

Support from Thai Male Partners When an Unwanted Pregnancy is Terminated

Warangkana Chatchawet, Kasara Sripichyakan, Kannika Kantaruksa, Kittikorn Nilmanat, Beverley A. O'Brien

Abstract: Thai men who participate in a sexual encounter leading to an unwanted pregnancy typically are not expected to accept responsibility for providing support and care to women who choose pregnancy termination. Twenty-three individuals (6 women and 6 men who were partners, plus six women and five men who did not have a partner) who, either directly or indirectly, experienced an unwanted pregnancy termination, were asked about the type and amount of care men could provide. The study was conducted in two provinces in Southern Thailand. Data were collected using in-depth individual interviews, while thematic analysis was used to generate insights.

When pregnancy termination was chosen, men demonstrated different types of support for their partner by: assisting with the actual termination procedure; being nearby while the termination was occurring; caring with mutual love and sincerity; expiating for a shared sin; showing and giving basic physical care; or, providing financial support. When men and women both accepted responsibility for terminating an unwanted pregnancy stronger bonding between them was reported. Further, women felt stronger, more able to do the right thing and more liberated from a submissive role. However, some women also felt stigmatized by others who were aware of the termination. Findings suggest that encouraging men to be supportive to women during the process of pregnancy termination enhances reproductive health care and transforms the experience from a women-only framework to one where gender equity among women and men is encouraged.

Pacific Rim Int J Nurs Res 2010 ; 14(3) 249-261

Key words: Partner support; Abortion; Unwanted pregnancy; Feminist narrative; Thailand

Background and Significance

Deciding to terminate an unwanted pregnancy can be a painful choice for women.^{1, 2} In many parts of the world, women may have to go to an untrained practitioner for a clandestine and/or unsafe abortion, especially if their income is low.³⁻⁵ This is a common practice and highly dangerous for those who procure an abortion⁶ in many countries, including Thailand,

Correspondence to: Warangkana Chatchawet, RN, PhD Candidate, Faculty of Nursing, Chiang Mai University, Thailand.

E-mail: warangkana.c@psu.ac.th

Kasara Sripichyakan, RN, PhD. Associate Professor, Faculty of Nursing, Chiang Mai University, Thailand.

Kannika Kantaruksa, RN, PhD. Associate Professor, Faculty of Nursing, Chiang Mai University, Thailand.

Kittikorn Nilmanat, RN, PhD. Assistant Professor, Faculty of Nursing, Prince of Songkla University, Thailand.

Beverley A. O'Brien, RN, PhD. Professor, Faculty of Nursing, University of Alberta, Canada.

where abortion without a medical indication is illegal. Besides jeopardizing a woman's health, or causing her death, pregnancy termination can result in a woman being stigmatized and/or unfairly labeled. Stigmatization results from the perception that abortion is morally wrong, un-Buddhist, sinful and a consequence of promiscuous behaviour.^{1,2,7} An important Thai cultural value is that a mother should preserve and be responsible for the life of her child.^{8,9}

During the crisis of an unwanted pregnancy, women exhibit physical and mental suffering that leads them to have substantial needs for emotional and physical support from a significant person, such as their male partner or husband.¹⁰ Traditionally, Thai culture has allowed men the right to enjoy sex without accountability. If engaging in sexual intercourse is a mutual decision, it follows that both women and men are responsible for the consequences, but in reality only women can become pregnant.² If women choose to end their pregnancies, men can accept some responsibility by caring for them throughout the termination process, such as during the pre-abortion, abortion and post-abortion stage, even though they do not bear the physical burden of carrying an unwanted pregnancy. The purpose of this study, therefore, was to gain a greater understanding of the type and amount of support men can offer women who are terminating an unwanted pregnancy.

A narrative design with a focus on gender perspective is well suited to illuminate an authentic understanding of women's and men's experiences by encouraging women and men to talk about their concerns. The insights gained by listening to how they feel can be used to humanize care provided to women who choose abortion and to anticipate the kind of support they will need from their male partners. This information can guide the practice of nurses and other health care providers, who take care of women and their partners, who seek pregnancy termination services.

Method

Design: A narrative design, using in-depth semi-structured recorded interviews until data were saturated, was employed to gain a greater understanding of the type and amount of support men can offer to women who are terminating an unwanted pregnancy, and to understand this support from the perspectives of both Thai women and men. The substantive nature of the phenomenon is suited to a feminist approach to data gathering. This study was approved by the Institutional Review Board, Faculty of Nursing, Chiang Mai University and the Ethics Committees of the three hospitals where data were collected.

Participants: All participants, except one male who was referred by another male participant by way of the "snowball" technique, were obtained from the three hospitals' in-patient departments who admitted women with complications from unsafe abortions. Thus, participants were those who themselves, or their partners, experienced complications from procuring an abortion without the presence of a skilled provider. After ethical approval was obtained, the primary investigator (PI) approached the nursing directors and head nurses for permission and cooperation regarding recruit of potential participants. Potential participants were informed about the purpose, procedure, risks and benefits to study participation, as well as the fact that involvement was voluntary and they could withdraw at any time without repercussions. Following written and oral explanations, they were asked to provide oral consent prior to data collection. A signed consent form was not requested due to the highly sensitive nature of the research topic and to protect the names of the participants.

Since safety and confidentiality were paramount considerations during data collection, flexibility in scheduling an interview was an important consideration for participants. All times and locations were established by mutual agreement between the PI and each participant. To ensure confidentiality, each interview and transcript was identified only by a reference number.

Twenty-three participants (12 women and 11 men), who experienced, either directly or indirectly, complications of unwanted pregnancy termination, were interviewed. All resided in two provinces in southern Thailand, and consented to participate in the study. Twelve of the participants, (6 men and 6 women) were interviewed as couples, while the remaining 11 (6 women and 5 men) were interviewed without a partner present. Eighteen (78.3%) of the participants were single, 3 (13%) were married and 2 (8.7%) were separated. They ranged in age from 18 to 36 years (mean = 22.3; SD = 4.9). The women had an average age of 21.2 years (SD = 4.4), while the men's average age was 23.4 years (SD=5.3). All were Thais and the majority (n = 20; 87%) were Buddhists. Although six (26%) of them were vocational school graduates, 17 (74%) did not complete or have an education beyond high school. Twelve (52.2%) were students. Ten (43.5%), who were not students, were gainfully employed, and the other one (5.3%) was unemployed. The majority (n = 20; 88.2%) had experienced only one pregnancy termination. Their reasons for pregnancy termination included: needing to complete studies; not being married; not having a male partner; and, economic constraints. Not using any anti-contraception and failing to withdraw were the primary reasons given for occurrence of the unwanted pregnancies. Most (n = 16; 69.6%) attempted to end their pregnancy by inserting vaginal abortifacients.

Data collection: In-depth individual interviews, using a reflective questioning technique with an effort to establish a non-hierarchical relationships between the PI and each participant, was used to obtain the most authentic understanding possible of the women's and men's experiences. It has been recognized as an appropriate strategy for gaining important insights into the influence of gender bias on women's and men's perceptions and attitudes.^{11,12} The initial interviews started with inviting participants to talk about their past and present stories using

broad opening questions (i.e. "Could you please tell me about your life after you (your partner) got pregnant?" and "How did your partner (you) become involved when all this was happening?"). This approach, which increases the validity of narrative data,¹³ enabled participants to use their own words and to talk about what was important to them. During the interview process, reflexivity was used for the purpose of enabling participants to understand, recognize and acknowledge their perceptions, and to assist them in considering how they might want to develop their lives in a productive way.¹² Examples of reflexive questions were: (a) "Could you please tell me how you think society views a woman (a man) who had an unwanted pregnancy that ended in abortion?"; (b) "Tell me how society views a sexual partner?"; and, (c) "What would you say to women and men who have experienced unwanted pregnancies that ended in an abortion?" Each interview averaged 45 minutes in length (range = 30 – 80 minutes). Each participant was interviewed two to three times in the presence of an audio-tape. Thus, each participant was interviewed an average of 90 minutes (range = 60 – 110 minutes). The PI transcribed the interviews verbatim after all identifying information was removed.

Before, during and after each interview, the participants' expressions, actions, behaviors, gestures and characteristics were observed and recorded in field notes. Reflective journal entries helped the PI consider her own biases during the interview process.

Data analysis: The content and context of the participants' shared experiences were analyzed. After reading and rereading the transcriptions and field notes regarding each participant, repetitious words or sentences used to describe or express their experiences in a particular context were highlighted¹⁴ and grouped into categories. Relationships between categories, throughout the data, were discovered and generated main themes. An effort was made to inspect their stories/interviews through a feminist perspective.

The focus of feminist research is gender (both a variable and an analytic category). Researchers have to be concerned about how gender difference accounts for women's oppression and how gender beliefs provide lenses through which participants view the world.¹⁵ For example, during the coding process, the PI coded wording or sentences related to gender issues, and then, based on these issues, developed categories and themes. The emerging categories provided the background, culture and society, through which the women and men perceived and interpreted the situations in which they lived.

Member checking and peer debriefing were conducted to establish the rigor of the study. The purpose of member checking was to obtain overall credibility, especially for the claim that the findings are from participants who experienced having an unwanted pregnancy terminated. Member checking (having each participant verify the PI's interpretation of what he/she said) was implemented by providing an interview summary at the end of each interview. All dialogues were translated into English, through parallel efforts of a native English speaker and a Thai-English bilingual speaker. Both individuals contacted the PI when clarification regarding the study's context was needed.

Findings

Male Support in Pregnancy Termination:

The men demonstrated having accepted some responsibility for pregnancy termination, when they took care of their partners before, during and/or after pregnancy termination. One male commented that he was opposed to the societal notion that men do not accept enough responsibility and believed that participation in pregnancy termination was a man's responsibility. His comments indicated men needed to take care of their respective partners. *Society*

might think men are irresponsible because they let women abort. Actually, I can say that I'm taking responsibility. If I don't want to do it like this, I won't. I won't take her to the hospital. I won't take care of her.

Many women shared the opinion that men could accept responsibility in some way, even if the pregnancy did not continue. Each person had his or her own reason for making a decision about whether a pregnancy should be continued or terminated. If pregnancy termination was chosen, taking care of women was how men could demonstrate they accepted some level of responsibility.

Some people may think this man's irresponsible. He made the woman abort. Actually, he has his own responsibility. He takes care [of the woman] and doesn't leave when this situation happens. Other people aren't in the same situation, so they don't know what the truth is and why we have chosen to abort.

The men's support for their partner during pregnancy termination was demonstrated by: assisting his partner in terminating her pregnancy; not abandoning her; caring for her with mutual love and sincerity; expiating for their mutual sin of ending the pregnancy; making sure her basic care needs were met; and, providing needed financial support.

Assisting with Termination of a Pregnancy:

During pregnancy termination, the men assisted their partners: in searching for information about pregnancy termination; accompanying them to appointments; and, staying with them during the termination procedure. Some of the men even helped their partners terminate their pregnancies by inserting vaginal medications into them. Most of the men said their willingness to assist was a desire to ensure their partners had an efficient and safe termination.

We went there together. My partner's friend told her to go there, so I took her and asked the one who would conduct the abortion to ensure safety. She felt cared for because I accompanied her.

I couldn't easily reach [the vaginal area] if I did it on my own, since the deeper [the medicine is inserted] the better. When I was inserting medicines, we did it together. It's dangerous to do it alone. We should help each other because there are complications with pregnancy termination, such as hemorrhage.

Not Abandoning: The men believed they showed support of their partners by not leaving when they terminated their pregnancies. This support was manifested via the men: 1) being physically close to their partners; 2) waiting nearby, e.g., in front of the room, during the termination of the pregnancies; and, 3) telephoning their partners.

"I needed someone whom I loved to be nearby." "Not abandoning" was how the men, who stayed physically close to their partners during the termination procedure, were described. The women interpreted the men's behavior to be a demonstration of their support and caring, and felt it was the best way for the men to comfort them. When this happened, the women said they did not feel lonely and had more will power to face their problems. Having partners nearby, although they could not provide practical help, made women feel loved and encouraged.

I don't need him to do much. It just lets me feel loved that he isn't going anywhere. Some men have sex and then leave. It is a woman's responsibility [to deal with pregnancy termination] and the woman has to take care of herself. It shouldn't be this way.

In some stages of pregnancy termination, the men could not stay physically beside their partners because of the clinic or hospital regulations. However, they could show they were not abandoning their partners by waiting in a nearby room. This action demonstrated their concern about their partners and a belief that their partners were risking their lives or fearful of the termination process. The men's presence satisfied their partners' needs and made them feel good because they sensed the men's concerns and believed the men were not abandoning them.

She told me to be with her. So I sat there, but I wasn't in the room. I sat outside. They didn't allow others to go inside during the operation. When it was finished, she walked out. I assisted her to go back home. She said she felt good. She knew I was worrying about her.

One woman wanted her partner to stay close by, but he could not come so she telephoned him in order to share her experience. Her partner expressed his concern for her over the telephone. **"Just to hear his voice"** made her feel he was not abandoning her.

Did I want him to come? Yes, but I was worried about him because this place is scary at night. Then I phoned him and just said that I hurt. He said, 'calm down, you are going to be alright.' It was O.K. just to hear his voice. I felt that he wasn't abandoning me.

Mutual love and sincerity: In addition to the pregnancy termination being a source of physical pain for the women, it also brought on emotional pain for both the men and women. When the men showed they cared, by offering love and sincerity, their partners' emotional pain lessened. One participant, upon reflecting on her need for emotional support and care from her partner, said she believed her partner's soothing presence would provide her relief

and less worry. However, her partner left her and never provided her emotional support or care. Although she obtained support and care from her parents, it was not the same as support she felt she would have experienced from the partner she loved.

He asked me how I felt and how I hurt. He asked me just to know. I wanted him to ask me if I hurt. I wanted him to soothe me, but he never pitied me like someone who loved and cared about me. I knew that my parents loved me. They worried about me and took care of me, but the feeling wasn't the same as a partner. If I would have my partner soothe me, give me will power and tell me 'don't worry,' I would feel relief and not worry. I always think about it. I needed someone whom I loved to be nearby. If I could turn this back, I would like my partner to stay with me.

Expressions of love and caring were not only a need for the women. The men also reported they felt a need to give emotional support to their partners as they were going through the pregnancy termination. They said they needed to do more than just stay with their partner. In other words, the men felt they needed to show they cared.

I didn't help with anything. I just held her hand and asked if she hurt. My girlfriend cried. I could only soothe her, gave her will power and took care of her mind. Giving her will power helped a lot. It's better than [if I] just stood still. This is better than [if I] did nothing. Words would make her feel better, especially from a loved one.

Expiating: For many of the participants, pregnancy termination was considered a life-destroying act or the killing of a living person. According to

Buddhist teachings, killing of a human is a sin. Their Buddhist beliefs may have contributed to the reason some of them believed pregnancy termination, during early gestation, was not the killing of a human being since they did not consider the embryo to be human. However, guilt about terminating the pregnancy still existed in most of their minds, as well as among many of their partners. Thus, they wanted to participate in the process of ending the pregnancy by expiating their sins. For the Buddhists, expiating was accomplished through making merit by offering food that is dedicated to Buddhist monks (ใส่บาตร) and pouring water on the ground (กรวดน้ำ). The Muslims, on the other hand, expiated through making merit by visiting a mosque and reading scripture.

Actually, at the first month, it's not human but in my feeling, he's human. We committed [a] sin, so we went to make merit by [making an] offering dedicated to monks. My partner had to help me because he was involved. We made merit so that we both felt relief.

Basic Need Care: Both the method of pregnancy termination and complications associated with the pregnancy termination affected the women's ability to meet some of their basic personal needs, especially food preparation and toileting. In addition, they complained of excessive tiredness, and wanting their partners to attend to, or assist with, meeting their needs. The men who met their partners' basic personal care needs were viewed as accepting responsibility.

He did very well. He bought good food for me and he also kept vigil over me. He took care of me and supported me [when I went] to the toilet. He did everything. He did not mind [assisting] me. If it was another man, I don't know if he would stay with me [while I was] using the toilet. But he did everything and didn't mind.

Financial Support: Within the Thai society, the man is considered the head of the family, and is, therefore, responsible for providing the household income. Thus, when money was needed for their pregnancy termination, the women viewed their partners as the head of the family and felt it was their roles to provide needed financial support.

I didn't have an income, so he provided me with financial support. Since the abortion, he has always given me money and paid for everything. It wasn't a little money, but he could earn it. He played the role of head of the family.

Lives Following Pregnancy Termination

The pregnancy termination experience impacted the lives of the men and women in various ways. For some, it led to the creation of a stronger bond between the couple, while others expressed increased feelings of strength or feeling liberated yet stigmatized. Perhaps most interestingly, both the men and women learned more effective birth control methods.

Stronger Bonding: The couples developed stronger bonds when the men accepted more responsibility for the pregnancy or believed they should suffer with and/or take care of their partners when the pregnancy was terminated. This may have led some of the men to become more intimate and confident in their relationships. For example, one man took care of his partner during and following the pregnancy termination. The woman, whom he provided care for, interpreted his actions as indications he was a good man. This made her love him more, even though he had character flaws.

Yes, I felt good. That's O.K. I felt like we were happy together and we helped each other when we had problems. He's not perfect. He's not always a good man. Sometimes he drinks, but he proved himself [to me] that he could take care of me. He showed me that he was good and that I had chosen the right man. This made me love him more and want to be with him forever.

The men shared a perspective similar to the women in that the experience of shared happiness and suffering prolonged their relationships and, as a result, they became more intimate. One man said: *"We live together because we have been through many things in the past. We help each other and this has made us become closer and love each other more."*

Stronger Women: Some of the women changed their perspective and became stronger after they terminated their pregnancies. This was demonstrated by their: valuing of their womanhood; demonstration of their ability to survive; and, becoming more independent.

In Thailand, virginity, historically, has been viewed as an index of female value. Thus, women who are known to have premarital sex face the possibility they might not be chosen for marriage. However, after their pregnancies were terminated, some of the women said they were valued for their humanness rather than their virginity, which meant they behaved well, were employable and independent.

Men usually want women who are virgins. If a man knows that a woman has had sex, he won't associate with her. I use to think that men don't want women that have had sex, but now my thought is that I have to see the man first. If he really loves me, that's O.K. If he doesn't, let him go. Suppose that a man loves me, I'll tell him directly that I have had sex. If he can accept that, he really loves me. It doesn't matter that I've lost my virginity. Don't be sad. Don't worry. Don't care about men. We just behave ourselves well and work. A man isn't necessary for a woman's life.

During the pregnancy termination, many of the women experienced severe physical pain and suffering, including excessive blood loss and fear of loss of their lives. However, they survived, felt strengthened, and were better able to care for themselves and deal with future burdens. One woman, who had reported

having experienced severe pain and bleeding, recognized her own strength enabled her to survive.

When I was waiting for the baby to come out, I was suffering more pain than I ever had experience. I bled extremely, but I am passed that (smiling).

Independence was another sense of the women's strength following their pregnancy terminations. When the women reflected on what had happened to them, some said they had desired to change the situation, including not wanting to terminate their pregnancies. One woman, whose partner left her, said she knew she was strong enough to work and raise her child as a single parent.

He was my child, my lineage. I knew I had to raise him well, although he had no father. I wanted to keep him. I could take care of him. There was no need for a father.

Liberated but Stigmatized Women: Thai society historically has considered premarital sex and pregnancy unacceptable for female students. Not only do Thai female students have to conceal their pregnancies, but they have to conceal termination of their pregnancies as well. Thus, termination of a pregnancy, especially for an unmarried Thai student, can set the woman free to live in society and continue with her studies without being stigmatized for having engaged in premarital sex. In addition, the pregnancy termination frees the unemployed student from the economic burden of having a child with no income. However, the women, in this study, had to exchange their individual freedom for a stigma burden (unmarried and pregnant) that could imprint them for the remainder of their lives. This stigma was derived from the Buddhist belief that pregnancy termination is murder, and that women who terminate their pregnancies are bad, promiscuous and evil-minded.

She couldn't stand the fact of being a pregnant student. Others talked about her badly. She did the abortion, so she could go back to her studies. Many people consider abortion negatively. A female who [had an] abortion is considered a bad person. She is insulted and considered an evil-minded mother. Society looks upon her negatively. People say she's still studying, but she's pregnant so she has to resign [from school]. It's like she doesn't concentrate on her studies. She's a promiscuous woman and not accepted by the society. [A] female is so embarrassed about this. She feels ashamed more than the male.

My baby wouldn't have been born into a rich family. I am poor. So I decided to take the baby out [of my body] because he would have lived a troubled life. But it's wrong because I was the baby's mother. My action was [a] sin. Why didn't I take care of him instead of killing him?

Learning to do the Right Thing: The women and men believed the unwanted pregnancy terminations were the result of their failure to appropriately use birth control methods. However, they did not want to deal with another unwanted pregnancy and felt having to deal with the pregnancy termination was a learning experience for them. For example, so as not to make the same mistake again, one woman selected condoms as a contraceptive method over birth control pills. She based her decision upon the fact that, in the past, she had not known how to appropriately use birth control pills.

I wanted people to understand that nobody wanted it to be like this. Nobody wants [an] abortion. It was because we weren't ready. Anyway, it was my mistake. I already knew about prevention, but I didn't use it. I didn't watch out. I thought I would take birth control pills, but I was afraid. I never used them. I didn't know how to use them and I was scared. I talked to my boyfriend and we decided he would use condoms when we have sex.

Some of the men also reported they now recognized that withdrawal was not an effective birth control method. For example, one man said he needed to select a safer contraceptive method. For the men, decisions about which birth control method to use depended more on the health of their partners than on their own sexual pleasure.

I would prefer to use condoms because they can prevent many things, such as pregnancy and diseases. Birth control pills aren't good for a female's health, especially if taken a lot.

Discussion

Although men do not have the physical experience of pregnancy termination, they can be “active partners” when their partners go through this process. The men who accepted responsibility for their partners’ pregnancy terminations provided care of their partners. The support and care the men provided included: assisting with the pregnancy termination process; not abandoning their partners in the sexual encounter that resulted in pregnancy; caring for their partners with love and sincerity; expiating for their belief that pregnancy termination was a sin; and, providing physical, emotional and financial support to their partners.

The men were able to care for their partners by: searching for information about pregnancy termination; accompanying their partners to the hospital when treatment for abortion complications was required; or, helping their partners personally terminate the pregnancies (inserting vaginal abortifacients). Consistent with prior research, the purpose of their assistance was to: (a) make certain their partners received an efficient and safe pregnancy termination;¹⁶ (b) provide emotional support;^{16,17} and, (c) share the stress of the pregnancy termination.^{1,16,18}

By physically and emotionally staying close to their partners, during their pregnancy terminations,

the men helped the women by: encouraging them; reducing their feelings of isolation; and, providing them strength to face possible problems. Prior research has suggested emotional support provided by spouses is important for a woman’s physical and emotional recovery¹⁷ from the termination of a pregnancy. The males’ physical acts of caring had a positive effect on the women and provided a means for the men to experience feelings of relief from their guilt of being a partner in the conception and pregnancy termination process.

Love and caring, for the women, was demonstrated by the men through the expression of soothing and encouraging verbal statements, as the women faced their pregnancy terminations. Having a supportive relationship, based on love, has been shown to have a positive influence on a woman’s health.¹⁷

Many religions consider pregnancy termination to be killing, which is a sin.^{7,19} Therefore, the men and women, in this study, had to expiate for what they believed was murder. As a result, both the Buddhist and Muslim participants needed to make merit to expiate and reduce their feelings of guilt.^{1,16}

Pregnancy termination and related complications has been found to affect a woman’s basic physical and emotional needs.¹⁰ The women, in this study, wanted their partners to assist them with accessing food, carrying out personal hygiene, and obtaining physical comfort and emotional security. Although these needs could be provided by family and friends, the women preferred their needs be met by their partners. It appears the women wanted their partners to participate in caring for them because of the sacrifice they had made to resolve the unwanted pregnancies.

In Thai society, there is a masculine stereotype that men are considered the head of the family.²⁰ Being the head of the family requires the man to earn money to support the family members. The cost of pregnancy termination is no exception. Since termination of a pregnancy requires financial expenditures, the women, in this study, needed money to terminate their pregnancies, as well as deal with the associated

complications that occurred. It was expected, by each female participant, that her partner would accept his duty of providing necessary monetary support.

After their pregnancies were termination, some of the women experienced positive changes, such as a stronger bond with their partners. In addition, the women experienced feeling emotionally stronger and more knowledgeable about how to go about doing what they believed was right. However, some of them felt liberated, but also stigmatized and judged by the communities in which they lived. It appeared that stronger bonding between the partners resulted from them participating together through both the relief and suffering experienced during the pregnancy termination process. The participants felt the actions in which they engaged, during the pregnancy termination process, involved expressions of love that led to greater empathy, confidence and intimacy with their partners. As noted in the literature, such feelings have been found to support the development of an ongoing relationship.²¹

Termination of the unwanted pregnancy frequently gave the women a new perspective on life. They learned to value their womanhood, determined the values important in their lives, and appreciated themselves for being positive and dependable, rather than focusing on their virginity and its meaning within their culture. However, some of the women experienced a change in attitude toward pregnancy termination and indicated, if they could “turn back the clock,” they would rely more on themselves and not ask an unwilling partner to accept some responsibility for ending their pregnancies. These women had become more comfortable with the idea of being a single mother who could raise a child alone. This is congruent with prior research that has found an attitude of autonomy and independence leads to an increased sense of empowerment in women.²²

The women often had to face pain and excessive bleeding during the termination process, even to the point of endangering their lives. This experience strengthened them and increased their belief that they could survive almost anything. Participants who had an unsafe pregnancy termination did not initially

realize their abilities to look after themselves.

Having experienced a pregnancy termination, both the women and men learned to do things differently so as to prevent another undesired pregnancy. They learned more effective contraceptive methods, the importance of seeking reliable and accurate information, how to use contraceptive methods correctly, and how to select the contraceptive method that met their preferences and needs. As a result of the pregnancy termination process, some of the men made a conscious decision to share the responsibility for birth control with their partners. For example, if a woman was taking oral contraceptives, her partner realized that he could help by reminding her when to take her birth control pills, as prescribed.

According to the liberated, yet stigmatized woman, Thai society considers premarital sex and pregnancy, while one is a student, to be unacceptable and immoral. If it was known that a couple consisted of students, who were engaged in a sexual relationship, the one who would be condemned by society was the female. As a result, the women who were students and became pregnant needed to conceal their pregnancies as best they could. One way to conceal the pregnancy was to terminate it. Pregnancy termination set the women free so they could continue with their studies. It also prevented their partners from having to leave their studies to provide financial support. Similarly, married women, who had economic problems, could free themselves from new and additional responsibilities if they had an abortion. For some of these women, ending their pregnancies freed them from the burden of having unplanned children. However, these women had to come to terms with the personal and societal guilt, and stigma of “killing a human being.”

Implications

Findings from this study offer new understanding and insights with respect to how men demonstrate support and caring during the process of ending an

unwanted pregnancy. This knowledge can prove helpful when providing care that needs to be gender sensitive.

To promote gender sensitive practices, findings of this study suggest how men and women, who participate in a sexual encounter leading to unwanted pregnancy, can mutually assume responsibility. When feasible, men need to be included in pregnancy termination health care services provided to women. Nurses can promote an environment where men are comfortable and encouraged to support their partners during this difficult time. This could be accomplished by providing men with information about the potential risks and complications associated with pregnancy termination, as well as the type of care that needs to be provided during the pregnancy termination process. In addition, nurses are in a prime position to provide men and women reliable information on contraception. All of these activities could help transform reproductive health care from a female-only framework to a framework that addresses gender equity.

To prevent stigmatization, nurses can set an example by not blaming either women or men for unwanted pregnancies. They can endeavor to understand and respect the decision of a couple who faces pregnancy termination. Nurses should understand that termination of an unwanted pregnancy is a solution chosen by consumers who may not want to terminate a pregnancy, but believe it is the best solution for them.

Limitations and Recommendations for Future Research

There were limitations to the study, which are associated with participant recruitment. All but one male participant was actively involved in the termination of an unwanted pregnancy and all female participants experienced complications from their unwanted pregnancy termination. Thus, these findings are applicable only to individuals actively involved in a pregnancy termination process that results in complications.

Further research is recommended to gain both male and female insights into why men do not participate in the termination process of unwanted pregnancies. This could include men who abandon their partners when they know they have become pregnant. In addition, since health care providers are involved in providing care to women and men, who are confronted with the termination of unwanted pregnancies, their perspectives require exploration. Finally, the development of gender sensitive abortion counseling services for women and their partners is another research area requiring examination.

Acknowledgements

Gratitude is extended to the Thai Council of Nursing and Midwifery, and the Nurses' Association of Thailand, for their financial support of this study.

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การเกือกลงจากผู้ชายคนรักเมื่อยุติการตั้งครรภ์ไม่พึงประสงค์

วรางคณา ชัชเวช, เกสรา ศรีพิชญากุล, วรรณิการ์ กันธะรักษา, กิตติกร นิลมานัต, Beverley A. O'Brien

บทคัดย่อ: ผู้ชายไทยที่ร่วมมีเพศสัมพันธ์กับผู้หญิงจนเกิดการตั้งครรภ์ไม่พึงประสงค์ มักจะไม่ถูกคาดหวังให้รับผิดชอบในการเกือกลงหรือดูแลผู้หญิง ผู้เข้าร่วมวิจัย 23 คน (ผู้หญิง 6 คน และผู้ชาย 6 คน ซึ่งเป็นคู่รักกัน รวมทั้งผู้หญิง 6 คน และผู้ชาย 5 คน ที่คนรักไม่ได้เข้าร่วมในการวิจัย) ที่มีประสบการณ์ของภาวะแทรกซ้อนจากการยุติการตั้งครรภ์ไม่พึงประสงค์ ได้รับการสัมภาษณ์เกี่ยวกับลักษณะการดูแลที่ผู้ชายสามารถดูแลผู้หญิงได้ การศึกษาครั้งนี้ศึกษาใน 2 จังหวัดภาคใต้ของประเทศไทย รวบรวมข้อมูลโดยการสัมภาษณ์เจาะลึกเป็นรายบุคคล วิเคราะห์ข้อมูลโดยวิธีการวิเคราะห์แก่นสาระ

เมื่อเลือกที่จะยุติการตั้งครรภ์ ผู้ชายมีลักษณะที่แตกต่างกันในการเกือกลงคนรักของตัวเอง ดังนี้ ช่วยเหลือในการยุติการตั้งครรภ์ อยู่ใกล้ชิดในขณะที่ยุติการตั้งครรภ์ ดูแลด้วยความรักและความจริงใจ ใฝ่หาปรารถนา ดูแลความต้องการพื้นฐาน หรือ สนับสนุนด้านการเงิน เมื่อผู้หญิงและผู้ชายร่วมรับผิดชอบต่อการยุติการตั้งครรภ์ไม่พึงประสงค์ พบว่า สายสัมพันธ์ระหว่างผู้หญิงผู้ชายดีขึ้น ผู้หญิงรู้สึกแข็งแกร่งขึ้น สามารถที่จะทำในสิ่งที่ถูกต้องได้มากขึ้น และรู้สึกถึงการถูกปลดปล่อย อย่างไรก็ตามผู้หญิงส่วนหนึ่งรู้สึกถึงการมีตราบาปร่วมด้วย สรุปได้ว่าการสนับสนุนให้ผู้ชายดูแลผู้หญิงเมื่ออยู่ในกระบวนการของการยุติการตั้งครรภ์ เป็นการส่งเสริมการดูแลด้านอนามัยการเจริญพันธุ์ และมีการเปลี่ยนแปลงจากการใช้กรอบแนวคิดผู้หญิงเท่านั้นเป็นการส่งเสริมให้เกิดความเสมอภาคทางเพศระหว่างผู้หญิงและผู้ชาย

Pacific Rim Int J Nurs Res 2010 ; 14(3) 249-261

คำสำคัญ: การเกือกลงของคนรัก, การทำแท้ง, การตั้งครรภ์ไม่พึงประสงค์, การเล่าเรื่องโดยใช้แนวคิดสตรีนิยม

ติดต่อ: วรางคณา ชัชเวช, RN, PhD Candidate นักศึกษาปริญญาเอก คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ ประเทศไทย
E-mail: warangkana.c@psu.ac.th
เกสรา ศรีพิชญากุล, RN, PhD. รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ ประเทศไทย
วรรณิการ์ กันธะรักษา, RN, PhD. รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ ประเทศไทย
กิตติกร นิลมานัต, RN, PhD. ผู้ช่วยศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ ประเทศไทย
Beverley A. O'Brien, RN, PhD. Professor, Faculty of Nursing, University of Alberta, Canada