Criminal Abortions among Adolescents

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Abstract

Criminal abortion is a serious problem in Thai society that is frequently followed by both physical and psychological complications. Termination of pregnancy is against the law in Thailand. Teenagers with unwanted pregnancies have to terminate their pregnancies outside recognized medical institutions. There have been many discussions on both the advantages and disadvantages of legalizing abortions. This paper gives some opinions about performing legalized abortions and sex education programs.

Keywords: Criminal abortion, sex education, pregnancy, physical complication, psychological complication

Introduction

Thai people have been westernized by the rapid changes brought about by globalization, including changes in information technology. Attitude to sex is one of the changes. Sexual experience begins sooner for teenagers. We did not prepare well for the changes so many problems have occurred. Sex education is one thing that can prevent some problems but we have not been able to carry it out effectively. We know teenagers have sex but it is very difficult for Thai people to accept this behavior. Failure to accept the reality is a big reason for not being well prepared to face the problem. Besides, sex is a very delicate and sensitive issue for Thais to discuss. Sex education is delayed and ineffective because it makes people uncomfortable when speaking about this issue in public.

Teenagers have sex without correct information on things such as contraceptive methods, sexually transmitted diseases, and so on. An ABAC Poll (2001) reported that 34% of adolescent students studying at grade six to bachelor degree level who stay in dormitories, and 11% of those who stay with their parents or relatives, have sexual relationships. A total of 17.6% of these students regularly use condoms. Unexpected pregnancies commonly occur, and these can cause criminal abortions.

Criminal Abortion

Criminal Abortion: The act of miscarrying or producing young before the fetus is perfectly formed; called criminal abortion when unlawful (McKechnie 1983).

According to the law of Thailand, termination of pregnancy is legally acceptable in only two cases. Firstly, in case of pregnancy harmful to the health of pregnant woman, and secondly in case of pregnancy occurring due to sexual abuse. The second case has to be judged in a court, which is likely to take many months or more than a year.

Illegal abortions may be carried out both inside and outside hospitals. Criminal abortions have often been performed outside hospitals by non-medical practitioners who have poor knowledge and lack skill. Many methods have been applied to terminate pregnancies. Worakamin and Boonthai (2001) reported that 61.3% of those terminating pregnancies are 24 years old or younger, and 29.9% are younger than 20 years old. Among these, 24.7% of the cases are students.

Methods used in the termination of pregnancies are: (i) inserting liquid substances or hard objects directly via the vaginal canal (46.9%), (ii) placing medicinal tablets into the vagina (13.6%), (iii) taking medicinal tablets orally(11.6%), and (iv) putting strong pressure
on the abdomen against the uterus inside (11.0%). There are many serious complications, both physical and psychological, following criminal abortions. Some cases have been sent to have effective treatment at hospitals.

The termination of pregnancies inside hospitals is performed by physicians in such cases as: the pregnancy is being harmful to maternal health, congenital abnormalities, HIV-positive mothers. Although there are some indications of illegality, abortions are carried out routinely in hospitals. Termination of pregnancy in hospitals should be less harmful because it is performed by knowledgeable and skillful practitioners.

The physical effects of abortion depend on whether the abortion is completed. If complete, the danger is principally from the loss of large amounts of blood, shock and hemorrhage. If incomplete and any pieces of the fetus and conception remain, there is a danger of infections such as septicemia, uremia, endometritis, perimetritis, and diseases of the tubes, ovaries, bladder, cervix, vaginal canal, and rectum.

**Psychological Sequelae of Abortion**

There is no woman who intends to become pregnant to have her pregnancy terminated. After having undergone an abortion, there is some psychological damage resulting from feelings of guilt and loss. Barnett et al. (1986) reported that one year after an abortion, 14% of women were still in a state of emotional imbalance and 7% were clearly impaired emotionally in their everyday functioning. Sexual behavior and satisfaction are also adversely affected; 18% of women reported a decrease in sexual desire and 17% reported orgasmic disorders (Bianchi-Demichelli 2001).

**Dilemma of Legalized Abortion**

According to some religions, abortion is nothing less than murder in the first degree and if it is legalized, it might induce careless sex and free sex. Legal abortion can stop the incidence of criminal abortion. The legalization of some routine indications of termination of pregnancy, such as early detection of congenital abnormality in the fetus and an HIV-positive mother, can make the risk population accessible for intervention to provide knowledge about contraception and sexually transmitted diseases, including HIV, and to provide counseling on the psychological sequelae. Many questions are waiting to be answered if abortion remains illegal. If a woman has an unwanted pregnancy, what should she do? Should she give birth and let the baby be alone in the world? Should she give birth and donate the rest of her life to this unwanted child? Should she terminate the pregnancy? Where can she get this done safely and is it her right?

If we are going to legalize abortion, we should consider specific criteria, and pre- and post-intervention for termination of pregnancy. An effective sex education program should be provided to prevent unwanted pregnancy.

**Criteria for Legalized Abortion**

Termination of pregnancy should be done during the first three months. After this, or after fetal viability, termination must be accomplished only if the woman’s health or life is at risk.

**Pre- and Post-Intervention of Termination of Pregnancy**

The woman must give her informed consent to the abortion. She should be psychologically prepared and assured by counseling.

**Sex Education Program**

Whether or not abortion is legalized, sex education is an appropriate way to reduce the number of unwanted pregnancies. Sex education should be established appropriately according to the various stages of development of young people. An effective sex education program recommended by deCarlo (2001) should have the following characteristics:

1. A narrow focus on reducing sexual risk-taking behaviors that may lead to HIV/STD infection or unintended pregnancy.
2. Social learning theories as a foundation for program development, focusing on recognizing social influences, changing individual values, changing group norms, and building social skills.

3. Experimental activities designed to personalize basic, accurate information about the risks of unprotected intercourse, and methods of avoiding unprotected intercourse.

4. Activities that address social or media influences on sexual behaviors.

5. Reinforcing clear and appropriate values to strengthen individual values and group norms against unprotected sex.

6. Modeling and practice in communication, negotiation, and refusal skills.

Discussion

Acceptance and understanding of the changes in attitudes towards sex are important issues that make us able to prepare our youth well to prevent and to solve the problems of unwanted pregnancy. Legalized abortion is neither right nor wrong but abortion has always been with us.

Although sex education programs have been implemented in some schools, they have not been as effective as hoped. Educators, parents, and policy makers should avoid emotional misconceptions about sex education. Based on the rate of unwanted pregnancies and sexually transmitted diseases, including HIV, among teenagers, we can no longer ignore the need for education, both on how to postpone sexual involvement and how to protect oneself when sexually active.

References


