

**HEALTH SEEKING PATTERNS OF LOW-INCOME  
YOUNG WOMEN WITH UNPLANNED PREGNANCIES:  
A QUALITATIVE AND QUANTITATIVE RESEARCH**



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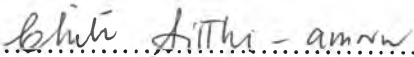
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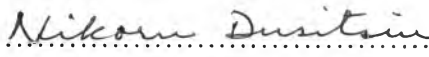
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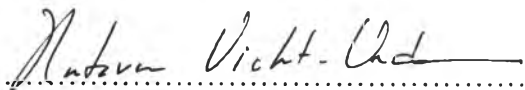
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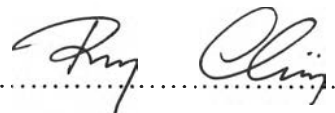
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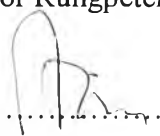
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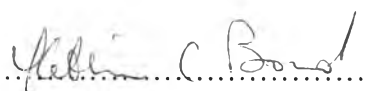
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**Objectives:** This study examined the decision-making processes and the health or help-seeking patterns of low-income young women with unplanned pregnancies who opt for abortion, birth and adoption, or birth and keeping the child. The study also identified the factors (variables) that influence a woman's decision-making of the choices considered by them. Moreover, qualitative methods were used to explore service facility factors that influenced utilization among young people.

**Methods:** Research methodology in this study focused on formative and explanatory research utilizing both qualitative and quantitative data. The study was conducted in two phases covering five shelters and low-income communities in Bangkok. Phase one, the formative research, was conducted by using Focus Group Discussions (FGDs), in-depth interview, and observation from October 2002 to March 2003. Phase two, the explanatory research using structured interview questionnaire, covered the period from November 2003 to March 2004. Forty-five and 120 cases were purposively recruited into the study during phases one and two, respectively. The data were analyzed using content analysis for qualitative data and the discriminant analysis for quantitative data.

**Results:** From the qualitative research, the results indicated that the majority of the young women tended to select abortion as their first choice, while a few cases continued their pregnancies to term and did not attempt to terminate the pregnancy. Moreover, they tended to delay seeking assistance once they knew they were pregnant. They were also likely to resort to self-medication, which was sometimes hazardous to their health. When complications resulted from self-medication or abortions with unskilled personnel, they would appear at the health facilities with serious and life-threatening complications. In many pregnancy-termination situations that resulted from self-medication, while most of these women made the important decision themselves, they still sought advice, guidance, and support from their partners, peers and parents. When the first attempt failed, they would seek a second or third attempt until they felt it was not possible to achieve what they had planned.

Most women with unplanned pregnancies knew that they have options regarding termination of their pregnancies but their main concern was confidentiality. Consequently, the women who wanted to terminate their pregnancies adopted three patterns of action, i.e., 1) visiting drugstores/grocery stores, 2) visiting private clinics or hospitals, and 3) using physical pressure or vigorous actions. Most of the women realized that private clinics provided effective methods for terminating a pregnancy, but due to its high cost, they would first resort to self-medication or self-management. If they were not successful, they would then visit a private clinic and asked others to support the cost.

Discriminant analysis was used to determine factors that predicted the choices of the young women with unplanned pregnancies. There were 6 out of 15 variables from three broad categories of discriminating factors that show statistical significance with  $p\text{-value} \leq 0.05$ . For the parenting group (those who chose to carry pregnancy to term), there were four variables that strongly discriminate the parenting group from the other two groups (those who chose to give up their babies for adoption and those who chose abortion), i.e., age at latest unplanned pregnancy, attitude towards contraception, attitude towards unplanned pregnancy, and making decision without consultation. When considering the variables on consultation with partner, and relationship with partner, which were significantly discriminated the adoption group against the abortion and parenting women. For the abortion group, two variables, i.e., attitude towards unplanned pregnancy, and relationship with partner significantly discriminated the abortion group from adoption and parenting group. The abortion group tended to have low attitude scores towards unplanned pregnancy, but higher scores on relationship with partner when compared with the other two groups. The results from discriminant analysis yielded 69.2 percent predictive accuracy. This result was satisfactory compared with a 33 percent chance of accuracy.

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## ACRONYMS

AIDS	: Acquire Immune Deficiency Syndrome
ANC	: Antenatal Care
ARH	: Adolescent Reproductive Health
CSW	: Commercial Sex Worker
ECM	: Emergency Contraceptive Method
ECP	: Emergency Contraceptive Pill
FPPD	: Family Planning and Population Division
HIV	: Human Immunodeficiency Virus
ICPD	: International Conference on Population Development
MOPH	: Ministry of Public Health
NGO	: Non-governmental Organization
RH	: Reproductive Health
PRA	: Participant Research Approach
STI	: Sexually Transmitted Infection
STDs	: Sexually Transmitted Diseases
TBA	: Traditional Birth Attendant
TH	: Traditional Healer
TP	: Terminated Pregnancy
UNESCO	: United Nations Educational, Scientific and Cultural Organization
WHO	: World Health Organization
YFS	: Youth Friendly Services