

Regarding the decision-making process to have the abortion, the forty women in this study cited the following: (1) The woman made her own decision, without consulting anyone else; (2) The woman consulted with her husband/partner about the pregnancy, but made the decision by herself to have an abortion; (3) The woman consulted with her husband/partner about the pregnancy, and they made a joint decision to terminate the pregnancy; (4) The woman consulted with her husband/partner and/or her and the man’s family, and made a joint decision to terminate the pregnancy.

“I took a long time to decide; I did not consult anyone else. Finally, I decided to go ahead and have the abortion. I did not tell even my closest friend, because I didn’t want to burden her by getting her involved in my problem.”

(Bangkok; BK02; age 21 years; lower secondary school; single; merchant; first abortion)

“My partner said he was willing to take responsibility for caring for the child if I decided to carry the pregnancy to term. However, I made my own decision to have the abortion.”

(Songkhla; HY04; age 21 years; bachelor’s degree; single; full-time student; first abortion)

“We decided together. We both had many obligations to take care of already. So, we were concerned that, if we had this child, and then could not afford to bring the child up well, then that would not be good. So we decided that abortion was the better option at this time in our lives.”

(Chiang Mai; CM02; age 21 years; upper secondary school/vocational school/or equivalent single; full-time student; first abortion)

(5) The woman did not make her own decision to terminate the pregnancy. Instead, she was pressured (or forced) by her husband/partner and/or family members to have the abortion.

“I consulted with my mother and grandmother. They wanted me to have an abortion. But I pleaded with them to let me keep the pregnancy. In the end, they forced me to have the abortion. That’s why I’m here today.”

(Bangkok; BK04; age 19 years; lower secondary school; single; day-job worker; first abortion)

“(Interviewer: Who made the final decision to terminate the pregnancy?) My uncle and my boyfriend’s mother. But a friend of mine and my older sister wanted me to keep the pregnancy. So, I consulted with my parents, and they agreed with me in keeping the pregnancy. However, my uncle was steadfast, in view of my young age and need to continue in school. My boyfriend’s mother said that now was not the right time to have a child. So, it took a long time to come to a final decision.”

(Lampang; LP01; age 16 years; upper secondary school/vocational school/or equivalent single; full-time student; first abortion)

3.2.4 The decision regarding post-abortion contraception

Nearly all the women in this sample seemed determined to use modern, clinical contraception after the abortion. They were contemplating using the injectable, the sub-dermal implant, or even sterilization (among those who felt they had enough children already). As noted earlier, one 48-year-old woman got pregnant even though she had been sterilized. So, that woman decided to rely on emergency contraception after this abortion since she did not anticipate having sex that often. She also would like to use implant contraception. The women who had never used modern contraception before the abortion tended to prefer short-term methods, such as oral contraceptives, in the post-abortion period.

“I was not taking the pill regularly. Some days I would take it; then other days I would skip it. Plus, I got confused by having to stop for seven days and then resuming. If I can’t get a sterilization, I think I will use the injectable contraceptive or the contraceptive implant.”

(Bangkok; BK01; age 36 years; lower secondary school; single; newly divorced; unemployed; first abortion)

“The doctor suggested that I have an IUD inserted after the abortion. I am already quite old. But, my husband has decided to have a sterilization.”

(Khon Kaen; KK03; age 41 years; lower secondary school; married; day-job worker; not the first abortion)

3.2.5 Attempting self-abortion before visiting the PPAT clinic

Only a few cases said they tried to abort the current pregnancy themselves before coming to PPAT clinics. The information about unplanned pregnancy and safe abortion service providers can be found easily on the Internet. When women are faced with unplanned pregnancy, they searched for information to help them decide on a safe alternative.

“I was scared (about trying to abort the pregnancy myself). I thought that I might hemorrhage, and that could be life-threatening.”

(Bangkok; BK03; age 26 years; high vocational school/diploma/or equivalent; married; full-time hire; not the first abortion)

3.3 Knowledge and perceptions of abortion

Data from this study sample shows that the average woman who hasn't experienced an unplanned pregnancy before may not have had much prior knowledge about abortion. However, when faced with the situation, they are skillful in finding the relevant, accurate information about their options. The first thing these women wanted to know was whether the service provider could provide abortion services for their gestational age. Next, they wanted to know what methods are used for abortion. Then, they wanted assurance that this would be a legal abortion. Some women research the information in greater detail than others. The women who have had an induced abortion before use that experience to make a rapid decision on what to do next. All eleven women in this sample who had experienced abortion before said they came to the PPAT clinics because they had used the services before or knew about it; four had gone for abortion at another service provider but switched to PPAT this time.

"I had a previous abortion at this PPAT clinic. I was satisfied with the service. So, when I had another unplanned pregnancy, I decided to come back here again."

(Bangkok; BK03; age 26 years; high vocational school/diploma/or equivalent; married; full-time hire; not the first abortion)

In general, the knowledge about where to get a legal abortion can be classified as follows: (1) The woman knew that there are places to get a legal abortion, and knew the conditions of service; (2) The woman only knew that it was possible to get a legal abortion, but did not know the details; (3) Initially, the woman did not know that abortion was legal under certain conditions; and (4) The woman had no information whether or not abortion was legally available in Thailand. Knowing that there is a source of safe and legal abortion goes a long way to ease the trauma and stress of discovering an unwanted pregnancy. That knowledge also facilitates the decision to have an abortion for women who might have been uncertain. Some women were not concerned about the legality of the abortion; they were just very determined to abort the pregnancy as the top priority.

I asked a friend, and she told me about the PPAT clinic, and that the abortion was legal and safe. That knowledge gave me the confidence to come here.

(Songkhla; HY05; age 24 years; upper secondary school/vocational school/or equivalent single; Muslim; business owner; first abortion)

Information about forms or methods for abortion: The women were also able to obtain information in advance about the various services at the clinic and the methods of induced abortion published on the internet, which the latter set of information became the information that made the sample group choose to receive services at PPAT clinics because they were afraid that it would be unsafe if they did it on their own. Although some people have tried some methods, it was a small part and usually they did not take time and effort to do it themselves. This may be because they have already received information of the safety services.

“I was intimidated at first by all the promotions. Some of the news was frightening, for example, about women hemorrhaging and dying from trying to abort their pregnancy themselves or going to a quack doctor. So, it wasn’t a hard decision, once I knew there was a safe and legal way to have an abortion. It would be worth the cost.”

(Songkhla; HY02; age 23 years; upper secondary school/vocational school/or equivalent married; unemployed; not the first abortion)

The sources of information: Women in this sample of PPAT clients sourced information from the following: (1) The Internet; (2) Family members, friends, acquaintances; (3) Health care providers; and/or (4) Teachers at schools. Eight women were referred to the PPAT clinic from another source, and two women said they were referred by the #1663 Hot Line. The rest obtained information from Internet and word-of-mouth and were walk-in clients.

3.4 Attitudes towards abortion

Overall attitudes towards abortion: the women in this study had the following perception of abortion: (1) It is an option for persons with an unplanned pregnancy; it is an essential reproductive health care option for women; (2) Abortion is sinful, wrong; (3) Abortion is not sinful; (4) There was a change in opinion about abortion after facing an unplanned pregnancy.

“I thought of abortion as one acceptable option. Some women are uncertain whether to get pregnant or not. Some might want a pregnancy, but their partners say no. The woman has to make the best decision that suits her.”

(Chiang Mai; CM04; age 33 years; upper secondary school/vocational school/or equivalent co-habiting; merchant; not the first abortion)

“A woman will have her own reasons. It will not be the same for every woman with an unplanned pregnancy. Some families can accept it and proceed with the pregnancy; others cannot, and those women must find a way out.”

(Khon Kaen; KK03; age 41 years; lower secondary school; married; day-job worker; not the first abortion)

“I am looking at the current social norms; I do not think about sin or merit. If you have a child you cannot afford to raise properly, then having a child is also sinful. Having a child you cannot raise properly will cause suffering in that child, and they may not be able to reach their potential. So, I think it is better to have the abortion if I am not ready.”

(Songkhla; HY02; age 23 years; upper secondary school/vocational school/or equivalent married; unemployed; not the first abortion)

“Part of me thinks it is wrong. I also feel guilty for having failed. It should not have come to this. But, now that it has, I have to make a decision that is safe for me and does not burden others, or my family.”

(Chiang Mai; CM04; age 33 years; upper secondary school/vocational school/or equivalent co-habiting; merchant; not the first abortion)

“At first, I was not OK with the idea of abortion. Nobody wants to have an abortion -- I think all women feel this way. But the final decision depends on the situation of each person. Each case has its own considerations; it is not the same. The woman has to find a way out if there is an unplanned event like this.”

(Songkhla; HY08; age 33 years; high vocational school/diploma/or equivalent; married; full-time hire; first abortion)

Regardless of their past perception of abortion, having made the decision to abort, the women in this sample have to accept their decision and be able to live with it. This study was not able to probe these complex emotions and attitudes since the IDIs were mostly conducted in the post-abortion recovery period. Also, the researchers did not want to provoke any adverse emotions right after a possibly traumatic experience for the woman. Thus, this line of questioning might be more appropriate after some time has passed after the abortion.

“Well, it’s a self- stigma that sticks with you. At the time of deciding to have the abortion, we might not think too deeply about what we are doing. But then, when actually having the procedure, we may feel sorrow and compassion for the small life we are ending. We can actually empathize with the feelings of the unborn. It is hard to accept that I ended a life; but I had no choice. I would only have caused the child suffering if I decided to keep the pregnancy. It is better that I suffer alone.”

(Songkhla; HY04; age 21 years; bachelor’s degree; single; full-time student; first abortion)

3.5 Expectations for the abortion service

The forty women in this study were asked how they felt about the services they received at the PPAT clinics. They were asked how the service could be improved, for example, in such dimensions as the overall experience, the protection of privacy and confidentiality, how client-friendly the service was, how informative the counseling session was and, importantly, why they chose the PPAT clinic this time.

Regarding the expectations for the abortion service, the women in this study had the following answers: (1) They chose PPAT because they knew that the abortion would be legal; (2) They knew that PPAT would protect their confidentiality; (3) They knew that the PPAT clinic would offer an array of options and could provide a service that was appropriate for their gestational age; (4) The PPAT clinic was conveniently located; (5) The cost of service was affordable; (6) The clinic gives pre-abortion counseling which encourages clients to visit the clinic when the time comes; and there is information on a Hot Line and the Internet website; and (7) PPAT has related services to help women prevent another unplanned pregnancy.

“I chose PPAT because I knew that the abortion would be legal; a friend referred me to this clinic.”

(Songkhla; HY06; age 43 years; high vocational school/diploma/or equivalent; married; full-time hire; first abortion)

“It is a legal clinic and service. And they protect the client’s confidentiality. They won’t share the client’s personal information with just anyone.”

(Bangkok; BK03; age 26 years; high vocational school/diploma/or equivalent; married; full-time hire; not the first abortion)

Some of the women in this sample mentioned their concern about going to a government hospital for the abortion, even though the service might be free of charge because it is under. These women said that they were worried that going to a government hospital would involve a lengthy process, and they might be denied service for any reason. They also didn't expect the government hospital to be client friendly.

"I was afraid that (going to the government hospital) would be a complex process... I was worried that the doctor might ask to speak with my parents or relatives first before agreeing to do the abortion. That's a big issue."

(Bangkok; DD02; age 18 years; upper secondary school/vocational school/or equivalent co-habiting; full-time student; first abortion)

"It is not well-known whether the hospital will do the abortion or not...it is not known. Also, staff of the hospitals themselves are not as friendly as staff in the clinic. It is as if the hospital staff do not really care about the client."

(Khon Kaen; KK04; age 43 years; primary education; married; farmer; not the first abortion)

"I have the feeling that the (government) hospital or the nurses there would look down on us or see us as a 'bad' person if we went there for an abortion. Plus, I am rather young. Here (at the PPAT clinic) they protect my privacy and won't share my personal information. They don't look down at us here. They don't scorn us for having the abortion."

(Chiang Mai; CM02; age 21 years; upper secondary school/vocational school/or equivalent single; full-time student; first abortion)

"I wouldn't dare go to the government hospital. In fact, I don't know which hospital offers an abortion service. I just know that this (PPAT) clinic and community clinics provide abortion"

(Chiang Mai; CM04; age 33 years; upper secondary school/vocational school/or equivalent co-habiting; merchant; not the first abortion)

The women in this sample wanted to know about any potential health consequences after the abortion. They also wanted to know about post-abortion contraception to prevent a repeat abortion. Some women weren't sure if they would be able to get pregnant again if they wanted to. Some asked whether a girl under age 15 years could get an abortion, perhaps out of concern that any women with an unplanned pregnancy should have the option to terminate it, regardless of her age.

3.6 Summary of key findings

- 1) Pregnancy: The study continues to highlight the circumstances in which women experience unplanned pregnancy caused by factors related to the contraceptive method, such as lack of use of contraception, or inability to use effective, modern contraception, and/or incorrect use of contraception which may be caused by the premature discontinuation, irregular or improper use, such as not taking the pills as prescribed, etc., and relying on natural birth control, such as withdrawal or calendar/rhythm method which has a greater chance of failure and prone to misuse than modern contraception.
- 2) Reasons or conditions of the unplanned pregnancy: the reasons or conditions included getting pregnant during school, having economic problems, unemployment, lack of income, insufficient income, or having only one family earner, having problems with boyfriends or husbands such as recent break-up or about to break up, dating someone new, having a problem with boyfriends or husbands' families. Women's families don't know if they have boyfriends or are in a relationship. Women have enough children and do not want to have more. Women are not married, so they do not think they should have children now. Also, it was found instances of sexual harassment, being subjected to violence by a spouse/husband. Furthermore, they are concerned about a child's health when they are born. It should be noted that most of the women in this study have a combination of factors that lead to unplanned pregnancies.
- 3) The abortion: This study looked at the deliberation about the unplanned pregnancy up to point in time when the final decision to abort was made. Some of the women in this study made an independent decision to have the abortion. Some women first consulted with their husband/partner, but made their own decision. Some women made a joint decision with their husband/partner. Some women made the decision jointly with their husband/partner and/or family members on both sides. For these cases, women solely or jointly made the decision to get an abortion. However, there was one case of a teenage girl whose guardian

and the mother of the boyfriend pressured her to have the abortion. The women in this study could not delay the decision too long, however. That is because the PPAT clinics can only perform legal pregnancy termination within the first trimester, and some PPAT clinics have even shorter gestational-age criteria for performing the procedure.

- 4) Knowledge and perceptions of abortion: The study highlights the issues of knowledge and perceptions among women seeking abortion, including service providers, conditions of a legal abortion, abortion methods, self-care, and potential health consequences in the post-abortion period. In this study, some members of the sample did not have any prior knowledge of an abortion service provider. Other women were able to search and find accurate information on service providers. Some didn't know that abortion was legal in Thailand. Very few respondents knew about legal service providers, and the range of abortion methods. Most women searched for information on the Internet. Other sources of information include family members, friends, health care providers, and school personnel.
- 5) Attitudes towards abortion: Most of the sample of clients felt that abortion was a necessary option and service for women who faced with unplanned pregnancy problems. Still, some women felt that abortion is a sin. However, most of the women changed their perception of abortion after facing an unplanned pregnancy by themselves. Still, a subset of these women would not tell others about the abortion or refer others to have an abortion.
- 6) Expectation for the abortion service: The principal concern and expectation of these women before going for abortion was that the procedure would be legal. They also expected that their confidentiality would be protected. They hoped that the service would be convenient, client-friendly, and affordable. They would appreciate receiving counseling before and after the abortion through Hot Line phone numbers, on the Internet, or website, as well as other services in order to continually be supported to prevent repeat unplanned pregnancy.

4 Discussion and Conclusion

4.1 Demographic characteristics of the sample

Women age 15-24 years

According to the 2021 Adolescent Pregnancy Surveillance Report for Thailand, 65.6 percent of teen pregnancies were unplanned or unwanted. That represents an increase from 50% in the 2016 Surveillance Report. That data points to a continuing problem of unintended pregnancy among adolescents. In addition, the 2020 Thailand abortion surveillance study found that more than half of the cases entered into the national abortion surveillance system were cases of induced abortion, with the remainder being spontaneous abortion. Among the induced abortion patients, a plurality was in the age range of 20-24 years (20.7%), while 19% were under 20 years of age.

The sample of forty abortion clinic clients in this study had a mean age of 27.6 years. More than half, or twenty one women, were under 25 years old: 15-19 years (nine people), 20-24 years (twelve people). That age profile is consistent with the situation of unplanned pregnancy and abortion according to the results of national surveillance. The service statistics of PPAT abortion clinics nationwide (2021) indicate that one in ten clients was under 20 years old, and one in five were age 20-24 years. Thus, in Thailand today, nearly one-third of induced abortion cases are probably in the under-25 age group.

Of the abortion clients age 15-24 years, thirteen were students, and the rest were unemployed or working as a merchant or day-job worker. Only three of the women had full-time jobs or were a business owner themselves. Therefore, the student sample clearly represented unplanned pregnancy situation with abortion as an option, which was consistent with the situation of the sample.

Women in the prime working-age group of 25-44 years

Unplanned pregnancy in this age group is not uncommon in many countries around the world, including Thailand. However, the prevalence of unplanned pregnancy in this age group is not as high as that for the below-25-years group (Kortsmitt et al, 2020; Nyarko, S. H., 2019; Sedgh et al, 2013). Studies of the incidence of unsafe abortion among women age 15-44 years in Africa, Asia (excluding East Asia), the US, and Latin America/Caribbean regions, found that the probability of having an unsafe abortion by age 44 years is nearly one (Iqbal Shah & Elisabeth Ahman (2004).

This sample of forty clients had seventeen women age 25-44 years. Of these, five were married, six had a boyfriend/co-habiting partner, four were single, and two had broken up with their husband/partner. From this sample, three of them were unemployed and nine out of seventeen came to get abortion services more than once. According to the information, reasons for the abortion in this age group include not wanting more children, economic burden, being single, and concern that the child would be defective (due to the advanced age of the mother). Some women were using birth control, but not always as prescribed. Some of the older women thought they (or their husband) were no longer fecund and, thus, did not take contraception seriously. These data are consistent with other researches on reasons and situations that led to unplanned pregnancy and abortion.

Women age 45 years or older

In this study of forty women, only three were over 45 years of age. That said, the national PPAT service statistics for abortion clients indicate that about one percent are in this age group, with the highest age being 51 years. The 2020 Thailand Abortion Surveillance study found that approximately 2% of abortion cases were over 45 years of age, including both spontaneous and induced abortion patients.

Although the proportion is low, women should not be faced with the situation of unplanned pregnancy and abortion. The data from in-depth interviews found that the three women age over 45 said they did not think they could become pregnant because of their and their husbands advanced age, reflecting incorrect beliefs about fertility and the need to provide better sex education.

Still, there is a paucity of studies on the situation of pregnancy and abortion among older women, both in Thailand and abroad. In most studies and databases, abortion rates are often reported for women age 15-44 years. In one meta-analysis, data from 40 countries were analyzed and found that abortion rates among women age 40 years or older ranged from 2 to 14 percent (Sedgh et al., 2013). Furthermore, a study found that abortion clients age 45 years or older were more likely to be having their first abortion (Rachel and Jenna, 2017). It was found that women in late reproductive age are still sexually active, and are fertile, but already have their desired number of children. Therefore, when pregnancy occurs during this age, it is often unintended and can lead to abortion.

Many research reports indicate that pregnancy at an older age of the woman is more likely to be an unintended pregnancy than a pregnancy among young women. One large study found that the prevalence of unintended pregnancy was highest among women age 15-19 years (Nyarko, S. H., 2019).

Data from this and other research studies expose a gap in serving women in their late reproductive years, especially in terms of educating and understanding the possibility of pregnancy, and the importance of using an effective method of contraception, even if they are not having regular sex.

4.2 Unplanned pregnancy and abortion

Studies on the issue of unplanned pregnancy in Thailand in the past often focused on the younger age groups, for example, students enrolled in late primary school grades (Pattaya and Napaphen, 2021), or among adolescents (Maleewan Lertsakornsiri, 2014; Thanida et al, 2022; Angkhana and Mali, 2018; Sudaporn et al, 2016; Thepthai et al, 2020). While this study was based on a sample of abortion recipients at PPAT clinics, it provides a picture of the situation of an unplanned pregnancy in women of all age groups, from adolescence to the late reproductive ages. The late reproductive-age group also has to face the situation of pregnancy when not desired. However, they may get less attention than research of women at younger ages.

There are many reasons why a woman may experience an unplanned pregnancy, and usually it is a combination of factors, especially for those who are school-age, when some young women may first be in denial that this problem has actually happened to them (Sivaporn Jungphichanvanich, 2014). The same was true for the thirteen clients in the study. While the pregnancy that occurs in other unprepared conditions, especially the economy and the readiness of the family, the pregnancy often turns into an unplanned pregnancy.

This study shows that the reason for unpreparedness may differ at different ages, or by different social status or role. Pregnancy readiness refers to the readiness to have and raise children. Therefore, it is a view of long-term readiness. For teenagers or school-age youth, getting ready for a pregnancy is impossible if there is no support process from the family and surrounding community. While for women in any other age or status, unplanned pregnancy is defined primarily through economic and social readiness.

Factors leading to unplanned pregnancy mostly are about problems related to contraception. It was found that many of the women in this study were not using contraception at all during sex, using natural methods, or not using modern methods correctly. This pattern has been found in other studies as well (Parichart et al, 2019; Sudaporn et al, 2016). Young people who have their first sexual intercourse mostly do not know about contraception and may use post-coital pills, or 'emergency contraception' (Pimnichanin Phiwongkamjorn, 2020). Sexually-active youth often lack knowledge on modern methods of preventing pregnancy (Thanida et al, 2022). They tend to use

contraceptive methods irregularly (Pathinya et al, 2013). Some couples may believe that they will not get pregnant, either due to infrequent sex or advanced age, thus ignoring the risk of pregnancy (Rudee and Emporn, 2014). In addition, there are factors related to personal and external norms that influence pregnancy prevention behavior (Nantaporn Srimegarat et al, 2020. ; Chaturachinda, K., & Boonthai, N., 2017; Sudaporn et al, 2016; Maleewan Lertsakornsiri, 2014).

4.3 The abortion services

As mentioned above, unplanned pregnancy occurs at different ages and under different circumstances or conditions in which a pregnancy becomes unwanted. Furthermore, this study found that, invariably, the situation which led the women to choose abortion includes factors affecting the woman herself. Some might insist that the decision to abort be a consultative process between the members of the couple or family. But it was found that the decision to choose to terminate an unplanned pregnancy will be forced by various situations and conditions in life. The opinions of those around you may not influence a woman's judgment at all. As some women choose to make their own decisions without consulting anyone or regardless of whether other people. There will be opinions, however, and most importantly, this study found that some women are also forced to terminate their pregnancies by their husbands or family members. So, it can be said that an abortion has never been an easy decision for a woman although some women may say that they can make the decision quickly.

There are other studies which explore the other options women have when confronted with an unplanned or unwanted pregnancy. The study by Angkhana and Mali (2018) conducted a qualitative research and probed the thinking of school-age adolescents who decided to continue the pregnancy to term. They found that the key factors were self-esteem, a sense of confidence in their parental role, a mature understanding of the obligations and burden of raising a child and support channels (Peeradej Prakongpan, 2021) The study was conducted among women who experienced pregnancy before the age of 20, and found that socialization, such as from family, the educational institution, and friends were influential in the woman's decision on their unplanned pregnancy situation **not** to have an abortion.

However, the reflections of the women in this study have shown another view that the decision to abort did not diminish their sense of self-worth in most cases. Some woman made the point that the decision to terminate the pregnancy was that it was the best decision for herself, her family, and even for the unborn child if she could not guarantee a proper upbringing at this time. In addition, although many people have beliefs connected with religious principles of sin or merit, the

decision to abort took precedence since there were potentially life-altering consequences at stake. A study by Nithinan Mahawan (2009) explored the emotions and thoughts of adolescents after having undergone an illegal abortion. That study found that the sample did not have overly negative attitudes about abortion before, but they were relieved that they were able to solve the immediate problem of an unwanted pregnancy and return to normal life. In sum, the prevailing sentiment among most of respondents seems to be that abortion is a reproductive health option that needs to be there, even though they would not necessarily recommend it to others.

4.4 Knowledge, perceptions, and attitudes towards abortion

A key item of information that the women in this study wanted to know before having the abortion is the places or service providers, whether it would be legal or not, what options – both at clinics and self-care, and what post-abortion side effects to expect. Most of the clients would be provided with other information by service providers. The legality of the procedure was one of the most influential factors in choosing the service, as found in this and other studies (Gbagbo, 2019).

However, despite the perception that abortion services are legal, most of the sample did not have knowledge or other information about the precise conditions of legal abortion, and they would only learn that when receiving the services.

The issue of whether the service is legal is an important reason leading to the women's decisions to get an abortion. It is also an important condition in choosing a service facility. Therefore, disseminating information about service providers and the nature of the legal abortion services may help reduce the risk that unplanned pregnant women may resort to unsafe abortion services. Past research found that adverse sequelae of abortion are usually the result of the woman taking an abortifacient of dubious effectiveness. One study found that more than half of women who had an induced abortion, first tried some method to abort the pregnancy by themselves (Chunuan et al, 2012). The self-abortion methods are potentially life-threatening or could lead to short- and/or long-term adverse health effects. Today, there is more information accumulating about the effects of unsafe abortion. When women search for abortifacients online, they are likely to find promotions for a range of abortion methods that they could do by themselves. However, they tend to reject those options when they find out that legal abortion exists.

In terms of attitudes towards the abortion service, most of the women in this study had a positive attitude towards the PPAT clinic. They especially appreciated that the procedure was done legally. However, some of the women would not necessarily refer other women with an unplanned pregnancy to an abortion clinic because they may feel they are intruding into the personal life of the woman. Still, they all agreed, that voluntary, safe, and affordable induced abortion services should be an option and a right for women, and that finding is consistent with other studies (Becker, Garcia and Larsen, 2002; Makleff et al, 2019).

A study by Fengxue et al, (2003) conducted a survey of upper secondary school students and found that the students had negative attitudes towards adolescent pregnancy, but a positive attitude towards elective abortion. A study by Ellen et al, (2017) found that women who received safe abortion services had a positive attitude towards the service and would recommend it to other women. A study by Weerachai et al, (2013) surveyed 42,234 Thais age 10-19 years enrolled in upper secondary school and Year 2 vocational school across the country. That study found that 15.8% believed that, if a full-time student had an unwanted pregnancy, then she should have the option of legal abortion without sacrificing her educational progress.

4.5 Expectations for the abortion service

Overall, this study found that all forty women had the expectation that the abortion at the PPAT clinic would be legal, that their confidentiality would be protected, and that the method of abortion would be appropriate for their gestational age. They wanted a service that was easy to reach, not far away, and at a reasonable cost which is affordable. They liked the idea of receiving pre-abortion counseling, either in-person, or through anonymous channels such as a Hot Line or website on the Internet.

Some of the women in this sample felt that the government hospital would not be a preferred place to go for abortion. That is because they suspected that they would not receive friendly services, and the feeling that the hospital staff would look down on them, or see them as a 'bad' person. They also worried about the ability of the government hospital to keep their personal information private. This is consistent with a study in Nigeria where abortion recipients indicated that the main thing they expected from the service is non-judgmental care, open communication, and confidentiality (Katz et al, 2022).

Other studies looked at women's expectations of the abortion service in terms of post-abortion counseling, contraception, and health care, and that providers should offer clear and comprehensive information (Moirangthem, Chhugani, & Bijoy, 2020; Teshome, & Adhena, 2021). The findings from those studies are consistent with the data from this study where the sample showed interest in contraceptive counseling, and reflected concerns about health conditions after the abortion.

4.6 Conclusion

This study included a sample of women undergoing abortion services at PPAT clinics for other than medical reasons. The abortion complied with provision under Thai law, that is, within 12 weeks of gestation. Factors that led to the pregnancy are primarily related to contraception, such as not using contraception at all, incorrect or inconsistent use, or use of ineffective contraceptive methods. Under the circumstances of the use of these contraceptive methods, there are also other factors causing a woman to have an unplanned pregnancy. That said, the final decision to terminate the pregnancy was largely (or solely) the decision of the women although they consulted their partner/husband, friends, or relatives. There were also situations in which the decisions were not made by the woman herself.

Knowledge, perceptions, and attitudes about abortion services focus on services that are legal and confidential as a priority. Information about the option of legal abortion services is crucial in that it can prevent women from trying to abort the pregnancy on her own, for example, by researching information on the Internet. Overall, women believed that abortion is an option for those who have unplanned pregnancy, and that it is an essential service for women.

Women with an unplanned pregnancy want, foremost, to know that an abortion would be legal and confidential. The method of abortion and suitability to gestational age are secondary concerns. The women also want to know that the place for the abortion is accessible, not far away, reasonably priced, and affordable. Counseling services are provided before access to the services, and that encourage women to visit the clinics. Clinics must also provide post-abortion contraceptive counseling to prevent unnecessary repeat abortion.

4.7 Recommendations

Recommendations for services in the prevention and management of unplanned pregnancy

- 1) Based on the service expectations in this sample of abortion clinic clients, it is important to provide comprehensive information about the pregnancy termination service, especially in terms of laws and conditions for receiving services. That is necessary to help

women with an unwanted pregnancy to make an informed decision, and receive abortion services in a timely manner, if they elect to do so. That information should also dissuade pregnant women from trying to abort the pregnancy themselves or seek an unqualified practitioner.

- 2) There are women and couples who are still not using contraception when they are at risk of pregnancy or are not using the methods as prescribed. Thus, it is imperative to improve the quality of contraceptive counseling and services to minimize user-failure of contraception.
- 3) Women of all ages may experience pregnancy, and sometimes that pregnancy is unplanned and unwanted. Therefore, it is advisable to work proactively in educating all reproductive-age persons to prevent unwanted pregnancy, and develop content to provide information that is relevant to the situation of each group, such as youth and adolescents or women in their late reproductive years, among other vulnerable groups.
- 4) A number of women have repeat, unplanned pregnancies, and seek repeat abortion as a make-shift solution. Repeat abortion may have adverse, long-term health consequences. Therefore, measures or activities should be intensified to prevent recurrent unwanted pregnancy and repeat abortion.

Policy recommendations

- 1) There should be more public information dissemination so that all reproductive-age persons in Thailand understand the terms of legal abortion service, and the related benefits covered by the UHC.
- 2) Abortion should be provided as a service that is accessible to all women who are pregnant when they are not ready and need abortion.

Recommendations for future research

- 1) There should be a study of situations in which contraceptive use results in an unwanted pregnancy for women of different ages. This is important to understand the circumstances and, if indicated, to improve the contraceptive services and information.
- 2) There should be an evaluation study of post-abortion counseling outcomes, especially in terms of effectiveness in preventing repeat, unplanned pregnancy.
- 3) There should be a study of the situation of unwanted pregnancy in women age 45 years or older, or women who are approaching the end of their reproductive potential, to better understand the scale of the problem.

5

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Appendix

Appendix A: Data collection instruments

1. Socio-demographic matrix

Item	Demographic characteristics	Response options
1.	Age of the respondent	Age _____years Age group 15-19 years 20-24 years 25-44 years >=45 years
2.	Educational attainment	primary education lower secondary school upper secondary school/vocational school or equivalent high vocational school/diploma /or equivalent bachelor's degree higher than bachelor's degree no formal education
3.	Marital status	<input type="radio"/> single <input type="radio"/> married <input type="radio"/> co-habiting <input type="radio"/> widowed/divorced/separated
4.	Occupation	<input type="radio"/> full-time student <input type="radio"/> full-time hire <input type="radio"/> part-time worker; day-job worker <input type="radio"/> self-employed <input type="radio"/> day-job worker <input type="radio"/> merchant <input type="radio"/> business owner <input type="radio"/> farmer; <input type="radio"/> unemployed <input type="radio"/> other
5.	Location of clinic	Specify the name of the clinic
6.	Current residence	Specify the province of residence
7.	Nationality	<input type="radio"/> Thai <input type="radio"/> Not Thai <input type="radio"/> Stateless
8.	Is this your first induced abortion?	<input type="radio"/> Yes <input type="radio"/> No

2. Semi-structured questions guideline for the in-depth interviews

This guideline was used for in-depth interviews with patients from PPAT clinics who voluntarily participated in the study of knowledge, perceptions, attitudes and expectations of using the clinic's services. Response is recorded during the interview, which should take approximately 1 hour in total.

Section 1: Pregnancy and the decision to have an abortion

- 1.1 Please tell me about your current pregnancy (Interviewer: First, allow the respondent to respond unprompted; then probe with the following if needed)
- When did you first learn you were pregnant? How far along were you at that time?
 - When did you decide it was not the right time to carry the pregnancy to term?
 - Who determined whether or not you were ready to carry the pregnancy to term?
 - Why did you feel you were not ready to have a child?
- 1.2 How did you start to make the decision to abort? Was it your thinking alone, or were others involved?
- Did the father of the pregnancy know you were pregnant?
 - If he didn't know, was that because you didn't want him to know, or what other reason?
 - Other than the father of the pregnancy, did you
- 1.3 Before coming to the PPAT clinic, did you try to abort the pregnancy by yourself?
- 1.4 Is this your first experience with induced abortion?
- If you had an abortion before, could you please describe the circumstances?
 - How many previous abortions have you had? When did these occur?
 - Where did you have those previous abortions?

Section 2: Knowledge and information about pregnancy termination

- 2.1 What do you know about induced abortion? For example, what are the different methods of performing an induced abortion?
- 2.2 When is it safest time to have an induced abortion? Before how many weeks pregnant is it safe to have an abortion?
- 2.3 Where did you get the information about abortion? Did someone tell you? Did you do your own research?

- 2.4 What did you think about the information you gathered about having an abortion? Was the information comprehensive enough to help you decide?
- 2.5 What information did you have about the induced abortion services of the PPAT clinic?

Section 3: Attitudes towards abortion

- 3.1 Before you had an unwanted pregnancy, what was your attitude about women who had an abortion?
- 3.2 Did your attitude towards abortion change after you experienced your own unwanted pregnancy?
- 3.3 What is your attitude or feeling towards yourself about having an abortion?

Section 4: What were the factors that led you to seek and obtain a safe induced abortion?

- 4.1 Before coming to the PPAT clinic, did you try to resolve the situation a different way? Did you ask for help from others? Did you go somewhere else to abort the pregnancy?
- If you tried another way to resolve the situation, please describe what you tried, and what the outcome was.
 - What made you try those other ways to resolve the situation?
- 4.2 Why didn't you go straight to the hospital or the PPAT clinic as soon as you knew you had an unwanted pregnancy?
- Probe – 1: There were obstacles to obtaining service: e.g., concern about the cost; concern about confidentiality; lack of someone to accompany; not sure where to go for the abortion
 - Probe – 2: What thoughts or beliefs about abortion prevented you from going immediately to the hospital or clinic? E.g., Thinking that it was too early in the pregnancy; thinking that it could be resolved by self (such as taking an abortifacient, etc.)
- 4.3 How did you finally decide to come to the PPAT clinic for the abortion?
- Probe: Ask for more details; for example: Having enough money to pay the fee; not wanting to wait any longer; there was someone ready to accompany; had failed in trying self-abortion, etc.

Section 5: Expectations for the abortion service at the PPAT clinic

- 5.1 Before coming to the PPAT clinic, what were your expectations for the service? Why was that?
- 5.2 Was there anything about the service that you didn't expect?
- Anything that was better than you expected?
 - Anything that was worse than you expected?

5.3 What recommendations do you have for the services at the PPAT clinic, especially about the abortion?

- Public relations, public information dissemination
- Orientation about the service from the clinic staff
- Pre-abortion counseling (What should the topics be? Who should be the counselor?)
- The abortion procedure
- Post-abortion counseling (What should the topics be? Who should be the counselor?)
- Other post-abortion services, e.g., contraception, treatment for sexually transmitted infections (if any)
- Option for telemedicine

5.4 Please state any other recommendations or suggestions you have

Appendix B: Informed consent form

Informed, voluntary consent to participate in the research
For research participants 18 years or older

date

I have read the text detailed in the research participant statement (or the interviewer has read it to me). I am informed about the origin and purpose of the research, including the details of the questionnaire, the expected benefits of the research, and the potential risks/hazards of participating in the research, including preventive and corrective measures. I also received satisfactory explanations and answers to the questions from the interview staff.

I acknowledge my right as a participant in the research that I need not answer any questions or can withdraw from participating in the research at any time if I do not feel comfortable by doing so. As such, there will be no impact on the services provided by the NST Medical Clinic nor any other impact to me and my family in any way if I choose to withdraw from the study.

I agree to participate in the research project entitled “*Project to Study Knowledge, Perceptions, Attitudes and Expectations towards Abortion Services among Clients of the Planned Parenthood Association of Thailand (PPAT)*” as a provider of information. I consent to the researcher’s use of the information obtained from my interview to be used for analysis and presentation of the overall results. My name or personal identifying information will not be revealed as a provider of information in this study.

I understand the research participant statement and this letter of intent to consent, as indicated by my signature below.

Research participant/informant/legitimate representative
signature

Researcher conducting consent/interview
signature

**Informed, voluntary consent to participate in the research
For research participants under 18 years of age**

date

I have read the text detailed in the research participant statement (or the interviewer has read it to me). I am informed about the origin and purpose of the research, including the details of the questionnaire, the expected benefits of the research, and the potential risks/hazards of participating in the research, including preventive and corrective measures. I also received satisfactory explanations and answers to the questions from the interview staff.

I acknowledge my right as a participant in the research that I need not answer any questions or can withdraw from participating in the research at any time if I do not feel comfortable by doing so. As such, there will be no impact on the services provided by the NST Medical Clinic nor any other impact to me and my family in any way if I choose to withdraw from the study.

I voluntarily consent without coercion from any person to agree to participate in the research project entitled *“Project to Study Knowledge, Perceptions, Attitudes and Expectations towards Abortion Services among Clients of the Planned Parenthood Association of Thailand (PPAT)”* as a provider of information. I consent to the researcher’s use of the information obtained from my interview to conduct an analysis and present the overall results. My name or personal identifying information will not be revealed as a provider of information in this study.

I understand the research participant statement and this letter of intent to consent, as indicated by my signature below.

Research participant/informant/legitimate representative
signature

Researcher conducting consent/interview
signature



Institutional Review Board, Institute for Population and Social Research, Mahidol University (IPSR-IRB)

Established 1985

COA. No. 2021/12-221

Certificate of Approval

Protocol No.: IPSR-IRB-2021-221

Title of Project: Study of Knowledge, Perceptions, Attitudes and Expectations Towards Termination Services among Clients of the Planned Parenthood Association of Thailand (PPAT)

Approval Includes:


- 1) Principal Investigator: Ms. Saneekan Rosamontri
Affiliation: The Planned Parenthood Association of Thailand & Institute for Population and Social Research, Mahidol University
- 2) Submission Form Version Date 14 December 2021
- 3) Research Proposal Version Date 10 December 2021
- 4) Interview Guideline Version Date 10 December 2021
- 5) Participant Information Sheet Version Date 10 December 2021
- 6) Informed Consent Form Version Date 10 December 2021

IPSR-IRB is in Full Compliance with International Guidelines for Human Research Protection such as Declaration of Helsinki, The Belmont Report, CIOMS Guidelines and the International Conference on Harmonization in Good Clinical Practice (ICH-GCP)

Date of Approval: 23 December 2021

Date of Expiration: 22 December 2022



Signature of Chairperson: 

(Professor Emeritus Dr. Pramote Prasartkul)

IPSR-IRB Chair

List of Co – Investigators

1. Assistant Professor Dr. Dusita Phuengsamran
2. Mrs. Warunee Tangsiri
3. Ms. Orawan Kerdchan
4. Ms. Saitong Doloh
5. Ms. Niitcharat Pongkaew
6. Ms. Niknipa Kawphong

All IPSR-IRB Approved Investigators must comply with the Following:

1. Conduct the research according to the approved protocol.
2. Conduct the informed consent process without coercion or undue influence, and provide the potential subjects sufficient time to consider whether or not to participate.
3. Use only the Consent Form bearing the IPSR-IRB Approval stamp.
4. Obtain approval of any changes in research activity before commencing and informed research participants about the changes for their consideration in pursuing the research.
5. Timely report to serious adverse events to IPSR-IRB and any new information that may adversely affect the safety of participants.
6. Provide IPSR-IRB the progress reports at least annually or as requested.
7. Provide IPSR-IRB the final reports when completed the study procedures.

Office of the Institutional Review Board,
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Abortion service should be an alternative of the unplanned pregnant women, and it is an essential service for those in need.

The respondents in this study expected that the abortion they were having was legal, and that the service provider would keep their information confidential. They understood that abortion was one of the options they had, and that it should be convenient to access, and be affordable. They expected to receive counseling or advice before receiving the service, either in the form of a hotline phone number, internet counseling, or in-person advice. They also expected to receive guidance on not having a repeat unplanned pregnancy.



แบบอย่างหลักคุณธรรม

คุณเลือกวิธีคุมกำเนิด

คุณเลือกวิธีคุมกำเนิด
วิธีใดก็ได้ตามใจชอบของคุณ แต่คุณต้อง
ปฏิบัติตามอย่างเคร่งครัด

- วิธีคุมกำเนิดแบบถาวร เช่น การตัดท่อนำไข่หรือการตัดท่อนำสุจิ
- วิธีคุมกำเนิดแบบชั่วคราว เช่น การใช้ถุงยางอนามัย การใช้ยาคุมกำเนิด การใช้ห่วงอนามัย การใช้แผ่นแปะคุมกำเนิด การใช้ยาฉีดคุมกำเนิด การใช้ยาคุมกำเนิดชนิดรับประทาน

การคุมกำเนิดแบบถาวรเป็นการคุมกำเนิดที่ถาวรและไม่สามารถย้อนกลับได้ การคุมกำเนิดแบบชั่วคราวเป็นการคุมกำเนิดที่สามารถย้อนกลับได้

คุณเลือกวิธีคุมกำเนิด
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