

**INDUCED ABORTION : A NATIONWIDE SURVEY IN THAILAND.  
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**Introduction :**

Induced abortion is one of the major health problems that affect the quality of life of women in reproductive age. In Thailand, induced abortion is illegal, with two exceptions, if the pregnancy is dangerous to the mother's health or is the result of rape or incest. The specific objectives of this study were to estimate the current situation and to seek policy/guidelines for the problem.

**Methods :**

A cross-sectional study method was used to collect data over a 12 month period in 1999. The study population was women whose pregnancy was terminated at a gestational age of less than 28 weeks who entered the hospitals with symptoms related to spontaneous or induced abortion. Also included were women who had therapeutic abortion procedures due to legal or medical reasons. Abortions were recorded if they occurred prior to the arrival of or while at the study site of 787 voluntary public hospitals in 76 provinces of Thailand. Participants were also interviewed by questionnaire for qualitative information of the study, randomised monitoring of data quality was included for both arms of the study.

**Results :**

Data from the monthly reports of the number of abortion cases seeking treatments for complications from spontaneous and induced abortion in 787 hospitals located all over the country during 12 months of 1999 were analyzed. Of the total 45,990 cases, 28.5% were considered to be induced abortion (19.54 per 1,000 live-births). Among these cases, 46.8% were adolescents, 30 % were under 20 years of age. While the main reason cited for inducing abortion was socio-economic problems (60.2%), other reasons (39.8% in total) were medically related indications such as fetal anomalies, dead fetus and health of the mothers (15.4%, 13.5% and 7.8% respectively). The remaining cases were HIV infected mothers, victims of rape and cases of German measles (2.2%, 0.6% and 0.3% respectively). The major serious complications experienced by the women were septicemia 21.6% with 14 deaths (0.11%).

When data from interviewing all abortion cases for six months in 134 selected hospitals were analyzed, it was found that of all 4,588 cases interviewed, 40.4% were classified as induced abortions, 11.9% of which were self-attempted. Among illegally induced abortion cases, 28.7% were single, 61.3% were adolescents and 29.9 % were teenage pregnancies. Most of them had low income and 41.7% had no salary. Whereas nearly half (47.9%) of the pregnancies were primigravid, 86.0% were unplanned pregnancies. Approximately half of them use no contraception, 36.3% were irregular users and 10.2% used the emergency oral contraceptive pill.

The reasons cited for not using any contraception were not-expecting to become pregnant, not-expecting to have sex, not permanently living with their partners, having side effects from contraception, lacking of knowledge of it, being afraid of using the contraceptive methods and feeling too shy to ask for the services (61.6%, 17.7%, 17.2%, 12.1%, 11.8%, 7.7% and 7.5% respectively).

The three major reasons for having abortion were economic problems (56.8%), improper family planning knowledge and practice, e.g. pregnancy at inappropriate age, short birth spacing or wanting no more children (34.4%), becoming pregnant but not ready for marriage (28.8%), still in a schooling system (26.8%), partner's refusal to be responsible/get married (16.1%), contraceptive failure (15.6%) and divorce after conception (6.7%). The methods used for the abortive purpose included insertion of foreign substances or injection of a liquid solution into the vaginal canal, vaginal suppository, oral tablets and strong manual compression of lower abdomen (40.6%, 13.6%, 11.6% and 11.0% respectively). As a result, 40 % of the cases had serious complications such as septicemia (12.4%), pelvic inflammatory disease (12.0%), excessive hemorrhage (11.8%), uterine perforation (7.4%) and even deaths of five cases (0.3%).

### Recommendations:

Based on the data from the survey, it is clear that there is an urgent need for effective means of preventing unwanted pregnancies and minimizing unsafe abortion which can be done through dissemination of knowledge on sex education, social life skills and family planning to women, particularly adolescents. In addition, rules and regulations in the education system should be reconsidered to help those adolescents with unwanted pregnancies so that more options are available to them than just induced abortion. Furthermore, a revision of the business or labor rules and regulations unfair to women as well as discriminatory such as those deterrent to pregnancy during the employment period or unpaid maternity leave, is also needed. In addition, supportive services should be established, i.e., counseling services, accommodations and care for women with unwanted pregnancy, single mothers and their children.

However, the most important and still a highly controversial issue is a proposal for an amendment of the abortion law in Thailand. Since it is agreed by many parties concerned that it is necessary to reduce the number of medical restrictions and lessen stringent conditions on which the procedures can be legally performed, the proposal amendment of the law on these issues has been in the making in order to allow women a broader and equal access to safe abortion procedures. This more lenient legal measure is seen as one of the steps to decrease the preventable risks from complications due to unsafe abortion performed by the untrained personnel, “quacks” and those self-induced cases.

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