

Original Articles

Attitude of the OB-GYN Doctors towards Thai Abortion Law and Solutions Available for Thai Abortion Law: A Case Study in Phramongkutklao and Rajchavithi Hospitals.

Amornrat Bunnag and Suthep Silapanuntakul

An Academic of the Strategic Research and Development Division, Institute of Advanced Military Studies, Department of Environmental Health Sciences, Faculty of Public Health

Abstract: *The objectives of this survey research were to study attitudes of OB-GYN doctors towards Thai abortion law and appropriate solutions, to explain general characteristics and experiences of the subjects, to evaluate the knowledge level about Thai abortion law and to determine the associations between these factors. A total of 68 OB-GYN doctors who worked in Phramongkutklao Hospital and Rajchavithi Hospital from 15th December 2003 to 20th January 2004 were the subjects in this study. Close-ended questionnaires were used for data collection and were distributed by the researcher. Frequency, percentage, mean, and standard deviation were applied to describe the subjects. Pearson's product moment correlation was used to test the hypotheses. The results indicated that more than two thirds (72.1%) of the participants had attitudes towards Thai abortion law at a moderate level. Also, 54.4% of them had attitudes towards solutions available for this law at a moderate level. It was found that only 23.5% of them had a high knowledge level about Thai abortion law. There was a significantly positive correlation between attitudes towards Thai abortion law and attitudes towards solution of this law ($p < 0.05$). Moreover, it was revealed that age and knowledge were positively related to attitude towards Thai abortion law ($p < 0.05$). Conversely, there was no correlation between experience and attitudes towards Thai abortion law and the solutions to a pregnancy available under current Thai abortion law.*

Key Words: • OB-GYN doctors • Thai Abortion Law • Attitudes

RTA Med J 2549;59:219-30.

Introduction

Abortion is an area which raises moral and religious questions and it has become a topic of worldwide debate. In Thailand, there are various calls for

abortion legislation reform; as well, many attempts have been made since 1980 to introduce a bill amending the Penal Code of Thailand Statutes concerning legalized abortion.¹ However, the law is still the same—abortion is illegal according to the Penal Code of Thailand stated in Section 301-304 and there are some cases where abortion is legal according to Section

ได้รับต้นฉบับเมื่อ 10 ตุลาคม 2549 ได้ให้ตีพิมพ์เมื่อ 10 ธันวาคม 2549
ต้องการสำเนาต้นฉบับติดต่อ พ.ท.หญิง อมรรักษ์ บุญนาค นักวิชาการส่วนวิจัย
และพัฒนายุทธศาสตร์ สถาบันวิชาการทหารบกชั้นสูง กทม.

305. The report of an emergency home in Bangkok recorded, among 838 cases seeking help from this home in the year 2000, 152 cases of women with unplanned pregnancies. These women included those who were raped, who were abandoned by their partner and some who were sex workers.²

In 2002, Nuttaya and Dusita reported on their research that 300,000 criminal abortions were performed each year.^{3,4} Therefore, the risks of complications occurring to those women are increased from accessing those illegal abortions.¹⁵ Illegal abortion causes many problems as follows (1) it is harmful to women's health such as infection in their wombs, the shock from bleeding in the uterus and even causes those women to die; (2) it reduces the opportunity for getting another pregnancy; (3) it wastes health care resources such as bed occupied, consuming time of care from medical personnel, and (4) it undermines the standard of trust in social regulation about morals and law because the illegal abortions are always seen and seem to be the normal situation in daily life.^{18,19,20}

The illegal phenomenon and its bad impact have encouraged people involved to call for Thai abortion law reform, especially of Section 305 (the Penal Code of Thailand enacted in 1947)⁵. This Section is claimed to be out of date and it does not match the current situation, i.e. the need for induced abortion concerns more than the two reasons indicated in this Section. Moreover, there are many problems of enforcement as stated by Vithoon Eungprabhanth, Sastravaha and Surachat Na-Nongkai in the Thai Abortion Law in Thailand. A review of Current status in 1991 which says that "Health grounds mentioned in Section 305(1) have not been clarified. For interpretation of the term the woman's health, so far there is no court decision to make clear on this matter."⁶ However, there are two different ideas about this. The first one interprets in

a narrow sense that health is limited to physical conditions. Abortion is permitted when the life of the woman is in danger or at most her health is threatened with immense, grave and lasting impairment. The second one interprets health in the broad sense, either physical or mental, and it widens the term necessary for the woman's mental health to include the effects of economics and social stresses as well as mental diseases. So far, the national guidelines or regulations concerning the application of this Section have never been issued." Thus, each physician can decide to provide legal abortion individually. Abortion on the ground of socio-economic factors is more available in private health institutions than in public services. The freely practiced abortion of the medical practitioner may be claimed as immoral practice which challenges professional ethics.

OB-GYN doctors play an important role in performing legal abortion. Some feel uncomfortable using any procedures to destroy the fetus in the womb; others are willing to resolving the unplanned pregnancy by providing abortion. The Thai abortion law itself makes the OB-GYN doctors confused in various points e.g. the meaning of abortion has not been precisely defined. Should the legal interpretation be more defined? It can be seen that provision of the Thai abortion law statutes (Section 305)^{5,17} is not applicable to the practice. All these situations may challenge professional ethics. Therefore, the purpose of this study is to find out the attitude of the OB-GYN doctors towards Thai abortion law and attitudes towards solutions available under Thai abortion law.

Objectives of the study

The objectives of this study were to study the attitudes of OB-GYN doctors who working in Phramongkutklo Hospital and Rajchavithi Hospital towards so-

lutions available under Thai abortion law, to explain general characteristics and experiences of the subjects, to evaluate the knowledge level about Thai abortion law, and to determine the correlations between these factors.

Materials and method

The sample of this study was selected by purposive method. The subjects were the OB-GYN doctors in Phramongkutklo Hospital and Rajchavithi Hospital. The questionnaires tested content validity, were examined by experts in the field. The pilot study was conducted with OB-GYN doctors in Anandamahidol Hospital in Lopburi province during 1-5 December, 2003. The reliability was measured by Cronbach's Alpha Coefficient.^{7,8} The reliability of knowledge, attitudes toward Thai abortion law and attitudes toward the solutions available under Thai abortion law were 0.78, 0.82, and 0.75 respectively.

A total of 80 constructed questionnaires were distributed to OB-GYN doctors working in both hospitals from 15th December 2003 to 20th January 2004. Lastly, 68 questionnaires or about 85% were returned and used in the process of data analysis. Mean and percentage including standard deviation were used to describe the characteristics of all participants. Pearson's product moment correlation was applied to study the correlations of all factors with the attitudes of OB-GYN doctors towards the Thai abortion law and the solution

available for Thai abortion law. For research ethics, participants were informed about the purpose of this study and had the right to refuse or cancel their participation during the survey period.

Results

A total of 68 OB-GYN doctors were the participants. More than half of them (51.5%) were female with an average age of 31.7 years. The majority of participants (54.4%) were aged between 20 and 29 years, followed by 30-39 years (35.3%). It was found that 52.9% of them were single. Most of them (85.3%) had no children whereas 14.7% had children. Most of the OB-GYN doctors had 1-3 years experience. The maximum experience in this field was 17 years. More than half of them (67.6%) had performed abortion with the highest incidence of 20 times. It was found that nearly all of them (91.2%) had experienced counseling an unwanted pregnancy case. The research results showed that more than half of participants (58.8%) had overall knowledge about Thai abortion law at a moderate level. It was found that 23.5% of them knew this law at a high level whereas 17.6% of them knew this law at a low level as shown in Table 1.

When considering the knowledge of participants by items, it was revealed that the majority of participants (90.1%) knew that it was unlawful for a pregnant woman to cause abortion for herself, followed by 89.7% of them who knew that abortion performed to a preg-

Table 1. Percentage of the participants by level of knowledge about Thai abortion law (N = 68)

Level of knowledge	Frequency	Percent
High	16	23.5
Moderate	40	58.8
Low	12	17.6
$\bar{X} \pm S.D.$	6.83 \pm 1.38	

nant woman without her consent was illegal and 88.2% knew that a physician can procure legal abortion for the sake of a woman's physical health. Conversely, most OB-GYN doctors (89.7%) misunderstood Section 304 that whoever attempted to procure an abortion for any woman with her consent, received no punishment (the correct answer was "yes"). Totally, 69.1% of them answered the 2nd statement incorrectly (a physician could conduct abortions legally when the fetus had a deformity; the correct answer was "no"). And more than half of them 64.7% did not know that a physician

who performed abortion for the sake of a woman's mental health was guilty. Details are illustrated in Table 2.

Attitude towards Thai Abortion Law

Most of participants (72.1%) had attitudes towards Thai abortion law at a moderate level, followed by a high level (17.6%) and a low level (10.3%) as details show in Table 3.

The findings indicated that most of the OB-GYN

Table 2. Percentage of participants answered questions about Thai abortion law correctly by items (N = 68).

Statements	Correct answer	
	Frequency	Percent
1. A physician is the only person who can procure abortion for the pregnant legally.	56	82.4
2. A physician who procures abortion for the pregnant with a diagnosis of fetal deformity is guilty.	21	30.9
3. A physician who procures abortion for a pregnancy resulting from rape is within the law.	58	85.3
4. A physician can procure abortion legally for a woman whose pregnancy occurred in the period of contraception.	55	80.9
5. It is illegal for a pregnant woman to causes abortion for herself.	64	90.1
6. Whoever attempts to procure abortion for any woman with her consent shall not be punished.	7	10.3
7. Abortion, performed on a pregnant woman without her consent, is unlawful.	61	89.7
8. Abortion, performed on pregnant women with her consent, is lawful.	59	86.8
9. A physician who procures abortion for the sake of woman's mental health is not guilty.	24	35.3
10. A physician who procures abortion for the sake of woman's physical health is not guilty.	60	88.2

Table 3. Percentage of attitudes of participants towards Thai abortion law (N = 68).

Level of Attitudes	Frequency	Percent
High	12	17.6
Moderate	49	72.1
Low	7	10.3
$\bar{X} \pm$ S.D.	35.64 \pm 5.91	

doctors (79.4%) agreed that a physician could procure abortion legally for a woman whose pregnancy resulted from rape. 41.2% of them strongly approved with this topic. More than two thirds of them (70.6%) thought that a pregnant woman who allowed any other person to procure abortion for her should be penalized. 69.1% agreed that whoever procured abortion for any woman with her consent should be punished. On the other hand, the OB-GYN doctors (63.2%) mostly disagreed with the statement that whoever attempted to procure abortion (an abortion had already conducted but failed) received no punishment. Details are illustrated in Table 4.

Attitude towards solutions available under Thai abortion law

About half of participants (54.4%) had attitudes towards solutions available under Thai abortion law at a moderate level, followed by a high level (25.0%) and a low level (20.6%) as details show in Table 5.

Results showed that most OB-GYN doctors (82.4%) agreed that it should be indicated by law that only OB-GYN doctors could procure abortions. More than half of them (52.9%) were unwilling to procure abortion for a woman who had an economical problem and 44.1% of them were unwilling to procure abortion for a woman who had a social problem. Nearly all of them (91.2%) did not feel uncomfortable to perform abortion

for pregnant women. A minority of participants (5.8%) thought that a heavier penalty will decrease illegal abortions.

For the cases that the participants considered about legal abortion, most of them (94.1%) agreed that legal abortion should be performed in case a fetus has a deformity. More than two thirds of them (70.6%) thought that abortion should be conducted for fear that a pregnant woman had mental problem. Details are presented in Table 6.

Hypotheses testing

To test all hypotheses, the researcher applied Pearson's Product Moment Correlation to the scores of attitudes towards Thai abortion and attitude towards solutions available under Thai abortion law. The results are presented below:

Hypothesis 1: The associations of attitudes towards Thai abortion law and attitudes towards solutions available under Thai abortion law can be explained by age and number of children.

The results indicated that age was positively correlated to attitudes towards Thai abortion law and the coefficient of correlation was 0.365. Conversely, there was no correlation between number of children and attitude towards Thai abortion law.

It was also found that both age and number of children were not correlation with attitude towards solutions available under Thai abortion law as shown in Table 7.

Table 4. Percentage of attitude towards Thai abortion law by items (N = 68).

Attitudes	Level of attitudes towards Thai abortion law (%)				
	Strongly Agreed	Agreed	Uncertain	Disagreed	Strongly disagreed
1. A pregnant woman who causes abortion for herself should be punished.	32.4	20.6	20.6	19.1	7.4
2. A pregnant woman who allows any other person to procure abortion for her should be punished.	29.4	41.2	19.1	5.9	4.4
3. It should be indicated that whoever procures abortion for any woman with her consent should be punished.	30.9	38.2	17.6	8.8	4.4
4. A physician who procures abortion for a woman whose pregnancy does not result in the risk to her health should be punished.	25.0	32.4	20.6	11.8	10.3
5. The punishment should be heavier in case of performing abortion without a woman's consent than with her consent.	32.4	29.4	19.1	11.8	7.4
6. Whoever attempted to procure abortion (an abortion had already conducted but failed) received no punishment	2.9	17.6	16.2	42.6	20.6
7. A physician could procure abortion legally for a woman whose pregnancy resulted from rape.	41.2	38.2	14.7	5.9	0
8. A physician should procure abortion for a woman whose pregnancy caused from being gratified the sexual desire of any person.	23.5	44.1	11.8	17.6	2.9
9. A woman who causes abortion for herself should be punished with imprisonment not exceeding three years as a current legal provision.	14.7	51.5	14.7	14.7	4.4
10. Whoever procures abortion for any woman with her consent should be punished with imprisonment not exceeding five years or fine not exceeding ten thousand baht or both as said in a current legal provision.	11.8	51.5	14.7	17.6	4.4

Table 5. Percentage of attitudes of participants towards solutions available under Thai abortion law (N = 68).

Level of Attitudes	Frequency	Percent
High	17	25.0
Moderate	37	54.4
Low	14	20.6
$\bar{X} \pm S.D.$		35.64 ± 5.91

Table 6. Percentage of attitude towards solutions available under Thai abortion law by items (N = 68).

Attitudes	Level of attitudes towards solutions available under Thai abortion law				
	Strongly Agreed	Agreed	Uncertain	Disagreed	Strongly disagreed
1. If Induced abortion is legal, you will be willing to procure abortion for a woman who has an economical problem.	5.9	17.6	23.5	38.2	14.7
2. If Induced abortion is legal, you will be willing to procure abortion for a woman who has a social problem.	5.9	25.0	25.0	35.3	8.8
3. If Induced abortion is lawful, you will have more burdens for your job.	7.4	22.1	20.6	41.2	8.8
4. It should be indicated by law that only OB-GYN doctors can procure abortion.	41.2	41.2	8.8	5.9	2.9
5. You feel uncomfortable to perform abortion for any pregnant woman.	0	0	8.8	33.8	57.4
6. Induced abortion should be provided only in government hospital.	22.1	48.5	17.6	8.8	2.9
7. The heavier penalty will decrease illegal abortions.	2.9	2.9	8.8	41.2	44.1
Legal abortion should be performed in the following cases:					
8. A fetus has a deformity	51.5	42.6	2.9	2.9	0
9. A pregnant woman with mental problem.	22.1	48.5	20.6	5.9	2.9
10. A pregnant woman with AIDS disease	33.8	33.8	26.5	5.9	0
11. A pregnant woman with her age under 13 years old.	16.2	23.5	17.6	25.0	17.6
12. Any pregnant woman who needs abortion	2.9	16.2	11.8	38.2	30.9

Table 7. Pearson's product moment correlation coefficient between age, number of children and attitudes (N = 68).

Items	Attitudes towards ;			
	Thai abortion law		Solutions available under Thai abortion law	
	r	p-value	r	p-value
Age	0.365**	0.002	0.179	0.145
Number of children	0.088	0.476	-0.97	0.433

Hypothesis 2: The correlations of attitudes towards Thai abortion law and attitudes towards solutions available under Thai abortion law can be explained by the various experiences (working as OB-GYN doctor, performing abortion and counseling for an unwanted pregnant woman).

The results showed that all experiences mentioned previously were not related to attitudes towards both Thai abortion law and solutions available under Thai abortion law or the correlation between experiences and attitudes towards both aspects were not statistically significant at Alpha level of 0.05. Details are shown in Table 8.

Hypothesis 3: Attitudes towards Thai abortion law and attitudes towards solutions available under Thai

abortion law can be explained by knowledge.

From the results, it was revealed that there was a positive correlation between knowledge about Thai abortion law and attitudes towards Thai abortion ($p=0.004$) and the coefficient of correlation was 0.342. On the contrary, there was no correlation between knowledge about this topic and attitude toward solutions available under Thai abortion law as illustrated in Table 9.

Hypothesis 4: Attitudes towards Thai abortion law influence attitudes towards solutions available under Thai abortion law.

The result indicated that there was a significant positive correlation between attitude towards Thai abortion law and attitude towards solutions available

Table 8. Pearson's product moment correlation coefficient between experiences and attitudes (N = 68).

Experiences	Attitudes towards ;			
	Thai abortion law		Solutions available under Thai abortion law	
	r	p-value	r	p-value
Working as an OB-GYN doctor	0.112	0.362	0.196	0.109
Performing abortion	0.041	0.739	0.043	0.727
Counseling for an unwanted pregnancy woman	0.058	0.636	-0.157	0.202

Table 9. Pearson's product moment correlation coefficient between knowledge and attitudes (N = 68).

Items	Attitudes towards ;			
	Thai abortion law		Solutions available under Thai abortion law	
	r	p-value	r	p-value
Knowledge about Thai abortion law	0.342**	0.004	0.015	0.906

Table 10. Pearson's product moment correlation coefficient between attitude towards Thai abortion law and attitude towards solutions available under Thai abortion law (N = 68).

Items	Attitudes towards solutions available under Thai abortion law	
	r	p-value
Attitude toward Thai abortion law	0.361**	0.002

under Thai abortion law as presented in Table 10.

Discussion

According to the results, it was found that more than two thirds of the OB-GYN doctors (72.1%) had attitude towards Thai abortion law at a moderate level. Only 17.6% held a high attitudinal level towards the law. It was revealed that about half of them (54.4%) had attitudes towards solutions available under Thai abortion law at a moderate level, followed by a high level (25.0%) and a low level (20.6%). The analysis showed that there was a significantly positive relationship between attitude towards Thai abortion law and attitude towards solutions available under Thai abortion law ($p=0.002$) and the coefficient of correlation was 0.342. It may suggest that attitude towards solution for Thai abortion law was slightly influenced by attitudes towards Thai abortion law in the same direction. The more the OB-GYN doctor had a positive attitude towards Thai abortion law, the higher level of attitude towards solution available he/she obtained.

Although, most of them thought that abortion should be performed in government hospitals by only OB-GYN doctors and 91.2% of them did not feel uncomfortable to conduct abortions, about half of them (52.9%) were unwilling to procure abortion resulting from social and economic problems. Other remarkable results showed that most of them were agreeable to perform abortion, namely, when fetal deformity had been detected or a

pregnant woman carried mental problems. From the outcome above, it may result from background knowledge of the doctors. Being a doctor, he/she was taught about how to cure and care for human's health.⁹ As a result, they did not reject conducting abortion for the sake of a woman's health and fetal health. In addition, high technology could confirm about fetal abnormalities some of which was not curable. Therefore, they tend to cure a woman's health by destroying those deformity fetuses. This conforms with the study of the Department of Health, the Ministry of Public Health, edited in Amorn and Suporn Koetsawang on "Attitude of General Doctors Towards Thai Abortion Law"; 89% of the general doctors offered the extension of legal abortion in case of fetal deformity.¹

Most of the OB-GYN doctors misunderstood two important points where abortion was illegal according to the Thai Penal code. The first one was that a physician who procures abortion for a pregnant woman with a diagnosis of fetal deformity is guilty. The second one is abortion provided for the sake of woman mental health is illegal. The current Thai abortion law does not mention or indicate abortion for the sake of fetus, and some fetal deformity led to no harm to a woman's physical health. The association between knowledge and attitude towards Thai abortion law was found significantly positive ($p = 0.004$). The coefficient of correlation was 0.342. Despite the fact that the OB-GYN doctors knew about this law, they had slightly

positive attitudes towards this law.¹² Another analysis result showed that there was no correlation between knowledge and attitude towards solutions available under Thai abortion law. It agreed with the study of Bhiromkaew (1982) on "Attitudes toward Induced Abortion".¹⁰ She found that people who knew abortion law well did not feel that abortion was immoral or shameful and their attitudes were not influenced by knowledge.

It was found that both attitudes towards Thai abortion law and the solutions available under Thai abortion law were not influenced by the participants' experiences. Although the OB-GYN doctors had experiences in (1) working as an OB-GYN doctor, (2) performing an abortion, and (3) counseling an unwanted pregnancy woman, they did not feel more positive or negative about Thai abortion law and the solution available for this law. It may come from the thought that it was their duty to perform abortion according to the law.^{6,11} Moreover, they performed abortion which was already indicated lawful for curing.²⁰ Another remarkable point was that most of participants had 1-3 years of experience and most of them are residents who were practicing and learning to further their knowledge in this field; it may be good for them to have more practice with the abortion cases.

Conclusion

More than two thirds (72.1%) of OB-GYN doctors had attitude towards Thai abortion law at a moderate level. In addition, more than half of them (54.4%) had attitudes towards solutions available under Thai abortion law at a moderate level. About half of them were aged between 20 and 29 years (54.4%) and single (52.9%). It was indicated that only 23.5% of them knew Thai abortion law at a high level.

For the analysis of correlation, it was found that an attitude of the OB-GYN doctors towards Thai abortion

law was positively related to their attitudes toward the solutions available under Thai abortion law ($p = 0.002$). The coefficient correlation was 0.361. Likewise, it was revealed that age and knowledge about Thai abortion law were positively associated with attitude towards Thai abortion law ($p < 0.05$) and the coefficient of correlation were 0.365 and 0.342. On the contrary, the result illustrated that there was no significant correlation between experience (working as OB-GYN doctors, performing abortion and counseling an unwanted pregnancy woman) and the attitude towards Thai abortion law.

Refereces

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ทัศนคติของสูตินรีแพทย์ต่อกฎหมายว่าด้วยความผิดฐานทำให้แท้งลูก และแนวทางภายใต้กฎหมาย

อมรรักษ์ บุนนาค และ สุเทพ ศิลปานันทกุล

นักวิชาการสวนวิจัยและพัฒนายุทธศาสตร์ สถาบันวิชาการทหารบกชั้นสูง, ภาควิชาวิทยาศาสตร์อนามัยสิ่งแวดล้อม คณะสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล

บทคัดย่อ: การวิจัยเชิงสำรวจนี้มีวัตถุประสงค์เพื่อศึกษาทัศนคติของสูตินรีแพทย์ต่อกฎหมายว่าด้วยความผิดฐานทำให้แท้งลูกและแนวทางเลือกภายใต้กฎหมายว่าด้วยความผิดฐานทำให้แท้งลูก อธิบายลักษณะทั่วไปและประสบการณ์ ประเมินระดับความรู้เกี่ยวกับกฎหมายว่าด้วยความผิดฐานทำให้แท้งลูก รวมทั้งประเมินความสัมพันธ์ระหว่างปัจจัยต่างๆเหล่านี้ กลุ่มตัวอย่างในการศึกษาคือสูตินรีแพทย์จำนวน 68 คนที่ปฏิบัติงานในโรงพยาบาลพระมงกุฎเกล้าและโรงพยาบาลราชวิถีในช่วงวันที่ 15 ธันวาคม 2546 ถึง 20 มกราคม 2547 เก็บรวบรวมข้อมูลโดยใช้แบบสอบถามปลายปิด วิเคราะห์ข้อมูลโดยใช้ ความถี่ ร้อยละ ค่าเฉลี่ย และส่วนเบี่ยงเบนมาตรฐานเพื่ออธิบายลักษณะของกลุ่มตัวอย่างและทดสอบสมมติฐานโดยใช้ สหสัมพันธ์ของเพียร์สันเพื่ออธิบายความสัมพันธ์ของตัวแปร ผลการวิจัยพบว่า สูตินรีแพทย์มากกว่า 2 ใน 3 หรือร้อยละ 72.1 มีทัศนคติต่อกฎหมายว่าด้วยความผิดฐานทำให้แท้งลูกอยู่ในระดับปานกลาง และสูตินรีแพทย์มีทัศนคติต่อแนวทางเลือกภายใต้กฎหมายนี้ในระดับปานกลางร้อยละ 54.4 และพบว่าสูตินรีแพทย์เพียงร้อยละ 23.5 เท่านั้นที่มีระดับความรู้เกี่ยวกับกฎหมายว่าด้วยความผิดฐานทำให้แท้งลูกอยู่ในระดับสูง ผลการวิเคราะห์ความสัมพันธ์พบว่าทัศนคติของสูตินรีแพทย์ต่อกฎหมายว่าด้วยความผิดฐานทำให้แท้งลูกมีความสัมพันธ์เชิงบวกกับทัศนคติต่อแนวทางเลือกภายใต้กฎหมายว่าด้วยความผิดฐานทำให้แท้งลูกอย่างมีนัยสำคัญทางสถิติ ($p < 0.05$) พบว่า อายุ และ ความรู้ของสูตินรีแพทย์มีความสัมพันธ์เชิงบวกกับทัศนคติของสูตินรีแพทย์ต่อกฎหมายว่าด้วยความผิดฐานทำให้แท้งลูกอย่างมีนัยสำคัญทางสถิติ ($p < 0.05$) อย่างไรก็ตาม ประสบการณ์ไม่มีความสัมพันธ์กับทัศนคติต่อกฎหมายว่าด้วยความผิดฐานทำให้แท้งลูกและทัศนคติต่อทางเลือกที่มีภายใต้กฎหมายนี้

Key Words: • สูตินรีแพทย์ • กฎหมายว่าด้วยความผิดฐานทำให้แท้งลูก • ทัศนคติ

เวชสารแพทยทหารบก 2549;59:219-30.