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Pregnancy, Abortion, and Child Abandonment: Neglected Problems



In 2005 the newspapers carried stories about child abandonment, discovery of discarded aborted fetuses, and raids on abortion clinics. There is little sign, however, that Thais are willing to take a comprehensive view of these problems and or to adopt systematic measures to address them.

Premature pregnancy, abortion and child abandonment

According to data from the Child Watch Project, Bangkok is the province with the highest rate of child abandonment, with 7.43 children abandoned per 100,000 population. The average for the whole country is 2.61 per 100,000. There are 700-800 babies and children abandoned per year, or about two per day. This number excludes aborted fetuses found in public places. There are reports of women suffering post-partum haemorrhages in public toilets after committing abortions by themselves. The Ministry of Social Development and Human Security estimates that in 2003-2004, 1,975 babies were abandoned at hospital, with baby sitters, or at public places.



Number of Abandoned Children per 100,000 Population, 2005, by Region

Source: Child Watch Project in each province, Ramitti Institute [http://www.childwatchthai.com].

Regions	Ratio
Bangkok	7.43
Center	0.79
East	0.85
Upper North	0.37
Lower North	0.42
Northeast	0.80
South	1.67
Whole country	2.61

Child abandonment is closely linked to unintended pregnancy. Statistics collected in 2001 by the Reproductive Health Rights Campaign Project suggest that Thai society has a major problem with unintended pregnancies. The researchers collected data on pregnancies from 925 women aged 15-59 in two communities in North and Northeast Thailand. Of the 2,496 pregnancies, 45% were unplanned, and 16% were aborted. The most commonly cited reason for aborting, given by over half the women who had abortions, was economic difficulties. The group with the most abortions was 20-29-year-old women.

The Age of Women having Abortions is Falling

Dr. Suriyadev Tripathi, head of the of Teenage Clinic at the Queen's National Children's Health Institute, states that around 20% of females who give birth at the hospital are less than 20 years old. There have been cases of 13-year-old girls having their second pregnancies. Thai children do not receive formal sex education until they over 13 years old, even though increasing numbers of 13-year-olds are having unprotected sex.

These ideas have been verified by new research conducted in 2005. A national study of sex and violence conducted among 200,000 13-18 years old, mainly in grades 7 to 12, found that the age of first sexual intercourse was falling over time. Some students aged 13 were having sex. The pregnancy-abortion-abandonment phenomenon was found,

as were cases of HIV/AIDS. Cases of post-partum bleeding and abortion-related infection have been increasing among teenagers.

New Abortion Methods

If they become pregnant, teenagers try to deal with the situation using their limited personal experience and knowledge. Many traditional abortion methods are based on the traditional medical concept of "hot" substances. Many women can acquire and use traditional abortion medicines themselves. At present the most popular modern medicine is Cytotec, a drug used for treatment of gastric disorders, but which can cause abortions. It appears that women learned about this drug when it was used in hospitals to treat incomplete abortions, and that information about the drug has spread informally.

Dr. Wichai Thienthaworn, Permanent Secretary in the Ministry of Public Health has described other popular abortion methods. One is the use of weight-reduction medicines. Another is acne medications. These are inexpensive and widely available, but can easily lead to haemorrhaging, physical malformities in the baby, and incomplete abortions. Incomplete abortions can have a long - term impact on women's health. Use of the drug is particularly dangerous for 4-5 months pregnancies.

Government Efforts to Address the Problems are Poorly Coordinated

Though the issues of unintended pregnancy and abortion are becoming more serious, some people try to add to the difficulties of girls who have become pregnant. Major government figures argue that, if teenage girls do not respect the traditional value placed on virginity, the problem will be insoluble. Measures to suppress abortion clinics are unlikely to decrease the abortion rate, but will instead push the problem underground, making it impossible to provide safe, high-quality services.



Dr. Tares Krassanairawiwong, Director of the Medical Licenses Division, Ministry of Public Health, has stated that the Ministry can determine whether an abortion service is legal, and whether the doctor has a license, but cannot punish offenders.

To offer an alternative to abortion, the Office of Child Protection and Welfare Promotion, Ministry of Social Development and Human Security, attempts to make agreements with pregnant women who do not wish to bring up their children. It offers two possible solutions. The first is for the state to care for the child until the mother is ready for instance, once she has graduated or found a job. The mother will then be provided with information about the child's location. The other solution is for the state to care for the child permanently.

The Department of Health, Ministry of Public Health, has launched a program on Thai teenagers' reproductive health, in cooperation with tertiary education institutions. A course about sex education is added to the undergraduate curriculum to provide teenagers with access to accurate health information about sex and reproductive health. Special health services are established, tailored to teenagers' needs. The program also aims to set up places in every secondary school where teenagers will have access to information and advice about sex and reproductive health.

There are, however, continuing controversies over providing information and birth control services to teenagers. Many Thais argue that teenage sex is not acceptable, and that services should not be provided. Such views are common among teenagers themselves. According to a 2005 survey, only 41% of teenagers agree with the installation of condom vending machines in tertiary educational institutions. Almost as many—37%—disagree with the idea, and 23% neither agree nor disagree.

Looking for Light at the End of the Tunnel

Concerned at the scale of the problem of teenage pregnancy, the Ministry of Education has supported some pilot projects by nongovernmental organizations (NGOs). Teachers from across the country have been provided with sex education materials designed for all age groups, aiming to improve students' coping skills. The materials aim not to control children's thoughts and values, but rather to provide them with a beneficial learning process.

Effective sex education programs may be able to reduce the risk of early childbearing. However, many other measures will be needed. Pregnancy, abortion, and child abandonment are all complex issues. An integrated solution is essential.

Success Through Coordinated Efforts

Thai society needs to take immediate measures to address the problem of unintended pregnancies, abortions, and abandonment. Such measures should lead to a long-term, sustainable solution. There must be cooperation between the government and society.

(1) Measures to reduce the number of infants abandoned and the number of abortions

- Provide comprehensive advice and information to women with unintended pregnancies, respecting the rights and needs of the women.
- Provide accommodation to women about to deliver in every province, together with standard maternity services.
- Organize adoption services and temporary childcare services.
- Establish clear procedures to assist women who have become pregnant as a result of rape.

(2) Measures to reduce social pressure on women with unintended pregnancies

- Education institutions under the Ministry of Education must revise their procedures for dealing with pregnant students. They should place greater emphasis on the care of the students and less on the reputation of the school, and they should help these students to achieve good academic results.

- All governmental and non-governmental organizations should ensure that access to services for children is not affected by the marital status of the parents.

(3) Measures to reduce unintended pregnancy

- Information and birth control services must be provided to all young people, but particularly unmarried females, including junior high school students and girls not attending school. Birth control centers should be established in communities.

- Educational materials should identify gender inequities in traditional views on sex, and should attempt to promote equality between women and men. These materials should be provided to all people, including people not in school.



More Teenagers Need to be Taught about Birth Control

Many girls' first experience of sex is probably similar to that of Kaew. She was in a long-term relationship built on love, trust, and sharing. Then one day, her boyfriend told her that a relationship without sex was not love.

"Before then, I didn't let him touch my hands or body. When he talked about it, I refused, completely refused. I had never thought about sex before. I thought it should be after marriage. I never thought that he would force me."

Not only had she not thought about sex she had also not thought about protecting herself from pregnancy.

"I did not dare. It was very embarrassing. I never talked about it. I knew nothing about birth control. I don't know where to begin and how to take the medicines."

When her boyfriend raised the issue of sex, she was a 17 year old student in her final year at high school. She had one older brother and one younger brother. Everyone regarded her as a respectable girl, which made her proud. She had been going out with her boyfriend, a senior student from the same school, for 5 years. Both families knew and had no objection to their relationship. The boyfriend's parents were waiting for him to spend time as monk, and for Kaew to graduate from university, before they held a wedding ceremony.

A few months after their first night together, Kaew found that she was pregnant. She asked her family for advice. They sympathized with her situation, and let her make her own decision. She decided to keep the baby, with assistance from her family. However, her boyfriend was worried about his parents' reaction.

Kaew was concerned about her boyfriend, and had an abortion, costing 5,000 baht. Her life and that of her boyfriend returned to normal.

"Birth control should be taught more widely. I only learnt about AIDS. If you go anywhere in Thailand, you can see lots of children born before their parents were ready. These children may become beggars or thieves. Their future is hopeless. We can avoid this, if we make birth control more widely known."

Source: "Would like you know : The diary of the experience of the unwanted pregnant woman". Campaign project to reproductive rights., Meeting document "The Alternative of the unwanted pregnancy". Organizing by the Population Council." (6 July 2000).