

Lived Experiences of Adolescents Undergoing Legal Abortion in a Province of Thailand

Lakkhana Chainok, Puangpaka Kongvattananon,* Shirley C. Gordon

Abstract: Becoming pregnant as an adolescent is a complex and worrying time for many. They are faced with a choice as to whether to continue the pregnancy and raise the child, to continue the pregnancy, and give the child up for adoption later, or terminate the pregnancy. Abortion is the ultimate choice for adolescents to handle their pregnancies. Legal abortion service for adolescent females with an unwanted pregnancy is an approach to improved quality of life in Thai society and avoids the many dangers of illegal abortions. This hermeneutic phenomenology study aimed to explore the lived experiences of legal abortion among adolescent females. Thirty adolescent females aged 15-19 years who underwent legal abortion were recruited using purposive sampling and snowball techniques. Data were collected using in-depth interviews and field notes. Thematic analysis was used for data analysis. Triangulation, member checking, and peer debriefing were employed to enhance the trustworthiness of the data.

Four themes emerged from their experiences, including 1) *The meaning of legal abortion: feeling safe but sinful*, 2) *Health after medical abortion: success or complications*, 3) *Life learning: the lessons in life*, and 4) *The need for good care and confidentiality*. The findings of this study help the health care providers at legal abortion clinics to better understand the experiences of adolescent females undergoing an abortion. The findings will also inform health interventions that aim to reduce unwanted pregnancies and improve legal abortion services to meet the needs of adolescent females.

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Introduction

Adolescents may have an unplanned or unwanted pregnancy and may deny that they are pregnant.¹ They predictably make one of three choices: to continue the pregnancy and raise the child, continue the pregnancy, and give the child up for adoption later, or terminate the pregnancy.^{2,3} The decision that is taken is usually different for each person. A termination is an option for those who are not ready to raise a child.⁴

Lakkhana Chainok, RN, PhD (candidate), Faculty of Nursing, Thammasat University Thailand. E-mail: lakkhana014@nurse.tu.ac.th; lakkhana@sut.ac.th
Correspondence to: **Puangpaka Kongvattananon,* RN, PhD, Associate Professor, Faculty of Nursing, Thammasat University, Thailand.**
E-mail: **puangpaka@nurse.tu.ac.th**

Shirley C. Gordon, PhD, Professor, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, USA. E-mail: sgordon@health.fau.edu

There are reports that 98% of unsafe abortions occur annually in developing countries, with 41% being women aged between 15-25 years. Furthermore, 70% of hospitalizations due to unsafe abortion are in adolescent females below 20 years of age.⁵ In Thailand, the Department of Health, Ministry of Public

Health surveyed 388 hospitals in 28 provinces.⁶ The survey found that 2,564 abortion patients had to be admitted, with 16.8% of the participants under 20 years and 22% being students. Moreover, spontaneous abortion accounted for 51.4% of cases, while 48.6% were induced abortion. Of those who had induced abortions, 54.5% stated that economic, social or family problems were the reason for terminating the pregnancy.⁶ However, these statistics did not show the actual number of abortions, but only reported the abortion rates at the respective hospitals. There is no clear report on the actual number of abortions in Thailand.

The decision of adolescents to terminate a pregnancy may be related to the society and culture in each area.⁷ Culturally, if a Thai adolescent female is pregnant before marriage, she has to leave school to avoid negative stigma.⁸ However, she may return to school after delivery, and in this case, most transfer to other schools. Some females cannot talk about their unwanted pregnancy with family members because they risk being punished or blamed by their families or others.^{9,10} In general, Thai culture disapproves of abortion because it is against Thai morals.

The decision to have an abortion and safe abortion services can be attributed to adolescent females' rights compliant with the Thai law, *The Prevention and Solution of the Adolescent Pregnancy Problem Act, BE 2016*, to allow safe and legal abortions for adolescent females by an organization in Thailand called the Referral System for Safe Abortion (RSA).^{11,12} The RSA network, supported by government and non-governmental organizations, provides referral services for terminating a medical pregnancy in compliance with the Criminal Code Section 305 (1956) and regulations of the Medical Council (2005) through the use of drugs or surgical methods.¹³ After establishing the RSA network, opportunities for adolescent pregnancies to gain a solution for problems incurred during pregnancy have increased with the support of the relevant agencies in terms of the decision to terminate a pregnancy.

Abortion has long been a persistent problem and often a dilemma for women in many countries. In the past, women who had an abortion had to keep it secret

because it was considered illegal. However, according to the constitution and human rights principles in different countries, every person has rights and freedom with their lives and bodies.¹⁴ Thus, adolescent females should have the right to choose whether to have an abortion or not and to have access to safe and legal abortion services.¹⁵ Currently, the medical profession in Thailand has recognized the problem of illegal abortion and wants to prevent the potential harms of abortion by providing safe and legal abortion services to adolescent females.

Based on a literature review in Thailand, studies on the abortion situation have covered diverse aspects, including the effects of abortion on physical and psychological health, lifestyle, adjustment after abortion and complications after abortion.^{16,17,18,19} Most studies have been conducted in cases involving illegal abortion, while legal abortion refers only to maternal or fetal abnormalities. No studies were found in cases involving legal abortions caused by unwanted pregnancies. There is still a lack of dimension about the lived experiences of adolescent females after legal abortion. Therefore, the researchers were interested in studying the issue of legal abortion among adolescent females in Thailand. Understanding adolescents' experiences of having gone through the procedure are essential for gaining insight into implementing quality management in adolescent females' short- and long-term care. Moreover, this information will enable further planning of care by all sectors under the Solution for Adolescent Pregnancy Problem Act, and the RSA network to prevent repeated pregnancy and repeated abortion in adolescents.

Study Aim

To explore the lived experiences of having a legal abortion among adolescent females in Thailand.

Methods

Study Design: A qualitative research design with a hermeneutic phenomenology approach was used. Hermeneutic phenomenology focuses on the lived experiences of participants. It emphasizes the personalized

interpretations of individuals in a particular context.²⁰ This approach enables researchers to understand the phenomenon of legal abortion among adolescent females in the Thai context. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used for this qualitative research report.²¹

Participants and Setting: The participants in this study were 30 adolescent females who had experiences of having legal abortion procedures. Purposive sampling and snowball techniques were used to recruit the participants with the following criteria: (1) adolescents aged 15–19 years who had abortion using medical or surgical methods, (2) had received the termination of a pregnancy from an RSA clinic, (3) had no complications of abortion up until the time of the interview, such as infection or depression, (4) understood and were able to communicate in Thai, and (5) agreed to be tape-recorded while being interviewed. The researchers recruited participants from two hospital clinics under the RSA network in a province of Thailand providing legal abortion services according to the same standards and guidelines.

Ethical Considerations: Ethical approval was obtained from the Ethical Review Sub-Committee Board for Human Research Involving Sciences, Thammasat University, No.3, Thailand (IRB#: 147/2562). All participants were informed of the study objectives, data collection procedures, duration of data collection, potential benefits and the member checking process before participating in the study. They were assured that participating in the study was strictly voluntary and that they were free to either agree or refuse to participate or withdraw from the study at any time. They gave their informed consent before taking part in the study. Then the researcher invited participants aged 18–19 years to sign the consent forms on their own. For participants aged 15–17 years, the parents were required to sign the consent form instead of the participants. The names of the participants were replaced with an identification code such as P01 or P02. In the publication process, the researchers did not expose

the names of the participants or settings.

Data Collection: Data were collected using in-depth interviews between December 2019 and July 2020. The researchers recruited the participants from two hospital clinics on the days they were expected to return for their 1-week follow-up following an abortion. The nurses at the clinic identified patients who met the inclusion criteria and transferred those interested in participating in the study to meet the researchers. The researchers met with potential participants and families to provide all instructions and invited them to participate in the study. Once they verbally agreed to participate in this study, the researchers invited them to sign the informed consent forms and arranged interviews on their convenient dates, times and locations. In-depth interviews were conducted in three sessions for all participants, and these were 60–90 minutes in duration. The researcher started the conversation by discussing the general matters while creating a friendly atmosphere for the participants to relax in the interviews and then interviewed by open-ended questions. The interview guide was used to conduct open-ended qualitative interviews with unlimited participant responses. The participants were encouraged to share their experiences freely. Examples of interview questions included, “Please describe your experience in having a legal abortion.”; “Please describe your life following the abortion.”; and “Please describe your needs from a legal abortion service.” During the interviews, the researcher observed verbal and non-verbal reactions or behaviors through naturalistic situations and recorded these observations in field notes during and after individual interview sessions. Participants were asked for permission to audiotape interview. Data reached saturation when no new information arose after the 30th participant was interviewed.

Data Analysis: This study used the thematic analysis procedures proposed by Diekelmann, Allen, and Tanner²² consisting of seven steps: 1) The researchers transcribed the data, reading the overall transcript to

obtain an overall understanding of the texts; 2) Each transcript was re-read, and an individual summary was developed. Categories/units of meaning were identified, and rich excerpts from the data were extracted to support the category, then compared the categories/units of meaning; 3) The transcripts were further analyzed, and the categories were examined for similarities and dissimilarities; 4) Relational themes that cut across all texts and categories were identified. Texts previously produced were re-read and analyzed to see whether similar or dissimilar meanings were present; 5) Data were examined for the emergence of a constitutive pattern that associated all of the themes and brought to light a shared meaning of the data; 6) The interpreted findings were read, reflected upon and discussed by the researchers, then the participants checked the findings; 7) The researcher prepared the final text using excerpts from the transcripts and explained the finding.

Trustworthiness: The quality of this study was determined by evaluating trustworthiness following criteria: data triangulation, member checking, and peer debriefing. Triangulation of different data sources, such as interviews and field notes, was employed to ensure the credibility of the data.^{23,24} Member checking

was achieved by returning the results to the participants to ensure that the identified themes represented their experiences.²⁵ In this study, peer debriefing with Thai experts in the qualitative inquiry was performed to validate and verify the tentative analysis and findings.

Findings

The age of the 30 participants ranged from 15 to 19 years old, and they had gestational ages at the time of abortion between 5 and 22 weeks. All participants had their pregnancy terminated by medical abortion (MA). Two participants (6.67%) were required to have manual vacuum aspiration (MVA) following MA. Concerning marital status, 13 participants (43.33%) were separated, and 17 participants (56.67%) were in a relationship but not married. Most participants were students (73.33%), and the remaining were unemployed (6%) or employed (2%). Twelve participants (40%) lived in an extended family, seven participants (23.33%) lived in a nuclear family, five participants (16.67%) lived alone, four participants (13.33%) were cohabiting with a partner and 2 lived in single-parent family. The findings obtained from this study revealed the following four themes (Figure 1).

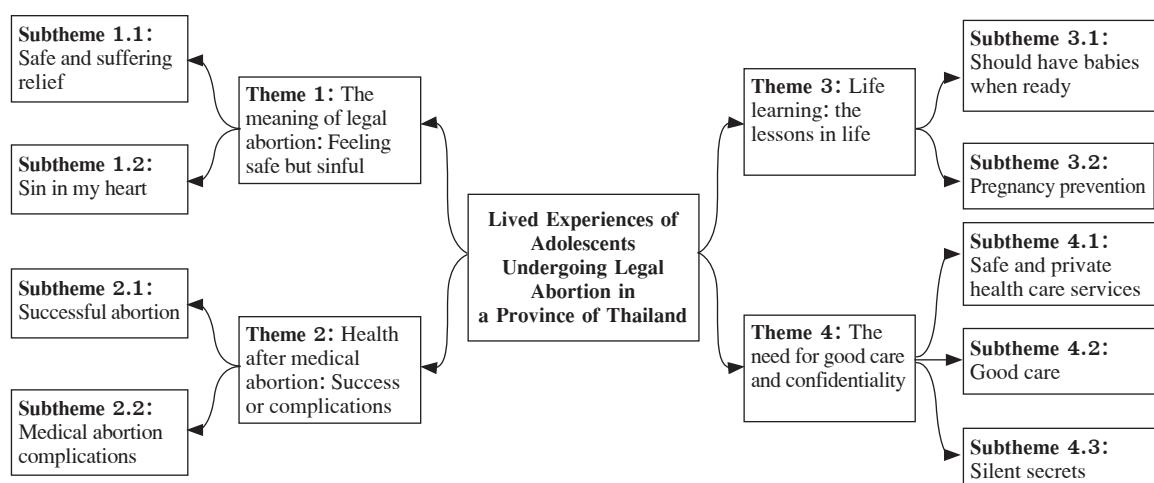


Figure 1 Themes and sub-themes

**Theme 1: The meaning of legal abortion:
Feeling safe but sinful**

The experience of participants of legal abortion reflected positive as well as negative outcomes. Regarding the meanings of legal abortion, adolescent girls responded positively as “safe and suffering relief” after abortion. Their suffering was gone regarding which way to go with the new being appearing inside them. In the meantime, they described as having a negative feeling that only they perceived and nobody else did: “sin in my heart.”

Subtheme 1.1: Safe and suffering relief

When women cannot find an honorable way out of pregnancy, abortion is often the only solution to help them through. The results revealed that participants generally had positive attitudes toward their past abortion, such as feeling relieved, safe, and not seeing it as illegal. They felt that terminating the unplanned pregnancy was the correct decision because it had ended their seemingly unsolvable suffering. They also felt relieved that now they could live a normal life, for example:

“The situation had already passed. I feel better with no more worry. I feel relieved. If I hadn’t decided to do so, I wouldn’t have completed my study. I would’ve ended up living at home and unemployed. I think I chose the right way.”
(P01, 19 years, student)

The pregnancy termination service follows the process of the RSA network and is conducted by medical practitioners with a standard medical license, which is not a criminal abortion practice. Thus, the adolescents felt safe and confident in the medically and legally approved service, for example:

“I think it’s good that there are hospitals with readiness and willingness to take care of this matter. It’s much better than to take the risk of abortion by my own self. I feel it’s safer and better than the illegal abortion clinics, which

is dangerous to the mothers and their babies.”
(P03, 19 years, unemployed)

Adolescents in this study also felt that their decision and action were legal because they had passed the criteria for depression screening that must be certified by at least one medical practitioner. Depression screening is considered one of the criteria for legal abortion under the Medical Council of Thailand.¹⁸ Therefore, they perceived that their abortion was legal as in the following sample statements:

“At first, I thought it was illegal. I was scared of being caught. But then I was taken care of by the doctor and nurses. So, I felt happy that it’s not illegal. I made the right decision to come here rather than the illegal abortion services because it’s dangerous.”
(P29, 18 years, student)

Subtheme 1.2: Sin in my heart

According to the beliefs of many religions, i.e., Buddhism, Christianity, and Islam, termination of life is sinful.²⁶ Therefore, when many women feel the need to terminate their pregnancy, they feel they are sinning. Likewise, the participants in this study had negative feelings toward the abortion experience. They felt remorse deep inside their heart, as in the following statements:

“I’ve felt sinful and scared. I’m very scared of the sin that I don’t know what to do. I’m scared that I will fail in everything no matter what I do. It’s like killing a human. It’s sinful. If I were the baby, I would feel sad, too, because I had no chance to be born.”
(P04, 18 years, unemployed)

“I’m very scared because I have a baby now. I’m scared the sin will fall on my baby. I like watching the results of sins. For those who have abortion, people say they will be unsuccessful in everything and have no money left; and that sin will fall to babies, something like this. So, I’m very scared.”
(P06, 19 years, unemployed)

Theme 2: Health after medical abortion: Success or complications

Subtheme 2.1: Successful abortion

In terms of health after medical abortion, 27 of the participants (90%) were successfully aborted without any complications. Most participants did not have the drug side effects and complications after abortion. They could live their life normally as described in the following:

“The pain was gone after delivery. I’m fine now and more relieved. I return to complete my study. However, I still suffer and feel guilty.” (P07, GA 20 Weeks, 17 years, student)

“My health is fine right now. I feel my body remains the same, both before and after abortion. I can live a normal life. I go back to study like before. Only the contraceptive implant causes breakthrough bleeding some days. But the rest is fine.” (P09, GA 11 Weeks, 18 years, student)

“I’m strong now. No problems at all. But I still miss my baby every day. I and my boyfriend often make merit for the baby at the Buddhist temple.” (P23, GA 8 Weeks, 17 years, student)

Subtheme 2.2: Medical abortion complications

In contrast, three participants had abortion complications. After receiving an MA, one participant (3.33%) had a retained placenta. She received curettage at the hospital. This complication was found in the female with gestational age between 13–24 weeks that received the abortion drugs and was admitted for further care and stated:

“I was admitted. I had this unbearable stomachache. The pain didn’t go away after the delivery because the placenta still remained. So, I received a curettage. It was painful during the process. But when the placenta was removed, the stomach pain was gone.” (P16, GA 21+1 Weeks, 16 years, student)

Two participants had severe nausea and vomiting after taking the abortion drugs at home and had to go back to the hospital for manual vacuum aspiration (MVA). The drug side effects were typically found in the adolescent females with GA below 12 weeks who took the drugs at home. Two participants stated:

“I got the drugs for taking at home, but it was unsuccessful even after 3 cycles because I couldn’t take the medicine. I had nausea and vomiting after taking the medicine. So, the doctor told me to go to the hospital for MVA. She should’ve provided me an admission from the start so that such problem wouldn’t have happened.” (P28, GA 5 Weeks, 19 years, student)

“That time, I was given the drugs for taking at home. I didn’t understand why I had to take them by myself at home. They even said it was not that safe. If something happened to me, what would I do? I was scared. When I took the drugs at home, the baby did not come out. I had to go back to the hospital for MVA. No more stomachache after that.” (P24, GA 5 Weeks, 16 years, student)

Theme 3: Life learning: the lessons in life

After the termination of the pregnancy, these participants gained lessons in life and learned from their past mistakes that they should have babies when they are ready, and that prevention is always better than abortion. These lessons were the best way to prevent any problems due to unplanned pregnancy among adolescent females, as described below.

Subtheme 3.1: Should have babies when ready

The lessons learned has made adolescent females find that having babies must be planned, or the same problem will occur again. They must be ready before getting pregnant again, as described in the following sample statements:

“It was a huge lesson and a huge mistake that shouldn’t happen again. “This pregnancy happened due to my own carelessness and fun. This experience has taught me what I should do and how I should live my life more carefully. And never let it happen again.” (P03, 19 years, unemployed)

“I’ve learnt that I must not do it again. If I behave the same way, I think I must be very terrible. I shouldn’t have a baby if I’m not ready.” (P06, 19 years, unemployed)

Subtheme 3.2: Pregnancy prevention

Pregnancy prevention was another lesson of life learned among the adolescent females in this study. If one is not ready, pregnancy should be prevented:

“It’s a huge lesson. I will prevent it from happening again. It’s really a huge lesson for me that good prevention and contraception are important. In the case of pregnancy, we should keep the baby rather than abort him, because it wasn’t its fault. Why must it be aborted?” (P09, 18 years, student)

Theme 4: The need for good care and confidentiality

The participants recalled their experiences with the legal abortion service, reconstructing events. Their thoughts, comments and advice will be valuable in improving legal abortion services in the future.

Subtheme 4.1: Safe and private health care services

The participants reiterated the need to provide legal abortion services in Thailand. There are three areas of the law that need to be redressed: easy access and convenience, safety, and privacy. Providing easy access to legal abortion services is needed, for many participants had difficulty accessing the services, whether it be transportation or ignorance of legal abortion services available. This caused some adolescents to terminate their pregnancy through illegal abortion clinics.

“I would like the legal abortion services to be easy to access, but confidential. I would like to have an easily accessible channel and it is also safe with treatment provided by a doctor. For those who use illegal services, they do not meet the safety requirements. It’s scary, but they are very easy to access.” (P27, 17 years, student)

Safety is the heart of providing legal abortion services in the RSA network. The primary objective of these services is to provide pregnancy termination services safely and legally, to reduce the complications and dangers of illegal abortion by encouraging women who have unintended pregnancies to have access to a safe abortion by a doctor. This is consistent with the need of those in this study, for example:

“I think it’s good to have legal abortion services, so you do not have to do them secretly in other places where we don’t know whether they are safe or not. I think it’s good. I felt safe.” (P06, 17 years, unemployed)

Abortion is something that participants did not want to tell anyone about, nor want it to be public knowledge. They highlighted the importance of privacy in legal abortion services, beginning from taking history where no outsiders can overhear. In addition, hospitalization made them feel uncomfortable since they had to share a room with gynecological patients and postpartum mothers. This room-sharing made them feel guilty as in the following statements:

“In the room where medical history was taken, there were a lot of people. I would have liked the place to be more private; otherwise, others could hear what I was doing. I felt very guilty.” (P18, 16 years, student)

“I felt guilty because I was doing a bad thing. The other patients in the room probably knew what had happened to me because I cried

loudly. If possible, it would be nice to separate the services from other patients. Sometimes, I could hear the sound of a baby crying from the postpartum unit on the other side of the building. When I heard newborn babies crying a lot, I felt even more guilty.” (P15, 19 years, practical nurse)

Subtheme 4.2: Good care

The quality of care can be reflected in the feedback from patients and is also true for legal abortion services. Participants receiving abortion services from an in-hospital clinic in this study described their needs as close care, patient-friendly services and services with an understanding of women’s problems with unwanted pregnancies, particularly adolescents. Regarding close care, the participants, especially those hospitalized, were impressed with the abortion services they received from the healthcare team and received intensive care from a doctor, nurses, psychologist, and other healthcare staff. Even those who took medication at home received advice and were monitored by phone until they were safe as described below:

“The services were provided as soon as I was admitted to the hospital. The healthcare staff took good care of me and asked me about my symptoms. They monitored my condition carefully. And they came to visit me in the ward to see if I was safe.” (P03, 19 years, unemployed)

One of the things that distressed adolescents when they ended their pregnancies was the unfriendly attitude from some members of the health care team. A friendly manner can be expressed through a polite facial expression, eye contact, gestures, speech and/or tone of voice. These positive gestures would decrease all involved (patients and care providers) anxiety and stress levels. Contrarily, the adolescent in this study revealed the healthcare team’s expressed frustration when they came to the legal abortion services:

“I think the healthcare staff’s speech needs to be improved much. Their speech made me feel like I was going to do a bad thing, because they talked to me completely ignorant of the patient’s feelings. It was unkind. I sometimes wanted to argue. The other services were good. It was only the staff words that I didn’t like.” (P06, 19 years, unemployed)

When the participants came to get abortion services in healthcare facilities under the RSA network, they would have liked the healthcare team to understand them more and accept their decision:

“Sometimes, I wanted the healthcare staff to understand what I needed, too. If I hadn’t had an abortion, I wouldn’t have been able to continue my education and I’m financially not ready. But I understand them in that they do not want anyone to have an abortion. At first, I thought the same, until I encountered pregnancy myself, so I understood. Therefore, I wanted the healthcare staff to understand me as well.” (P13, 16 years, student)

Subtheme 4.3: Silent secrets

Another requirement that adolescents need after receiving abortion services is to have their abortion information legally sealed. After termination of pregnancy, all of the young women in the study expressed that they did not want to disclose their information to others, as stated in the following examples.

“Now that this matter has passed, I won’t tell anyone about it anymore. Only my boyfriend and my sister, who are close to me, know this. I don’t want anyone to know much. I made this decision because I didn’t want my parents to know; my reason was that they are very serious about studying. I was afraid they would be sad. I don’t want anyone to know about this story.” (P29, 18 years, student)

“I didn’t tell my parents. I was scared they couldn’t take it. And I intend to keep it as a secret like this.” (P03, 19 years, unemployed)

This study revealed that some participants expressed the need for the health personnel to continue to monitor their symptoms during the post-abortion period. This makes sense because they could ask for information directly if they had any health problems. However, they still wanted to keep the treatment a secret, as expressed below:

“It would be good to follow up, so I won’t have to worry about what will happen after the abortion. But could I have a phone call? It would be more convenient for me. I don’t really want anyone to know.” (P03, 19 years, unemployed)

In contrast to the above opinions, most participants did not want a follow-up after the termination of their pregnancy. They wanted to forget all of the past, as indicated below:

“I do not want anyone to follow up. If I have a health problem, I will come to the hospital myself. Now I think I have recovered; I didn’t get sick; I didn’t get anything.” (P05, 15 years, student)

Discussion and Recommendations

Abortion remains a dilemma in Thai society.²⁷ Most people tend to look at the moral issue but ignore the right of women to access safe abortion. According to the constitution and human rights principles in Thailand, every person has rights and freedom concerning their life and body.²⁸ Therefore, the decision to have an abortion is a right of adolescent females to decide about their bodies and access safe and legal abortion services by themselves.

The adolescents in this study had both positive and negative perceptions of their past abortions experience. Regarding the positive perceptions, they felt relieved

because abortion had solved all their pregnancy-related problems as they expected. They also felt safe because doctors performed the legal abortion services at the hospital. Therefore, the services would be much better than potentially unsafe and dangerous illegal abortion practices. This finding was also consistent with a previous study in Taiwan which found that 20 females below 20 years perceived abortion as a proper choice because they were still of school age. They were also too young to get married and not ready to be mothers. Therefore, they wanted to solve this problem as soon as possible to return to their normal lives.²⁹ These results can be summarized that the adolescent females had positive perceptions of their past abortion experiences.

Although there was a positive perception of their abortion experience, all 30 participants in the present study had negative perceptions of their past abortion, such as mental suffering, sorrow, and perceived stigma in their minds. This result was consistent with the findings of several studies revealing adolescent females who had had criminal abortions and displayed negative feelings of sin, suffering and sorrow for their past abortion experiences.^{19,30,31} It is noteworthy that none of the females in this study had planned for pregnancy and were not ready to have babies, consistent with the findings of other studies.^{32,33} This study also revealed that adolescent females wanted to keep their abortions secret and never let anybody know at all, particularly their parents, nannies, or teachers. They considered their experiences as having a considerable stigma that they would remember for the rest of their lives. They reflected on this life lesson to better understand responding to issues such as having babies when ready and using contraception to prevent pregnancy in adolescence. Such services are a much better option than having an abortion as a solution. Therefore, there is a need to have friendly, easily accessible legal abortion services available in all regions of Thailand.

Furthermore, there is a need to educate adolescent females about available abortion services. This finding was consistent with the findings of a previous study

which found that a strategy to prevent repeat pregnancies among adolescents was to provide effective youth-friendly care services, where they could access proper pregnancy planning and contraception services.³⁴ Awareness and utilization of youth-friendly services could minimize the unintended pregnancy problems.⁵

After receiving the legal abortion, it was found that most of the participants in this study did not have any health problems, with only one having the complication of a retained placenta. Similarly, a previous study conducted between 2008 and 2015 in Thailand compiled 385 cases of medical abortions (GA>12 weeks) showed 4.7% complications after receiving MA by medications; consisted of 9 cases (2.34%) of incomplete abortions, 3 cases (0.78%) of bleeding and 6 cases (1.56%) of infection.³⁵ This low number of MA complications is indicative of the efficacy of this abortion method. In addition, two participants had drug side effects that made them unable to take the drugs. Therefore, they had to be admitted and were assisted by MVA. Drug side effects are commonly found in females with GA under 12 weeks who take the drugs at home.³⁶ Based on our findings, a conclusion can be made that termination of pregnancies under the RSA network is safe, thereby giving the clients a sense of security. Even when complications arise, the patients can be assisted on time. In addition, it is essential to follow up with adolescent females under 12 weeks of gestation who are taking the medication home for abortion purposes. The participants felt fearful and lacked confidence in taking care of themselves at home during and after an abortion. Therefore, health care providers should closely monitor them during and after the abortion.

The participants told their trusted associates about their pregnancy before their parents because they were scared and afraid of disappointing their parents. In addition, talking about sex, especially with one's parents, is considered taboo in Thai society. Thus, parents were always the last choice for adolescent females in consultation on this matter.³⁷ Ironically, parents are

usually the adolescents' last shelter when they eventually discover that they cannot find any solutions. After telling the truth, the participants' decision focused on two challenging solutions: continuing the pregnancy or having an abortion. During their pregnancy, they reflected on key issues, such as economic problems due to no income, their school age, and no acceptance by boyfriends. If pregnancy problems prevail among adolescents and assistance is not provided, depressive symptoms may occur,³⁸ and so the solution in this study was for participants to have an abortion.

The participants stated their needs for legal abortion services in Thailand, namely safe and private health care services, good care, and silent secrets. They also requested the need for easy access to legal abortion services. In this study, several channels were available to access legal abortion services, including getting information from friends or close associates with experience. They visited recommended referral healthcare centers nearby, researched information on the Internet or called the hotline pregnancy counseling on 1663. Although there are many channels for accessing abortion services, information is not open to the public about these, creating difficulty for potential clients. Easy access to information is important, and this includes increasing numbers of abortion centers, and spreading them out geographically to reduce on-site congestion, travel time and travel expenses.

Adolescent-friendly services are one desirable quality sought from healthcare teams for pregnancies termination. Participants revealed that healthcare team members showed frustration when they came to legal abortion services making them. They also expected the healthcare team to be neutral, understand them and accept their decision-making. After their pregnancy termination, all the participants wanted this matter to be kept secret from the public. Only those who supported them at the time and health team personnel were privy to this information. The women wanted to keep the matter a secret forever. They needed to forget about the abortion, but the implantation of contraceptives

under their arm constantly reminded them of the past and the stigma they had.

In summary, abortion is a long-standing problem and will remain a dilemma in Thailand. Although it is a legitimate act guaranteed by law, the provision of abortion services is still not widely accepted and disclosed in Thai society. So, it is difficult for adolescent females to decide to terminate a pregnancy but the legal abortion services are important for them.

Limitations

The limitation of this study was transferability because the data were collected from just two hospital clinics under the RSA networks in Thailand. Therefore, the findings of this study are only applicable to similar situations.

Conclusions and Implications for Nursing Practice

This study reflected the direct legal abortion experiences of the participants having positive and negative perceptions of their past experience. These findings shed light on what adolescent females undergo after abortion. Based on the findings, positive attitudes toward the provision of safe and legal abortion services should be fostered in order to give the service providers positive attitudes toward their clients which help to deliver quality services.

Legal abortion services should be established as a patient-friendly service for adolescent females. The services should be easily accessible but retain privacy so adolescent females feel safe and comfortable when entering the services. For example, providing a video-based counseling service could be an option for girls aged 15–19, which will give opportunities for questioning.

In addition, the adolescent females reported needing health care providers to provide attentive care during the termination of their pregnancy. It was found

that the participants with gestational ages of under 12 weeks felt fear and lack of confidence in taking care of themselves at home during and after abortion. Therefore, health care providers should closely monitor adolescent females during and after abortion. Finally, the most important finding was that education about pregnancy prevention methods should be widely provided to adolescent females rather than termination services.

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ประสบการณ์ชีวิตของวัยรุ่นชายหลังทำแท้หอย่างถูกกฎหมายในจังหวัดหนึ่งของประเทศไทย

ลักษณา ไชยนกอก พวงพาก คงวัฒนาณนท์* Shirley C. Gordon

บทคัดย่อ: การตั้งครรภ์ในวัยรุ่นเป็นช่วงเวลาที่ยากลำบากและสร้างความกังวลสำหรับผู้หญิง หญิงวัยรุ่นต้องเผชิญกับทางเลือกว่าจะตั้งครรภ์ต่อและเลี้ยงดูบุตรเองหรือจะมอบบุตรให้ผู้อื่นเพื่อเป็นบุตรบุญธรรม หรือตัดสินใจยุติการตั้งครรภ์ การยุติการตั้งครรภ์เป็นอีกหนึ่งทางเลือกที่ดีที่สุดสำหรับหญิงวัยรุ่นบางคนเพื่อจัดการปัญหาการตั้งครรภ์ไม่พร้อม การให้บริการทำแท้หอย่างถูกกฎหมายสำหรับหญิงวัยรุ่นที่ตั้งครรภ์ไม่พร้อมเป็นแนวทางในการปรับปรุงคุณภาพชีวิตของคนในสังคมไทยและหลักเลี้ยงอันตรายที่อาจเกิดจากการทำแท้หอย่างถูกกฎหมาย การศึกษาเชิงประยุกต์การณ์วิทยานี้ มีวัตถุประสงค์เพื่อศึกษาประสบการณ์ชีวิตภายหลังการทำแท้หอย่างถูกกฎหมายของหญิงวัยรุ่น จำนวน 30 ราย มีอายุระหว่าง 15 ถึง 19 ปี และเคยได้รับบริการทำแท้หอย่างถูกกฎหมาย เลือกผู้ให้ข้อมูลด้วยวิธีการสุ่มแบบเจาะจง และเทคนิคสโนว์บอร์ด เก็บรวบรวมข้อมูลด้วยการสัมภาษณ์เชิงลึกและการบันทึกภาคสนาม วิเคราะห์ข้อมูลด้วยวิธีการวิเคราะห์แก่นสาระ และตรวจสอบความน่าเชื่อถือของข้อมูลด้วยการตรวจสอบสามเส้า และการตรวจสอบโดยผู้เชี่ยวชาญและผู้ให้ข้อมูล

ผลการศึกษาพบว่า ประสบการณ์การทำแท้หอย่างถูกกฎหมายของหญิงวัยรุ่นมี 4 สาระสำคัญ คือ 1) ความหมายของการทำแท้หอย่างถูกกฎหมาย: รู้สึกปลดภัยแต่ตราบปอยู่ในใจ 2) ภาวะสุขภาพหลังการทำแท้ด้วยยา: สำเร็จหรือมีภาวะแทรกซ้อน 3) การเรียนรู้ครั้งสำคัญ: บทเรียนของชีวิต และ 4) ความต้องการดูแลที่ดีและเป็นความลับ ผลการศึกษานี้จะเป็นข้อมูลในการพัฒนาโปรแกรมด้านสุขภาพเพื่อลดปัญหาการตั้งครรภ์ไม่พร้อมและพัฒนาคุณภาพของการบริการทำแท้หอย่างถูกกฎหมายที่ตรงกับความต้องการของหญิงวัยรุ่นต่อไป

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คำสำคัญ: วัยรุ่น การทำแท้หอย่างถูกกฎหมาย ประสบการณ์ชีวิต ประยุกต์การณ์วิทยา การศึกษาเชิงคุณภาพไทย

ลักษณา ไชยนกอก นักศึกษาหลักสูตรปรัชญาเอก คณะพยาบาลศาสตร์ มหาวิทยาลัยธรรมศาสตร์
E-mail: lakkhana014@nurse.tu.ac.th; lakkhana@sut.ac.th
ติดต่อที่: พวงพาก คงวัฒนาณนท์* รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยธรรมศาสตร์ E-mail: puangpaka@nurse.tu.ac.th
Shirley C. Gordon, PhD, Professor, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, USA. E-mail: sgordon@health.fau.edu