Attitudes toward adolescent pregnancy, induced abortion and supporting health services among high school students in Phuttamonthon district, Nakhon Pathom province, Thailand

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Abstract
A cross-sectional study was conducted among 270 students in one school in Phuthamonthon district, Nakhon Pathom province, Thailand, during January to February 2003, aimed at describing attitudes toward adolescent pregnancy, induced abortion and supporting health services among high school students; analyzing the association between personal, family, environmental factors and attitudes toward adolescent pregnancy, induced abortion and supporting health services. A self-administered questionnaire was used and four-scale questions were applied on attitudes. Equal to or more than the mean score indicated a positive attitude, less than mean score indicated a negative attitude.

Most of the respondents had negative attitude towards adolescent pregnancy (52.6%), positive attitudes toward induced abortion (56.7%) and supporting health services (56.3%). Factors significantly associated with attitude toward adolescent pregnancy were allowance received per month, information from relatives and encouragement to practice safe sex by peer. Factors significantly associated with attitude toward induced abortion were age and level of education of respondents, parent occupation, information from parents, relatives and health personnel, and encouragement to practice safe sex by peer. Factors significantly associated with attitude toward supporting health services were level of education of respondents, allowance received, parents’ education, and information from parents, relatives and health personnel.

Key Words
Attitude  Adolescent pregnancy  Induced abortion  supporting health services.
Introduc
tion

Adolescence is a powerfully formative time of transition to adulthood, roughly concurrent with the second decade of life. What happens between the ages of 10 and 19, whether for good or ill shapes how girls and boys live out their lives as women and men. According to UNICEF, by December 2000, number of people under 18 years old in Thailand is 19,039,000 out of the total population of 60,856,000 (31.3%) (1). This brings about a significant health concern for young people.

Societal change and conditions such as migration due to education and economic advancement, modernization, social network, and peer group influence encourage boys and girls to engage in premarital unsafe sex. Thai adolescents, both male and female, increasingly enter into sexual relations without much knowledge of sexuality, reproduction, or contraception and with little emotional preparation. As a result, female adolescents run the risk of unwanted pregnancy, unsafe abortion (2). Adolescent pregnancy is prevalent in Thailand. The public health statistics in 1994 indicates that live birth rates by age of mothers at 15–19 years of age account for 12.8% of all live birth in Thailand (3).

In Thailand, induced abortion is illegal (but there are two exceptions to the law. Firstly, when the pregnancy is dangerous to the mother’s health. Secondly, when the pregnancy is the result of rape). As a result, determining statistics can only be done through estimation, which is sometimes an inaccurate measure of the true incidence rate. In Thailand there was 200,000–300,000 cases in 1991 and the most recent figure was 56,369 cases of all types of abortions reported by the Bureau of Health Policy and Planning in 1996 through health reporting system (3). From Suwanna Warakamin, Nongluk Boonthai’ study in 1999, data collection was carried out monthly by reporting the number of cases seeking treatment for complications of spontaneous and induced abortion. Of the total 45,990 cases, 28.5% were induced abortion (19.54 per 1,000 live births). Among these cases, 30% were under 20 years of age. By interviewing a sample of participants, it was found that of all 4,588 interviewed cases, 40.4% were induced abortion, 11.9% of the induced cases had tried to induce an abortion themselves. 29.9% of the cases were teenage pregnancies (4).

The adolescent is probably least able to achieve easy access to services of antenatal care and safe induced abortion. The barriers to use of these services derive from many sources including the adolescents themselves, the service providers, the administrators of services, and policy makers. Both keep pregnancy and does the induced abortion carry high risks for the adolescents.

The objective of this study is to describe high school students’ attitude toward adolescent pregnancy, induced abortion and supporting health services of adolescent pregnancy and induced abortion; to determine the association between the personal factors (age, gender, level of education, birth order, registered place, living arrangement, and allowance received), family factors (parent’s marital status, parent’s education, parent’s occupation, family relationship and parenting style) and environmental factors (information sources, peer influences) and attitudes toward adolescent pregnancy, induced abortion and supporting health services.

Materials and Methods

This study was a cross-sectional study, data collection were from 1 January to 21 February. Target population was students in Mahidol Withayanusorn high school Grade 10 to 12 in Phuttamonthon District, Nakhon Pathom province. Regarding calculated sample size, 270 students were selected using Simple Random Sampling method according to the number of classes.

A self-administered structured questionnaire was used in this study. 14 questions were set up in each dimension of attitude. Attitude toward adolescent pregnancy, induced abortion and supporting health services refer to the high school students’ feeling concerning with future, family, society influences of adolescent pregnancy and induced abortion, pregnancy preventing, contraceptives using, adolescents’ right and legalization, quantity, quality, and prices of existing health services for adolescent pregnancy and induced abortion. Every question was
given the score after students answered. For the positive questions, the score is: strongly agree=4, agree=3, disagree=2, strongly disagree=1. For the negative questions, strongly agree=1, agree=2, disagree=3, strongly disagree=4. If the score was >x indicated a positive attitudes; if the score was <x indicated negative attitudes.

After finishing data collection, \( \chi^2 \) and Fisher exact test was used to determine the association using Manitab programme, and the findings will accept at p-value < 0.05.

**Results**

A total of 270 respondents were from Grade 10 (28.2%), Grade 11 (22.6%) and Grade 12 (49.2%) with almost equal gender distribution (125 boys and 145 girls). Majority of them were from 16 to 17 years old (61.9%), lived with both parents (64.8%), nearly half (47.8%) of the respondents received 2,000–2,999 Baht per month for their allowance.

Majority parents of the respondents lived together (90.0%) and had a high level education – University and higher (64.4% for fathers and 64.0% for mothers respectively), they had a high family relationship (87.8%), the parenting style was mixed style (of which 45.2% had authoritative style 50–79%, 26.3% had authoritative style <50%), followed 28.5% had authoritative style >80%, no authoritarian, permissive and neglecting style stated by the respondents at all.

The respondents had received information about pregnancy and induced abortion from mass media (97.4%), teacher (88.9%), friends (83.3%), parents (70.4%), health personnel (61.1%) and relatives (60.0%). More than half respondents had talked about sex (56.7%) with peers, two fifth of them had gotten encouragement doing safe sex from peers (39.3%). 30.7% of respondents had friends or classmates who had sex experiences, 15.2% of them had friends or classmates who had pregnant experiences, while very few proportion of them had friends who had abortion experiences (5.6%).

Table 1 showed that more than half of the respondents had negative attitude toward adolescent pregnancy (52.6%) than positive attitude toward adolescent pregnancy (47.4%). Combined the “agree” and “strongly agree” answer from the questionnaire, it was found that most of students thought the adolescent pregnancy was unwanted (90.4%) and they were too young to be parents (92.9%); they thought that the adolescent pregnancy reflected the active sexual behavior (84.4%) and they did not think adolescent pregnancy should be accepted by Thai society (73.7%); they needed to know how to prevent pregnancy (91.5%). 74.5% of the students thought that pregnancy during school year was ashamed, it might change their life (70.3%), broken down their future (57.4%); while 47.0% of them thought that to be pregnant was their right, should not be blamed by society (56.7%), if they/their partner got pregnancy, they would not feel stigma (45.2%) and they did not think their family relationship would be changed (65.9%). Fewer students thought they felt shy to use contraceptives (37.8%) and the boy played a less important role in preventing pregnancy (26.7%).

Regarding attitude toward induced abortion, Table 1 also showed that more than half of respondents had positive attitude toward induced abortion (56.7%) and less than half had negative attitude (43.3%).

Combined the “agree” and “strongly agree” answer of the respondents, it was found that most of students thought that induced abortion was a very horrible thing for school girl (84.4%), extended criteria of induced abortion would make adolescents active sexual behavior (54.8%) and the availability of induced abortion weaken the moral structure of Thai society (75.6%), they thought that adolescents have no right to do abortion (56.7%) and the school should be against adolescent abortion (79.3%). While some students thought that adolescent induced abortion should be permitted if make them quit form school or family has economic problem (51.1% and 68.1% respectively). Induced abortion solved the problem of abandoning baby (55.2%), it should not be condemned by society (63.0%) and should be accepted by the law (61.1%). More than half of students did not think that induced abortion could be used as a method of contraception (61.1%) and some students thought that it would solve the problem when contraception method failed (57.4%). One quarter of students though that the feeling of sinful
only responsibility of girls (28.1%) and less sinful if abortion was taken at early stage of pregnancy (28.2%).

Table 1 also showed that more than half of respondents had positive attitude toward supporting health services about adolescent pregnancy and induced abortion (56.3%) and rest had negative attitude (43.7%).

Combined the "agree" and "strongly agree" answer of the respondents, it was found that most of the respondents thought the existing abortion services were not good quality (71.1%), the health personnel had negative attitude to adolescent that got pregnancy (63.7%) and they did not think the prices were rational (65.5%). If they seek for the services they prefer the private sector (68.9%). Nearly half students thought the abortion services is not enough (49.3%), no special community services for adolescent’s reproductive health (67.1%), when they/their partner got pregnancy they do not know where to consult (67.4%) and the counselors are not enough (57.8%). They thought students club is a good method to prevent and solve reproductive health problems (68.9%) and they did not think sex education made adolescents have active sexual behavior (66.3%). They can go to emergency home to delivery (56.3%), but the emergency home provides poor quality services (53.3%). Half students thought the legal assistance for those pregnant adolescents are available (50%), they was satisfied with using 30 Baht scheme if they got pregnancy (62.6%).

Table 2 showed that the association results of attitudes toward adolescent pregnancy, induced abortion and supporting health services and study factors as follows:

Age significantly associated with attitude toward induced abortion, elder age group had more positive attitude toward induced abortion than younger age group;

Level of education significantly associated with attitude toward induced abortion and supporting health services, higher Grade had more positive attitude toward induced abortion and supporting health services than the lower Grade.

Registered place significantly associated with attitude toward supporting health services, students registered out of the municipal place had more positive attitude toward supporting health services than in municipal place.

Allowance received per month significantly associated with attitude toward adolescent pregnancy and supporting health services, high allowance received had more positive attitude toward adolescent pregnancy, but less positive attitude toward supporting health services;

Fathers and mothers’ education significantly associated with attitude toward supporting health services, students whose father/mother had middle level of education had more positive attitude toward supporting health services than high and low level group;

Fathers and mothers’ occupation significantly associated with attitude toward induced abortion, students whose father/mother worked as laborer, farmer or employed/housewife had more positive attitude toward induced abortion than whose parents worked at government, private sector and business owner or trader.

Information received from parents significantly associated induced abortion and supporting health services, received information from parents had more positive attitude toward induced abortion and supporting health services;

Information received from relatives significantly associated with three dimensions, received information from relatives had less positive attitude toward adolescent pregnancy, but more positive attitude toward induced abortion and supporting health services;

Information received from health personnel significantly associated with induced abortion and supporting health
services; received information from health personnel had more positive attitude toward induced abortion and supporting health services than did not receive from health personnel;

Encouragement doing safe sex significantly associated with adolescent pregnancy and induced abortion, got encouragement doing safe sex had more positive attitude toward adolescent pregnancy and induced abortion.

Table 2 Association results between personal, family, environmental factors and attitudes toward adolescent pregnancy, induced abortion and supporting health services.

<table>
<thead>
<tr>
<th>Independent variable</th>
<th>Attitude toward adolescent pregnancy</th>
<th>Attitude toward induced abortion</th>
<th>Attitude toward supporting health services</th>
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<tr>
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<td>Peers abortion experiences</td>
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S means significant association, NS means no significant association

Discussion and recommendation

Elder age group had more positive attitude toward induced abortion (60.1%) than younger group (50.0%), same as Ikeke Irdjeati Syahbuddin’s finding (5). Students of middle level of education (Grade 11) had higher positive attitude toward induced abortion and supporting health services. Students of elder age may learn more reproductive health and may have more opened mind about abortion, thus students of Grade 11 and 12 had more positive attitude than the Grade 10.

Most of the respondents registered in municipal area. There was a significant association between attitude toward supporting services and registered place of the students (P < 0.01). Registered out of municipal area had higher positive attitude than registered in municipal area. It was different findings with Chulalongkorn study, which found that urban women were more liberal in their attitudes towards induced abortion as they lived in a more modern environment, and more access to news and other information (6). Those students who registered out of municipal area may not have high demand on adolescent reproductive services compare to the respondents live in municipal areas, so they had positive attitude on the services.

There was significant relationship between allowance received per month with attitude toward adolescent pregnancy (P < 0.05) and supporting health services. The students received money more than 3000 Baht had more positive attitude toward adolescent pregnancy but negative attitude toward supporting health services. The students who received high monthly allowance usually came from the middle class family whose parents may have more positive attitude on adolescent pregnancy. In contract, they thought the services for adolescent pregnancy and induced abortion were not enough as needed.

Parents’ education was significant associated with attitude toward supporting services (P < 0.01). Middle level education of the respondents’ mother and father higher positive attitude toward supporting services the respondents had. This result reflected that the parents who had middle level education may understand the limitation of the services and accept it, and then...
transferred their thinking to their children.

As many studies found out that socio-economic status of the parents play the major role in deviating the youth. Parents’ occupation of the respondents is significant associated with attitude toward induced abortion (P < 0.05). Students’ mother and father who worked in government and private sector and worked as laborer, farmer or house wife/ unemployed had higher positive attitude toward induced abortion (57.4%, 64.8% for mothers and 61.2%, 62.2% for mothers respectively) than business owner and trader. The results reflected that these groups of parents may think induced abortion is a life event and sometimes can not be avoided.

Authoritative parenting predicts good psychosocial outcomes and problem behaviors for adolescents (7). All of the students stated that they had different degree authoritative parenting style in this study. So there was no statistically significant association between parenting style and attitude toward adolescent pregnancy, induced abortion and supporting services in this study.

Parents are the first teachers influencing their children to be good members of the society (8). Information got from parents had significant association with attitude toward induced abortion and attitude toward supporting services in this study (P < 0.05 and P < 0.01 respectively). The students got information from parents much more positive attitude than those who did not get information from parents. A study by the National Campaign to Prevent Teen Pregnancy found that although teens face peer pressure with regards to sex, that the greatest influence over their decision whether or not to have sex may be parental influence. Parents can influence their adolescents by providing open ongoing, two-way communication and by staying involved in activities of the child. Fostering this relationship will be beneficial to both the parent and the adolescent (9).

Information got from relatives significantly associated with attitude toward three dimensions (P < 0.05, P < 0.01, P < 0.05 respectively). Got information from relatives has more negative attitude toward adolescent pregnancy and more positive toward induced abortion and supporting health services. It reflected the relatives of the students may influence them on this way: don’t want to be pregnancy, but if suffered it, expected seek the induced abortion services. Entire adults around the adolescents play an important role to help them set a positive attitude toward reproductive health.

There was significant association between information got from health personnel and attitude toward induced abortion, attitude toward supporting health services (P < 0.01). It means that information from health personnel will make the adolescents clear about induced abortion and supporting health services.

Encouragement doing safe sex from peers significantly associated with attitude toward adolescent pregnancy and induced abortion (P < 0.01, P < 0.05 respectively). During adolescence young people generally begin to distance themselves from their families and parental authority and start to depend on their friends and youth culture for support. A study in Chile showed that 34% of young men aged 15-24 turned to their peers or siblings for advice on sexuality while 23% turned to their parents (10). This result strongly indicated that the importance of peers influences, accord with the study showed that one of the most important aspects of adolescence is the increase in amount of time spent with peers. During adolescence peer pressure begins to escalate and conformity to peers will increase (9).

The result of this study indicated that adolescents eager to avoid pregnancy but they prefer do abortion and expected abortion services if they become pregnancy. Therefore suggest that there is a need for targeted advocacy to policy makers in order to convince them of the widespread support among adolescents of the need for these services. Adolescents should receive life skills training for proper dealing with peer and media pressure. In addition, reproductive health education should be appropriately provided by parents, health personnel, teachers and media.

Acknowledgement

The authors would like to thank the teachers of the study school for their kind help and thanks to all eligible students for their good cooperation.
บทคัดย่อ
การศึกษาภาคตัดขวาง ในเด็กนักเรียนชั้นมัธยมศึกษาตอนปลายจำนวน 270 คน ในโรงเรียนแห่งหนึ่งของอำเภอพุทธมณฑล จังหวัดนครปฐม ระหว่างเดือนกรกฎาคมถึงเดือนสิงหาคม พ.ศ. 2546 มีวัตถุประสงค์เพื่อศึกษาทัศนคติของกลุ่มนักเรียนมัธยมศึกษาดังกล่าวต่อการตั้งครรภ์ในวัยรุ่น การทำแท้ง และบริการสุขภาพสำหรับวัยรุ่น และเพื่อวิเคราะห์ความสัมพันธ์ระหว่างปัจจัยบุคคล ครอบครัว สิ่งแวดล้อม และทัศนคติการต่างๆ กลุ่มนักเรียนตอบแบบสอบถามด้วยตนเอง โดยแบบวัดทัศนคติจะมีข้อคำถามที่มีคำตอบ 4 ระดับ คะแนนรวมที่เท่ากันหรือมากกว่า 4 คือมีทัศนคติเชิงบวกต่อประเด็นเหล่านี้ ส่วนคะแนนน้อยกว่า 4 คือมีทัศนคติเชิงลบ

จากการศึกษาพบว่านักเรียนส่วนใหญ่คือ ร้อยละ 52.6 มีทัศนคติเชิงลบต่อการตั้งครรภ์ในวัยรุ่นร้อยละ 56.7 มีทัศนคติเชิงบวกต่อการทำแท้ง และร้อยละ 56.3 มีทัศนคติเชิงบวกต่อบริการสุขภาพสำหรับวัยรุ่น และพบว่าปัจจัยที่มีความสัมพันธ์กับทัศนคติของการตั้งครรภ์ในวัยรุ่นได้แก่ ความเคยได้รับข้อมูลและการศึกษาจากญาติ และการได้รับคำแนะนำจากเพื่อนเกี่ยวกับการมีเพศสัมพันธ์ที่ปลอดภัยปัจจัยที่มีความสัมพันธ์กับทัศนคติการทำแท้งได้แก่ อายุและระดับการศึกษาของนักเรียน อาชีพของพ่อ-แม่ การได้รับข้อมูลจากผู้ปกครอง ญาติและเจ้าหน้าที่สาธารณสุข และการได้รับคำแนะนำการมีเพศสัมพันธ์จากเพื่อน ปัจจัยที่มีความสัมพันธ์กับทัศนคติที่บริการสุขภาพสำหรับวัยรุ่นได้แก่ ระดับการศึกษาและจำเป็นต้องทำให้ได้รับการศึกษาจากพ่อ-แม่ การได้รับข้อมูลจากผู้ปกครอง และการได้รับคำแนะนำจากญาติและเจ้าหน้าที่สาธารณสุข

คำสำคัญ
ทัศนคติ การตั้งครรภ์ในวัยรุ่น การทำแท้ง บริการสุขภาพสำหรับวัยรุ่น
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