

Thai College Students: Unwanted Pregnancy and Abortion

BY

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THESIS

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This dissertation is dedicated to my father, mother, and older sister who always support me. I can overcome everything because of their love, support, and encouragement.

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SUMMARY

The purpose of this study was to explore Thai male and female college students' perceptions of unwanted pregnancy and abortion guided by concepts of the theory of planned behavior: attitudes toward abortion, subjective norms about abortion, perceived behavioral control of abortion, and intention to have an abortion. A cross-sectional qualitative descriptive research design was used for this exploration.

Thai college students, aged 18-24, were purposively recruited from Ramkhamhaeng University, Bangkok, Thailand to participate in an individual face-to-face digital recorded interview. A demographic data sheet was used to gather information related to age, birth date, education level, and religion. A semi-structured interview guide, based on the theory of planned behavior, consisted of 12 open-ended questions with probes that sought information about the concepts of interest. Field notes were used to note nonverbal expressions of the participants during interviewing.

After potential participants expressed a willingness to take part in the study, the researcher scheduled a convenient time and date for a private interview. All participants signed an informed consent and the confidentiality and anonymity of the participants were guaranteed. Interviews lasted 45-60 minutes. Because all transcriptions and all codes were in Thai, the researcher translated them all from Thai into English. Then, a bilingual scholar with a doctoral degree from Thailand and an UIC bilingual faculty member confirmed the back-translations of the English version into Thai. Descriptive statistics were used to analyze the demographic data. Content analysis was used to analyze the qualitative data

A total of 32 Thai male (n=16) and female (n=16) college students were individually interviewed. The age range of the 32 students was from 18 to 24 years ($M = 20.91$, $S.D = 1.63$),

SUMMARY (continued)

34.4 % of these participants were seniors, and 96.9% were Buddhist. The age range of the male students was 18 to 24 years ($M = 21$, $S.D = 1.93$), 37.5 % were seniors and 93.8% were Buddhists. The female students ranged in age from 18 to 23 years ($M=20.81$, $S.D. =1.33$), 37.5 % were sophomores and all were Buddhist.

Thai college students believed that unwanted pregnancy was a mistake made by individuals who have unprotected sex, that is did not use condom. Thai college students reported that abortion was removal of the baby, was immoral, a sin, and murder, and that abortion in Thailand were illegal. Thai students reported that they would choose an abortion under certain circumstances: being in school, not wanting their parents to find out, not having a job or money, envisioning having a poor future and having to depend on their parents for financial support of the baby. They, however, reported that they would consult their parents or close friend if they needed advice about having a baby and about having an abortion. They believed that condoms and birth control pills are easily accessible and affordable. Thai students believed that it is easy for them to abstain from having sex, but it is difficult for others to abstain from sex because others wanted to have sex and because sex is common, fun, and part of their life. Thai students thought that it would not be easy for them to have an abortion and would not be supportive of abortions because it is a sin, illegal, and immoral. Thai students reported that they plan to use both condoms and the pill to prevent pregnancy. If a pregnancy occurred, they planned to keep the baby and get married.

Though the participants reported that it would be difficult for them to abort a pregnancy, they nevertheless reported that under certain circumstances they would have an abortion. Additionally, the participants reported that they would talk to their parents about abortion and an unwanted pregnancy, but also reported that they did not want their parents to find out about their

SUMMARY (continued)

considering an abortion. Health care providers should have an open dialogue with young Thai male and female college students about sexual behaviour, especially sexual behaviour that could lead to unwanted pregnancy and abortion. Health care provider should encourage parents to talk to their young adult children about sex, the consequences of having unprotected sex and abortions. The findings can be used to lay the foundation for the development and testing of an intervention that focuses on the reduction of unwanted pregnancy among Thai college students.

I. INTRODUCTION

A. Background

The long-term goal of this study was to develop prevention strategies and effective interventions based on the theory of planned behavior (TPB) to help Thai male and female college students aged 18 to 24 years old reduce the incidence of unwanted pregnancies leading to induced abortion. In Thailand, there has been an increase in males and females under 20 years of age engaging in sexual relations without using contraception (ASTV Manager Online, 2012; Fengxue et al., 2003; Titikamchai, 2009). Thai Health Promotion Foundation (2009) reported that 24 % of Thai adolescents did not use contraception during sexual intercourse. In Thailand, the most popular form of contraception was the pill (35%), followed by female sterilization (23.7%), injectable contraceptives (14%), condoms (2.3%), and other methods (0.5%) (Thai Health Department, 2009; Thai National Statistical Office, 2009). Little is known about the contraception use of Thai young adults between 18 and 24 years.

Not using contraception during sexual intercourse has led to unwanted pregnancy and abortion. In 2007, 19.2% of Thai females with unwanted pregnancies were under the age of 20 (Thai Health Department, 2009). Unwanted pregnancy among Thai females under the age of 20 increased from 7% in 2009 to 10% in 2011 (Thai Health Promotion Foundation, 2011). Abortion in Thailand is illegal except in cases of rape or health problems. Yet abortion is prevalent in Thailand; an estimated 150,000 to 300,000 abortions occur per year (Thai Health Promotion Foundation, 2007, 2009; Whittaker, 2002; Wongviriyakorn, 2009). It was estimated that in 2007, 70% of Thai females younger than 25 years old who became pregnant had abortions (Thai

Health Promotion Foundation, 2007). In 2009, Ramathibodi Hospital, Thailand, reported that 20% of all pregnant adolescents who visited the adolescent pregnancy clinic were ages 10–24 years, 80% of them had unwanted pregnancies, and 30% had abortions (Matichon newspaper, 2009 cited in Yangyuen, 2012). Titikamchai (2009) found that abortions among young females 16–22 years old were influenced by males, who did not take responsibility for the women. In 2010, over 2,002 dead bodies of aborted babies from illegal abortions were found in the Bangkok City-Center Temple (Thai Health, 2011).

In Thai society, engaging in sexual intercourse and unwanted pregnancy are traditionally unacceptable for unmarried Thai women. Women are expected to remain virgins until their wedding day. Due to Thai social norms and gender inequity, the unmarried Thai woman has had to assume total responsibility for the pregnancy and abortion (Ratchukul, 1998).

Women have had abortions for many reasons, including not wanting to deal with unintended pregnancy, feeling incapable of raising a baby, and believing that pregnancy will interfere with their education (Fergusson, Boden, & Horwood, 2007; Finer et al., 2005). Regardless of the reason for having an abortion, physical, psychological, and economic consequences have been associated with abortion. The physical consequences have been infection, morbidity, chronic health problems, and maternal death. The psychological consequences have been fear, stress, and depression (Sitthai, 2004). Unsafe abortions cost the Thai government over 1 million dollars per year (30 million baht, Thailand) and constitute an economic consequence (Thai Health Promotion Foundation, 2007). However, there has been limited research regarding Thai college students' attitudes, subjective norms, perceived behavior control, and intentions related to unwanted pregnancy and abortion.

Based on the theory of planned behavior (Ajzen, 1991), we defined **attitude** as one's favorable or unfavorable evaluation of unwanted pregnancy and abortion; **subjective norm** as the perceived social pressure to perform or not to perform acts leading to unwanted pregnancy and abortion; **perceived behavioral control** as the perceived ease or difficulty of performing acts leading to unwanted pregnancy and abortion, and **intention** as one's plans to participate in acts that could result in unwanted pregnancy and abortion. This research is an innovative first step in the development of culturally relevant prevention strategies and interventions to reduce unwanted pregnancies and abortions. With a cross-sectional, qualitative, descriptive research design, we have explored Thai male and female college students' perceptions of unwanted pregnancy and abortion using the above concepts from the theory of planned behavior (Ajzen, 1985, 1991). Sixteen college males and 16 college females from Bangkok, aged 18 to 24 years, participated in face-to-face interviews.

B. Specific aim

The specific aim of this proposed research was to explore Thai male and female college students' perceptions of unwanted pregnancy and abortion guided by the theory of planned behavior. The proposed research addressed these research questions:

1. What were Thai male and female college students' attitudes about unwanted pregnancy?
2. What were Thai male and female college students' attitudes about abortion?
3. What were their subjective norms about unwanted pregnancy?
4. What were their subjective norms about abortion?
5. What were their perceived behavior controls about unwanted pregnancy?

6. What were their perceived behavioral controls about abortion as a solution to unwanted pregnancies?
7. What were their intentions to avoid an unwanted pregnancy?
8. What were their intentions to avoid an abortion or to have their female partner avoid an abortion related to unwanted pregnancies?

II. RELATED LITERATURE

A. Abortion

Abortion is illegal in Thailand (Konney et al., 2009; Wongviriyakorn, 2009). In Thailand, an estimated 150,000 to 300,000 abortions occur per year (Thai Health Promotion Foundation, 2007, 2009; Whittaker, 2002; Wongviriyakorn, 2009). Between 2004 and 2007, the Lerdsin Hospital Department of Medical Services, an institute that works under the Thai Ministry of Public Health, found that most women who had had illegal abortions were under the age of 25 (Titikamchai, 2009). Illegal abortions are often unsafe. Unsafe abortions have been linked to maternal mortality and morbidity (Essig, 2010). The complications of unsafe abortions can be blood loss and infection. These complications can lead to anemia, chronic pain, inflammation, and infertility (Singh et al., 2009). Abortion increases Thai women's anxiety, guilt, and depression (Ratchukul, 1998; Trerasupkul, 2006). In addition, the economic consequences of abortion include the costs of over 1 million dollars per year (30 million baht, Thailand) for unsafe abortions (Thai Health Promotion Foundation, 2007).

In Thailand, legal abortions are available in cases of rape and if the woman's health is endangered (Sedgh et al., 2011; Whittaker, 2002; Trerasubkul, 2006; Wongviriyakorn, 2009). Fengxue, Isaranurug, Nanthamongkolchai, and Wongsawas (2003) reported that 56.7% of Thai adolescents believed that it was acceptable to have an induced abortion to avoid quitting school and economic crises. In addition, those who had received information about pregnancy and induced abortion from their parents had more positive attitudes toward induced abortion and seeking health services. Females aged 20 to 29 years (55.5%) and males between 25 and 29 years

of age (94.8%) believed that women should have an abortion for unwanted pregnancies due to rape and if the woman is HIV positive (Intarakumhaeng, 2004; Sitthai, 2004, respectively).

Young Thai women have abortions because their partners and families suggest an abortion and they want to protect their reputation (Titikamchai, 2009). Similarly, Trisoongnern (2002) revealed that the women's reasons for having abortions were related to their partners' agreement to have an abortion, pregnancy being an obstacle to work, and education. Ratchukul (1998) reported that induced abortions among Thai women aged 20–24 years old were due to social norms, economic and education constraints, and low knowledge about fertility and inappropriate contraception use. Social taboos, laws, and the high cost of legal abortion services in Thailand lead to unsafe abortion (Ratchukul, 1998). However, in Thailand, little is known about attitudes, subjective norms, perceived behavioral control, and intentions related to abortion, especially in Thai college student. This study will provide information to develop prevention strategies and effective intervention to facilitate Thai male and female college students' avoidance of unwanted pregnancy and abortion. It also supports the Thai policy to promote health for age groups beyond adolescence.

B. Unsafe sex

In Thailand, only 28.2% of 11th grade students used condoms consistently (Thai Ministry of Public Health, 2010). In 2009, the Bureau of Epidemiology in Thailand reported on the prevalence of high-risk sexual behavior and HIV among adolescents (Bureau of Epidemiology, Thailand, 2011). Sexual relationships of eighth-grade male students have increased from 3.7% to 4.2% and from 2.3% to 2.6% among female students. Condom use among male students was 50.7% whereas condom use among female students was 41.5 %. In 2005–2009, the percentage of 11th-grade male students who were sexually active increased from

17.7% to 24.7%. During 2008–2009, condom use among 11th-grade female students declined. Similarly, in 2009, condom use among 11th-grade student and vocational students also declined (Thampanichawat, 2010). On the other hand, in 2012, condom use among teenage mother increases up to 27.4 % (ASTV Manager Online, 2012). Among 20-year-old vocational students, 44 % of male students and 37.4 % of female students had sexual intercourse; 51.4% of male students and 47.3% of female students reported using condom (Bureau of Epidemiology, Thailand, 2011). Prasartwanakit et al. (2009) studied the beliefs about sexual relationships among Thai adolescents in Songkhla Province. They found that 48.6 % of the adolescents believed that they could have sex with a lot of partners. The average age of having first sexual relations was 15 to 16 years old (ASTV Manager Online, 2012). Only 29.9% of males and 35.3% of females used condoms during their first sexual intercourse (Bureau of Epidemiology, Thailand, 2011).

Although early sexual activity is a risk factor for unwanted pregnancy, sexually transmitted infections (STIs) and HIV infection are other results of early sexual behavior (Ma et al., 2009). Glasier et al. (2006) identified unsafe sex as a cause of unwanted pregnancy as well as a risk for STIs and HIV infection. Sexual relationships with multiple partners and low condom use are risk factors for HIV infection among adolescents. Condom use would decrease the risk of HIV infection and STIs (Cates, 2001; Glasier et al., 2006). In Thailand, there was 376,690 cases of HIV, and it is estimated that 98,721 deaths were caused by HIV in 2011 (Bureau of Epidemiology, Thailand, 2011). Among these cases, approximately 30% were women aged 30–34, and 0.4% of AIDS cases occurred in Thai girls between 10 – 14 years old. The Ministry of Public Health in 2009 reported that approximate 0.4 % per 1,000 cases were sexual transmission infections (Thai Ministry of Public Health, 2010). The Bureau of Epidemiology in Thailand

reported that since 2006 the incidence of sexually transmitted infections among patients aged 15-24 has continue to increased (Thampanichawat, 2010).

C. Unwanted pregnancy

Learrtamnongtham (2003) and Yutchawit (2008) conducted a qualitative study and found that abortion in cases of unwanted pregnancy among Thai adolescents was the result of social norms. Moreover, they explained that Thai adolescents had little knowledge about sexual intercourse and contraceptive use. In 2010, WHO reported that there were 70 per 1,000 unplanned pregnancies among Thai adolescents under the age of 20 and the trend is increasing each year (Thampanichawat, 2010). Wongviriyakorn (2009) examined factors related to Thai women aged 15 to 20 years old with unwanted pregnancies. The results showed that a friend's advice influenced women to have an abortion, while continuing the pregnancy was decided by the woman solely.

Unwanted pregnancy results from not using contraception consistency or correctly and occasional failure (Singh et al., 2009; Intaraprasert & Boonthai, 2005). The major causes of unwanted pregnancy and unsafe abortions are lack of access to family planning and becoming sexually active during the teenage years (Becker et al., 2002; Thimthong, 2005). In Thailand, there is a high risk of unwanted pregnancy and unsafe abortions because of early sexuality, lack of knowledge of sexuality and reproduction, and a lack of access to contraception (Fengxue et al., 2003; Learrtamnongtham, 2003). Condoms are easy to use and can help prevent HIV, other sexually transmitted diseases, and unwanted pregnancy (Glasier et al., 2006).

D. Thai Culture

Because of social norms and gender inequity in Thai society, unwanted pregnancy and abortion are entirely the woman's responsibility (Ratchukul, 1998). According to Thai

culture, if a woman has a baby outside of marriage, she has to quit school to avoid stigma. However, they may return to school after delivery or transfer to other schools. Some women cannot talk about unwanted pregnancy with their families because they do not want to be punished or blamed by their families or others. Contraceptive use is considered to be for married people, not unmarried people (Tarawan, 2000, cited in Whittaker, 2002). Thus, cultural factors influence couples' contraceptive use (Srikanthan & Reid, 2007). Unwanted pregnancy is unacceptable in Thai society; women should remain virgins until their wedding day (Archavanitkul, 2011; Ratchukul, 1998; Ritnetikul, 2009; Yamarat, 2010). Thai culture disapproves of abortion because it is against Thai morals and religion. Most Thai people are Buddhist; Buddhism believes that having an abortion or killing the baby is wrong or a "sin."

E. Theoretical Framework

The theory of planned behavior (TPB) is an extension of the theory of reasoned action (TRA) (Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980). These theories focus on the theoretical constructs of attitude, subjective norm, and behavioral intention, and have been used to examine health behaviors (Ajzen, 1985, 1988, 1991; Glanz, Rimer, & Viswanath, 2008). Both models are concerned with individual motivational factors that relate to a specific behavior (Glanz, Rimer, & Lewis, 2002). Ajzen and Fishbein (1980) identified the TRA as the relationship between attitude and behavior. The TRA contained the measures of attitude, subjective norm, and behavioral intention (Fishbein, 1967). In other words, the TRA proposes that attitude and subjective norm were determinants of behavioral intention, and also that behavioral intention directly influences behavior. Intention refers to motivation, one's plan to perform a given behavior. However, some studies found that the TRA provided insufficient correspondence between attitude and behavior (Glanz, Rimer, & Lewis, 2002; Glanz, Rimer, &

Viswanath, 2008). Intention can lead to the behavior only if the behavior is under the individual's volitional control (Ajzen, 1991). Thus, the TRA had limitations in the explanation of behaviors. Behaviors require skills, opportunities, and resources to perform the behavior. As a result, Ajzen formulated the TPB, adding perceived behavioral control (PBC) as a third determinant of intention (Ajzen).

The TPB was developed to predict health behavior (Glanz, Rimer, & Viswanath, 2008). As in the original TRA (Ajzen, 1991), intention is both a predictor of behavior and an antecedent of behavior. The TRA suggested that a person who has high intentions to perform the behavior may not perform that behavior based on the situational conditions (Glanz, Rimer, & Lewis, 2002). Thus, TPB merged the idea of PBC with the TRA model such that a person will perform the behavior when their PBC increased (Ajzen, 1985, 1991). According to the TPB, attitude and subjective norm affect behavior via intention. In addition, other factors such as circumstances, skills, opportunities, and abilities can be factors that influence one to perform the behavior (Ajzen, 1985). Therefore, PBC influences both the intention toward a given behavior, and the actual behavior (Ajzen, 1991).

The theory of planned behavior (TPB) has been used to explain a variety of health behaviors, including abortion (Ajzen, 1985, 1991). Attitude toward the behavior is defined as an individual favorable or unfavorable evaluation of the behavior in question (Ajzen, 1991). Glanz, Rimer, and Viswanath (2008) stated that attitude refers to "individual's beliefs" about outcome. This means that a person, who has strong positive beliefs or values the outcome as positive, will more likely perform the behavior as an expression of the positive attitude. In contrast, a person who has strong negative beliefs or values the outcome as negative will not perform the behavior as an expression of the negative attitude (Glanz, Rimer, & Viswanath, 2008). Subjective norm is

defined as the perceived social pressure to perform or not to perform the behavior (Ajzen, 1991). That is, the perceptions of important referents such as parents and friends can sway a person toward performing or not performing the behavior. (Glanz, Rimer, & Viswanath, 2008).

Perceived behavioral control (PBC) is the perceived ease or difficulty in performing the behavior (Ajzen, 1991). PBC are related to the accessibility of needed resources, individual control over necessary personal resources, and the individual opportunities to perform the behavior (Conner & Armitage, 1998; Glanz, Rimer, & Viswanath, 2008). PBC is influenced by past experience, environment factors, and the necessary resources (Ajzen, 1985, 1991). Moreover, PBC is similar to the construct of self-efficacy, which is concerned with how a person can perform a behavior under negative or unfavorable conditions (Glanz, Rimer, & Lewis, 2002).

TPB postulates that perceived behavioral control is an important independent condition of intention, along with attitude toward behavior, and subjective norm. A favorable attitude and a favorable subjective norm will have a significant impact on an intention to perform the behavior. Also, a person who holds a greater perceived behavioral control should have high intentions to perform the behavior under consideration (Ajzen, 1991). Intention is influenced by three determinants of behavior: attitude, subjective norm, and perceived behavioral control (PBC). Intention is defined as the motivational factors or plans to perform the behavior. Intention is a predictor of how hard a person is willing to try, of how much of an effort he or she is planning to exert to perform a given behavior (Ajzen, 1991).

Janepanish, Dancy, and Park (2011) used TPB to explore the behavioral determinants of condom use for 400 Thai males, aged 20 to 39 years, who engaged in heterosexual relationships. Subjective norm and PBC were significant determinants of intention on consistent

condom use, while attitude was not a predictor of intention to use condoms consistently.

Lifflander, Gaydos, and Hogue (2007) used the TPB's concepts to explore the reasons for the high rate of unintended pregnancy for a U.S. sample of low-income women between 18 and 49 years of age. They conducted six focus groups with four to ten participants and revealed that when the woman and her partner wanted a baby, they intended to have a planned pregnancy. Unplanned pregnancies occurred when women faced several circumstances that affected their lives: whether to quit their jobs, discontinue school or get married. The researchers concluded that the advantages of planned pregnancies were being financially and emotionally ready, being happy, and having family and community support and the disadvantages were the stress of having a baby with no or minimal support and not being ready to be a parent. The primary limitation of this study is the exclusion of the woman's partner's perceptions. No known studies have been conducted using TPB to describe Thai college students' perception of unwanted pregnancy and abortion.

According to TPB, attitudes and subjective norms influence a person's behavior through intentions (Ajzen, 1985, 1988, 1991). The behavioral achievement depends on the relationship between ability (PBC) and motivation (intention). PBC can be used directly to predict both intentions to perform the behavior and the actual behavior (abortion) (Ajzen, 1985; Ajzen, 1991). Ajzen (1991) describes how attitude, subjective norm, and perceived behavioral control affect behavior through intention. Intention also would be a strong predictor of behavior, as shown in Figure 1.

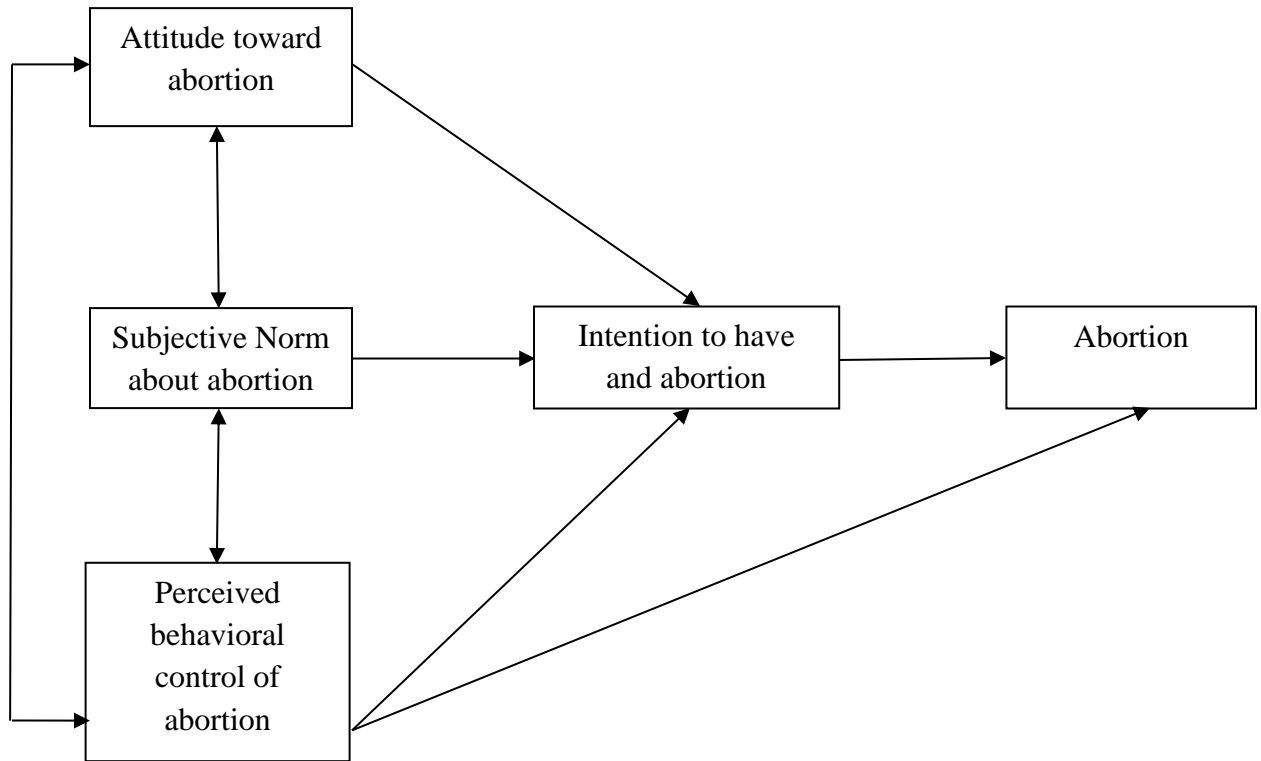


Figure 1. Theory of Planned Behavior and Abortion.

F. Innovation

There has been limited research that examines college students' attitudes, subjective norms, perceived behavior control, and intentions related to unwanted pregnancy and abortion. This is the first known study that will provide a comprehensive description of Thai college students' perceptions of unwanted pregnancy and abortion using the theory of planned behavior. Also, this proposed research is innovative because it not only includes the perceptions of Thai women, but also, Thai men. Few studies have explored comprehensively men's attitudes, subjective norms, perceived behavioral control, and intentions related to unwanted pregnancy and abortion. The perceptions of both Thai men and women will allow the development of an intervention to address unwanted pregnancy and abortion in a systematic manner for both males and females.

III. METHODS

A. Design

A cross-sectional qualitative descriptive research design was used to explore and describe Thai male and female college students' perceptions of unwanted pregnancy and abortion using the concepts from the theory of planned behavior. Qualitative descriptive studies explore phenomena and answer the questions “what” and “how” (Sandelowski, 2000, 2010) and provide a comprehensive summary of the phenomena (Sandelowski, 1998, 2000). Qualitative description provides insight into how participants understand and describe the world in which they live. This method allows the researcher to stay close to the data; it captures words and elements of events, and presents the phenomena as they are.

B. Setting and sample

Setting: Data were collected via interviews with students from Ramkhamhaeng University, a public university. In 2011, Ramkhamhaeng University had an enrollment of 140,623 males and 169,747 females (MIS: Management Information Systems, Thailand, 2011). This university is in Bangkok and admits both male and female students. The researcher enrolled 16 males and 16 females from this university.

Sample: The participants were a purposive sample of Thai male and female college students between 18 and 24 years of age. The selection criteria were: Thai college students 18 – 24 years old and speak Thai. The exclusion criteria for the study were: Thai college students younger than 18 years old or older than 24 years and students who did not speak Thai.

Sample size: The goal of this study was to achieve a sample of 32 Thai college students, both males and females, between 18 and 24 years old. According to Morse (2000) and Patton (2002) the sample size of 30–60 was adequate to yield rich data.

C. Measures

Two measures developed by the researcher were used. A demographic data sheet was used to gather age, birth date, education level, and religion. A semi-structured interview guide based on the theory of planned behavior had 12 open-ended questions with probes. The interview guide allowed for a conversational style (See Appendix B). Field notes were used to note nonverbal expressions of the participants during interviewing.

In addition to the 12 questions, 3 questions used to obtain the respondents' definitions of unwanted pregnancy and abortion. These questions were asked at the beginning of the interview.

1. Tell me what you think of when you hear the words unwanted pregnancy?
2. Tell me how you define abortion?
3. Is abortion legal in Thailand?

The interview ended with these questions:

1. Do you know anyone who has had an abortion?
2. Have you had an abortion? (For females)
3. Has your girlfriend had an abortion? (For males)

D. Procedure

After the researcher received the Institutional Review Board's (IRB) approval from the University of Illinois at Chicago and approval from the president of Ramkhamhaeng University, Bangkok, Thailand, the researcher posted flyers. Within one week, five responded to the flyer. Of these five, three met this selection criteria and agreed to participate. The researcher returned

to the setting to conduct face-to-face recruitment. Thirty-nine face-to-face recruitments were conducted; all met this selection criterion. After potential participants expressed a willingness to take part in the study, the researcher scheduled a convenient time and date for a private interview. The interviews were conducted between July and September of 2012. The researcher conducted all interviews. The researcher met with the participants to collect data in a private room at the university or other mutually agreed-upon place. The researcher explained the goals, benefits, and potential risks of this study to the participants, who signed informed consent forms before the interview was conducted. The confidentiality and anonymity of the participants was guaranteed. Participants could withdraw at any time. Interviews lasted one to two hours. The researcher and participant were the only people in the room. The researcher began by asking the participant questions from the demographic data sheet and entered the participant's answers. After the demographic questionnaire was completed, the interview started. The researcher used two digital tape-recorders. Participants were paid 100 Thai Baht, approximately US\$3, for their participation; 100 Baht can buy two meals. For the interview guide, the researcher translated the instruments into Thai with back-translation by a UIC faculty member who was a bilingual expert and speaks both Thai and English (Behling & Law, 2000; Hilton & Skrutkowski, 2002).

Trustworthiness of the data was evaluated by addressing credibility, dependability, confirmability, and transferability (Johnson, 1997; Lincoln & Guba, 1985). The researcher checked transcripts against the tape to assess completeness and accuracy. Credibility evaluated confidence in the truth of research findings, including credible conceptual interpretation of the data represented by the researcher and the constructed reality of the participant. To address credibility, the researcher and a Thai researcher with a doctorate in nursing who had experience

in qualitative research independently coded the Thai transcriptions and compared results. Any discrepancies were discussed and resolved.

Dependability referred to consistency of the research method. Dependability was the effectiveness and clarity of the research process and the consistency and repeatability of the findings. The researcher followed the process of data collection and data analysis consistently. The research procedures in this study were reported in detail so other researchers could follow and understand the study process. Also, the process and the product of the research study were verified for accuracy of data. Confirmability referred to findings that were confirmed by others. To achieve confirmability of the study, all transcripts were audited by the researcher and other scholars. An audit trail was created, which consisted of detailed record of steps taken from the beginning of the study through the development and report of the results. All information and records, including raw data and other materials, were kept in a confidential file with anonymity protected. Finally, transferability was achieved by providing sufficiently thick description to enable the reader to make transferability inferences. In this study, the field notes and verbatim transcriptions were combined for a sufficiently thick description. The researcher checked the distinctness of the meaning and concepts that the participants used to answer the research questions. This allowed other readers who were interested in the findings to transfer the conclusions of the study to other times, settings, situations, and people or to repeat the procedure of this study.

E. Data management and analysis

Because all transcriptions and all codes were in Thai, the researcher translated them all from Thai into English. Then, a bilingual scholar with a doctoral degree from Thailand or a UIC bilingual faculty member confirmed the back-translations of the English into Thai (Behling &

Law, 2000; Hilton & Skrutkowski, 2002). The outcome of this method was a description of the meaning of the Thai college students' perceptions of unwanted pregnancy and abortion; this, then, was identified as the essence of the themes. Descriptive statistics were used to analyze the demographic data. Content analysis was used to analyze the qualitative data (Sandelowski, 2000). Qualitative content analysis involved coding and categorizing the data, naming the categories, finding the patterns, and recognizing themes (Patton, 2002; Polit & Beck, 2008). Sandelowski (2000) described qualitative content analysis as establishing categories that are derived from the data. The researcher began by developing a codebook to use for data management, and then researcher transcribed the interview and field notes. During this stage, the researcher listened to the tapes repeatedly and transcribed the interviews (word-by-word). Only 32 of the 42 tapes were retrievable. This stage required the researcher to read the transcripts or read through the interview responses several times. A research assistant with a master or doctoral degree checked the transcriptions for accuracy. The Atlas ti 6.2 software program was used to manage the data. Next, the researcher used the preliminary coding and the list of categories to represent the data. Data were identified by comparing and contrasting the text. The researcher identified key words and sentences that related to the participants' narratives and tried to formulate the meaning of each statement. This process was opening codes and creating categories. The last step was the development of categorization matrixes. The researcher organized the formulated meanings into clusters of themes. Thematic analysis combined and catalogued the themes to create subthemes.

F. Strengths and limitations

The primary strength of this study is that it is the first known study of Thai female and male college students' perceptions of unwanted pregnancy and abortion guided by the theory of

planned behavior. Limitations of this study were related to the study sample size. Although the participants were a purposive selection, they were all from Bangkok, Thailand. Therefore, results from this study could not be generalized to other parts of Thailand. A causal relationship between attitudes, subjective norms, perceived behavioral control, intentions, and behavior could not be determined in this study. Future studies could be longitudinal and expanded to other areas of Thailand. Finally, including respondents other than college students would yield a more comprehensive perspective of unwanted pregnancy and abortion.

IV. Results

Using the theory of planned behavior, this qualitative study explored Thai male and female college students' perceptions of unwanted pregnancy and abortion. This chapter presents the demographic characteristic of the Thai college students followed by the results depicting attitudes, subjective norms; perceived behavioral control, and intentions related to unwanted pregnancy and abortion.

A. Demographic Characteristics

A total of 32 Thai male (n=16) and female (n=16) college students were individually interviewed. The age range of the 32 students was from 18 to 24 years ($M = 20.91$, $S.D = 1.63$), 34.4 % of these participants were seniors, and 96.9% were Buddhist. The age range of the male students was 18 to 24 years ($M = 21$, $S.D = 1.93$), 37.5 % were seniors and 93.8% were Buddhists. The female students ranged in age from 18 to 23 years ($M=20.81$, $S.D. =1.33$), 37.5 % were sophomores and all were Buddhist (See Table 1). Eighteen (56.3%, 5 males and 13 females) of the 32 participants reported that they knew people who had an abortion; 3 males and 11 females reported that these people were their friends. All 16 males reported that their girlfriends never had had an abortion, and all 16 females reported that they never had an abortion.

TABLE 1 DEMOGRAPHIC CHARACTERISTIC OF THAI COLLEGE STUDENTS

| Characteristic | Combined | | Male | | Female | |
|-----------------|----------------------------------|-------|-----------------------------------|-------|------------------------------------|-------|
| | N | % | N | % | N | % |
| | (Total =32) | | (Total=16) | | (Total =16) | |
| | M=20.91 SD=1.63, Range =18-24 | | M=21.00 SD=1.93, Range = 18-24 | | M = 20.81 SD=1.33, Range =18-23 | |
| Age | | | | | | |
| 18 | 4 | 12.5 | 3 | 18.8 | 1 | 6.3 |
| 19 | 1 | 3.1 | - | - | 1 | 6.3 |
| 20 | 8 | 25.0 | 3 | 18.8 | 5 | 31.3 |
| 21 | 6 | 18.8 | 3 | 18.8 | 3 | 18.8 |
| 22 | 9 | 28.1 | 4 | 25.0 | 5 | 31.3 |
| 23 | 2 | 6.3 | 1 | 6.3 | 1 | 6.3 |
| 24 | 2 | 6.3 | 2 | 12.5 | - | - |
| Total | 32 | 100.0 | 16 | 100.0 | 16 | 100.0 |
| Academic Year | | | | | | |
| 1 st | 6 | 18.8 | 4 | 25.0 | 2 | 12.5 |
| 2 nd | 9 | 28.1 | 3 | 18.8 | 6 | 37.5 |
| 3 rd | 6 | 18.8 | 3 | 18.8 | 3 | 18.8 |
| 4 th | 11 | 34.4 | 6 | 37.5 | 5 | 31.3 |
| Total | 32 | 100.0 | 16 | 100.0 | 16 | 100.0 |
| Religion | | | | | | |
| Buddhism | 31 | 96.9 | 15 | 93.8 | 16 | 100.0 |
| Islam | 1 | 3.1 | 1 | 6.3 | - | - |
| Christianity | - | - | - | - | - | - |
| Other | - | - | - | - | - | - |
| Total | 32 | 100.0 | 16 | 100.0 | 16 | 100.0 |

B. Attitudes toward Unwanted Pregnancy

Twenty-four (75 %) of the 32 male (n=12) and female (n=12) Thai college students believed that unwanted pregnancy was a mistake made by individuals who have unprotected sex, that is did not use condom. A male student said:

The couple might have been in love or had a relationship and had sexual intercourse, which led to an unwanted pregnancy. It happens to those who are only interested in

having fun. It is a mistake. They probably had unprotected sex. The pregnancy was unintentionally. It happened to careless individuals who have unprotected sexual intercourse.

A female student said, “The unwanted pregnancy happens because they have unprotected sex and did not prevent a pregnancy. It is a mistake.”

In regards to their beliefs about unmarried men who have fathered babies, 19 (59.4%) of the 32 Thai students believed that these men did not intend to have a baby, that they made a mistake by not preventing the pregnancy. Of these 19, seven were males and 12 were females. One male said:

I think that you should be working first before you have a child. Your life should be stable. I think that the unwanted pregnancy was a mistake and unintentional. The couple probably had unprotected sexual intercourse. It could have happened because of carelessness and promiscuity or it could have happened with an unmarried couple that was living together with plans to get married.

A female said, “I want to ask him why he did nothing to prevent the pregnancy. If he wants to have sex, he needs to determine how to prevent getting the girl pregnant.”

However, 17 (53.1 %) of the 32 participants believed that unmarried women who had babies made a mistake by not preventing the pregnancy. Of these 17, seven were males and 10 were females. A male student said, “Unwanted pregnancy is a mistake caused by having sexual intercourse before she is ready to assume the responsibility of having a baby.” A female student said:

As for the girl, I wonder why she was easy, why she had sex before she was mature enough, and why she decided not to use protection or birth control pills. She shouldn't

have gone out alone with the guy from the beginning. The mistake might have not happened had she not gone out with him. She was also careless when she failed to use condoms or birth control pills. She probably thought that she couldn't get pregnant.

C. Attitudes toward Abortion

Twenty-seven (84.4%, 13 males and 14 females) of the 32 participants reported that abortion was removal or termination. One male and female said, "It is removal of the baby" and 32 (100 %, 16 males and 16 females) reported that abortion in Thailand was "illegal" One male said, "It is illegal and the abortion clinics are illegal." One female said, "It is illegal." However, 23 (65.6%, 11 males and 12 females) of the 32 participants reported that abortion was legal in case of rape and abnormal pregnancies or being pregnant and having HIV/AIDS. One male said, "Abortion is legal in cases of rape, or there is an abnormal pregnancy." A female said, "It is legal in cases of rape and when the woman is HIV positive."

Nineteen (59.4%) of the 32 Thai male and female students believed that abortion was immoral, a sin, and murder. Of these 19, 10 were males and nine were females. One male said, "I disagree with abortion. It is a sin, illegal, immoral, and selfish." Another male said:

It is very wrong. It is murder, terrible, sin, killing, and illegal. Many people have abortion; it is not good, I do not understand if they want to have sex why they do not have protected sex. However, abortion is accepted nowadays. Many people have an abortion, nobody can stop this.

Two females said, "It is very wrong, immoral, and sin" and "I think it is a sin and hurt others. It is killing and they will feel guilty forever."

Seventeen (53.1%; seven males, 10 females) of the 32 participants believed that unmarried men who asked their girlfriends to have abortions were bad people, selfish, and

disrespectful toward woman. A male said, “He is bad and disrespect women. He made her sad and did not respect her parents.” A female said, “I think he is a bad person and irresponsible. He is selfish also. I do not want to be friend with him.” Another female said, “The guy is a horrible person, a criminal, and immoral.” Fifteen (46.9%; seven males, eight females) of the 32 participants believed that unmarried men who asked their girlfriends to have an abortions were irresponsible. A male said, “He is bad person and irresponsible.” A female said:

It does not look good. You got the woman pregnant, but you won’t take responsibility by telling her to get an abortion. It is killing an unborn child. If I was to use more vulgar terms, it is extremely despicable.

Only 13 (40.6%; five males, eight females) of the 32 Thai students believed that unmarried women who had had abortions were bad people and selfish. One male said, “She is bad person and cruel. She might have been pressured to have an abortion because her boyfriend left her or she needed to complete her schooling. She may be worried that she has to raise a baby alone.” A female said, “I would not view her as a good person. I would view her as a murderer and a criminal.”

In regard to their beliefs about circumstances under which women decide to have abortions, 22 (68.8%; 11 males, 11 females) of the 32 Thai students, thought that these women would choose to have abortions because they were still in school; they were worried about their future; they had no job, no money; and they needed their parents’ financial support. A male said, “She is worried about her future. She is in school, has no job, and wants to continue to live the single life without the burden of a baby.” A female said:

She made a mistake and was not thinking about the repercussions of committing a sin.

She just thought that she would be unable to care for the child and wasn’t ready to be a

mother while she was still in school. She was not working and was still relying on her parents' support. I think that's why she would decide to have an abortion.

Eighteen (56.3%; seven males, 11 females) of the 32 Thai students reported that another circumstance was being young, not being ready, and not intending to get pregnant. One male said: "It is unintentional. She is worried that her parents will not accept the pregnancy." A female said: "It happens when the person is in school and is not ready to be a mother."

Twenty-five (78.1%; 12 males, 13 females) of the 32 Thai students thought that men who want their girlfriends to have abortions were worried about their parents finding out about the pregnancy. A male said, "He is worried that his parents will find out and be angry. The parents may scold him." A female said, "He is worried that his parent will find out and that his parents may not accept the pregnancy. He wants to have an abortion to protect his and his family's reputation." Moreover, 17 (50%; seven males, 10 females) of the 32 Thai students believed that men who want their girlfriends to have abortions are irresponsible. A male said, "He did not want to take responsibility. He just wanted to have fun." A female said:

If he asks his girlfriend to have an abortion, it means he does not love her. Moreover, he just wants to have fun and he is not ready to take any responsibility for anybody. He wants to have another girlfriend. He has no money and no job. He also does not want the burden of raising a child.

D. Subjective Norms about Unwanted Pregnancy

Twenty-five of the 32 Thai students (78.1%; 14 males, 11 females) thought that they would consult their "parents" or "mother" if they needed advice about having a baby. Fourteen (43.8%; six males, eight females) of the 32 Thai students believed that they would talk to a "close friend."

Those individuals reporting that they would consult their parents did so because they said that their parents were the most important people in their lives, that their parents would give them good advice, and that they could talk to their parents about everything. One male said, “My parents are the best people to talk to” and one female said, “I can talk to my mother about everything. She does not scold me and she will give me good advice. She will tell me to keep the baby.” Those individuals who reported consulting with a close friend said that they would talk with a close friend because they could talk to their friend about everything. One male said, “My close friend is close to me. We go everywhere together and talk about everything.” A female said, “My close friend is also a good consultant.”

Twenty-five (78.1%; 13 males, 12 females) of the 32 Thai students said that their parents/mother would be disappointed in them and be concerned about their future, specifically if they would be able to take care of a baby, complete school and get a good job. One male said:

My parents would probably reprimand me first. They would scold me for getting a girl pregnant while still in school and having to raise a baby at that age. They could be disappointed in me. However, they would still tell me to keep the baby and get married. They wouldn't let us get an abortion.

Another male said, “My parents would be disappointment and worried about my future. They knew that I am not ready and that they have to help me raise the baby.” A female said, “My parents will be concerned about my finishing school and my future. Many people do not accept unwanted pregnancy before marriage.” Another female said:

My parents will be beside me. They might scold me about the pregnancy, but they will encourage me. They will teach me how to survive with this bad situation. They will be

concerned about my future and teach me how to take care for the baby. They would not want me to have an abortion.

E. Subjective Norms for Abortion

Eighteen (56.3%; 12 males; six females) of the 32 Thai students said that they would consult their “parents” or “mother” about having an abortion because they could talk to their parents/mothers about everything. One male said, “I can talk to my parents about everything. They are the most important people in my life.” A female said, “My parents are the best consultant and the most important people.” Also, 14 (43.8%; five males, nine females) of the 32 Thai students said that they would consult their “close friend” about having an abortion because they could talk with their close friends about everything. One male said, “My close friend would be able to help me make a good plan or suggest a place to get an abortion. However, I am sure that my friend would not want me to have an abortion.” A female said, “At least she is my friend and she would not scold me too harshly. Others would probably be harsher with me. My friend would probably help me find a good solution.”

Sixteen (50%, eight males, eight females) of the 32 Thai students believed that their parents or mother would not allow them to have an abortion and would help them to raise a baby. A male said:

I think I would listen to my parents. If they allow it, then I might get the abortion. I doubt that they would ever allow an abortion, though. They would tell me to keep the baby. My parents are generous and sympathetic. They would never allow an abortion. I think my parents would be worried about my future as well. If I had a baby and didn’t have a job, how I was going to support the child.

A female said:

My parents would never allow an abortion. They are opposed to abortions. They would be concerned about me and my baby. They would worry that I would get hurt if I went to illegal abortion clinic. I might die. My parents would tell me that they would help me raise the baby.

Four of the eight female students said that their parents would be concerned about their health if they had an abortion. One female said, “My parents will not allow me to have an abortion. They would be worried that I may die after having an abortion.”

F. Perceived behavioral control about unwanted pregnancy

Seventeen (53.1 %, eight males and nine females) of the 32 Thai students reported that they would use both condoms and the pill to prevent a pregnancy. A male said, “The man would wear a condom and the woman would take birth control pills” and a female said, “He would wear a condom and I will take birth control pills.” However, six (four males and two females) of the 32 Thai students only reported condoms to prevent a pregnancy. One male said, “I would use condoms, although it may not protect 100% against pregnancy, it can protect against sexual transmitted diseases.” A female said, “My boyfriend would wear a condom.” Also, four (one male and three females) of the 32 Thai students only reported the pill to prevent a pregnancy. One male said, “She would take birth control pills.” A female said, “Birth control pills can prevent a pregnancy, I would take it.”

Fifteen (46.9%, 10 males and five females) of the 32 Thai students believed that it is easy for men to use condoms to prevent a pregnancy because they do not want to have a baby. One male said, “If you do not want to have a baby, you should use a condom to prevent a pregnancy.” A female said, “It is easy to tell him to use condom because we do not want to have a baby.” Eleven (68.8%, 11 males) of the 16 Thai students reported that it is easy for a man to talk to his

girlfriend about using a condom. One male said, “It is easy to talk to my girlfriend to use condom because I do not want my girlfriend to get pregnant.” Eight females of the 16 Thai students said it is easy to ask their boyfriend to use a condom. A female said, “It is easy to tell him to use a condom to avoid pregnancy. I will tell him, if he refuses, I will not have sex with him.”

Moreover, they believed that condoms are easily accessible and affordable. Twenty-seven (84.4 %) of the 32 participants (13 males and 14 females) reported that condoms are accessible at stores. One male said, “We can buy condoms at the Seven Eleven store and at drug stores.” One female said, “Condoms are sold at the Seven Eleven store and drug stores.” Furthermore, twenty-eight (87.5%; 16 males, 12 females) of the 32 participants believed that condom is easy to buy. One quote from a male followed by a quote from a female exemplified this belief, “It is not difficult to buy condoms. I have bought condoms for myself and my friends. We use condom to protect ourselves too, but some people may look down on us because we are having sex. In Thai society, it is not acceptable to have sex before marriage, especially for young people.” A female said, “It is easy to buy them (condoms) and you can buy them everywhere too. I am not embarrassed to buy them even though it can be uncomfortable for females to buy condoms.” Thirty-two college students (100%, 16 males and 16 females) reported that condoms are affordable and that they have the money to buy condoms. A male indicated that, “condoms are not expensive. They are both cheap ones and expensive ones to choose from”, while a female said, “Yes, I can buy them... They are not expensive.”

They also believed that birth control pills are accessible and affordable. Twenty-seven (84.4 %) of the 32 participants (11 males and 16 females) believed that they can get birth control pills at drug stores. One male said, “We can buy birth control pills at any drug stores.” And one

female said, “Birth control pills are sold at drug stores, clinics, hospital, and health center.”

Twenty-eight (87.5%, 16 males, 12 females) of the 32 participants believed that birth control pills are easy to buy. A man said, “It is easy to buy them (birth control pills) even though I am embarrassed to buy them, because people may look down on me for having sex.” One female said, “It is easy to buy them, but when I buy them I feel embarrassed because it is not common for female to buy birth control pills.” Thirty-two college students (100%, 16 males and 16 females) reported that they have the money to buy birth control pills. A male said, “Pills are not expensive”, and a female said, “I can buy pills because they are very cheap, but I feel embarrassed when people look down on me because they think I am having sex.”

In regard to their beliefs about woman taking birth control pills to prevent pregnancy, 20 (62.5%; 9 males, 11 females) of the 32 Thai students, thought that it is easy for women to use birth control pills. The women thought it was easy because they could get it from the pharmacy and if they had questions they could talk to the pharmacist. The men reported that it was easy to make sure the women used birth control pills. One male said, “Just asks her. It is not hard; I ask her every day if she took the pill.” A female said, “It is easy for me to take the pill. If I need to have sex I would protect myself. I can ask pharmacist how to take it.”

In addition, 23 (71.9%; 11 males, 12 females) of the 32 Thai students said that it is easy to abstain from having sex. One male said, “It is easy not to have sex because we need to know each other first, we need to learn about each over an extended period of time before having sex.” Another male said, “It is easy not to have sex. My girlfriend and I can work out; we can swim, ride our bike, and run instead of having sex.” A female said, “It is easy because I do not want to have sex before marriage. I have to obey my parents’ teaching. They have taught me not to have

sex before marriage.” Another female said, “It is easy not to have sex. I am not interested in having sex. I have a boyfriend who is a friend without having sex.”

Also, 29 (90.6%, 15 males, 14 females) of the 32 Thai students said that it is difficult for others to abstain from sex because they want to have sex, and sex is common, fun, and part of their life. Twenty-three of the 29 Thai students (13 males, 10 females) blamed the mass media for promoting sex. One man said, “It is not easy for people to not have sex because of the mass media that are seductive. There are pornographic images and videos that encourage people to have sex. Society condoms free sex.” Another male said:

It is hard not to have sex for many men because of the mass media that arouse men to want to have sex with woman. There are sexy pictures of women on the internet.

Nowadays, having sex before marriage in Thailand is common.

One female said, “It is hard for many females because they love their boyfriend and do not want their boyfriend to be angry.” Another female said, “It is hard not to have sex for many females nowadays because they are curious about sex. They are proud of having sex with many guys.”

G. Perceived behavioral control toward abortion

Twenty-one (65.6 %, eight males and 13 females) of the 32 Thai students thought that it would not be easy for them to have an abortion. A male said, “It would be hard to have an abortion. I do not want to do it because it is a sin.” A female said, “It would be hard to have an abortion because it is painful and I may die. It is a sin and illegal.”

Seventeen (53.1%, eight males and nine females) of the 32 Thai students believed that it would be hard to find a place to have an abortion. One male said, “It would be hard; I have no idea where to find a place. I do not dare to ask others because they may look at me negatively.” A female said, “It would be hard to find a place for an abortion; I have no idea where one is.”

Nineteen (59.4 %, 13 males and six females) of the 32 participants also said that it would be hard to discuss terminating a pregnancy with their partner. One male said, “It would be hard to talk about abortion with my girlfriend because I would feel sad that I killed my baby.” A female student said, “It would be hard to talk about abortion with my boyfriend because I am the mother, and I would feel sad that I killed my baby.”

Moreover, 24 (75%, 13 males and 11 females) of the 32 college students reported that it would be difficult for them to be supportive of abortions because abortion is a sin and immoral. A male said, “It would be hard for me to support my girlfriend if she wanted to have an abortion because it is immoral. I would take responsibility as the father.” A female said, “It would be hard to get support from him [the boyfriend] because he would worry about my health after having an abortion. He would feel sad about killing the baby.”

Finally, 16 (50%; nine males, seven females) of the 32 participants reported that both the male and female should share the cost of an abortion. A male said, “Both the male and female would share the cost together” and a female said, “Both the male and female would share the cost.” Also, thirteen (40.6%, five males and eight females) of the 32 participants thought that the male and not the female should pay for the abortion.

H. Intention to avoid unwanted pregnancy and abortion

Eighteen (56.3%, 10 males and eight females) of the 32 Thai students reported that they plan to use both condoms and the pill to prevent pregnancy. For example, a male stated that he would “use condoms and pills” and a female said she would “use condoms and take birth control pills.” Five (three males and two females) of the 32 Thai students reported they plan to use condoms only to prevent pregnancy, and three females stated they would take the pill to prevent a pregnancy, they did not mention using condoms.

Ten (31.3%, six males and four females) of the 32 Thai students believed that the strategies to prevent having an abortion were to abstain or have protected sex. One male said, “The best way is not to have sex.” Another male said, “Use condoms.” A female said, “Don’t have sex. Think about parents’ teaching and think about Buddha’s teaching.”

All 32 participants reported that they planned to keep the baby if a pregnancy occurred. They would not give their baby to foster care. Twenty-nine (90.6%, 13 males and 16 females) of the 32 Thai students reported they would not give their baby to a family member. A male said, “I won’t give my baby to my parents. They will help me raise my baby if I have to work and go to school.” A female said, “I do not want to give my baby to my parents. They will help me to take care of my baby sometimes.”

Twenty-eight (87.5%, 14 males and 14 females) of the 32 Thai students reported that they might have an abortion, especially, if they are not ready to have a baby and were still in school. A male said, “I would think about abortion immediately if I am in school,” and a female said, “I would think about abortion immediately if I want to continue my study. I would worry that my parents would find out that I am pregnant.”

Thirty-one (96.9%, 16 males and 15 females) of the 32 participants reported that they would not terminate the relationship with their partners if a pregnancy occurred, primarily because the man would take responsibility for the pregnancy. A male said, “I won’t leave her; it is my responsibility,” and a female said, “I won’t leave him unless he is not responsible for his actions.” Twenty-seven (84.4%, 14 males and 13 females) of the 32 Thai students reported that they would get married.

V. Discussion

A convenience sample of 16 Thai college males and 16 Thai college females, with a mean age of 20.91 years from Bangkok, Thailand, reported their attitudes toward unwanted pregnancy and abortion, subjective norms for unwanted pregnancy and abortion, perceived behavioral control toward unwanted pregnancy and abortion, and their intentions to avoid unwanted pregnancy and abortion. It is estimated that Thai women aged 15-49 years have between 150,000 and 300,000 abortions' yearly (Intaraprasert & Boonthai, 2005; Prohm, 2009; Thai Health Promotion Foundation, 2007, 2009; Whittaker, 2002; Wongviriyakorn, 2009). As such, it was not surprising that 56.30 % of the male sample and 81.25 % of the female sample in this study knew of someone who had had an abortion. More of the female sample in this study knew someone who had an abortion compared to 52% of Thai females aged 15-20 years in Yangyuen's study (2012).

Male and female Thai college students in this study had similar attitudes about unwanted pregnancy. The majority of these students believed that unwanted pregnancies happened to those who made a mistake, those who did not intend a pregnancy, and those who failed to use contraceptive, specifically, a condom. Condom use is one of the best methods to prevent unwanted pregnancy (Glasier et al., 2006). Failure to use condoms or inconsistent condom use resulted in unwanted pregnancy for Thai youth aged 13-23 years (Chunuan et al., 2012; Intaraprasert & Boonthai, 2005; Singh et al., 2002; Chatchawats, 2009). Lack of knowledge about contraception use-- not knowing how to protect themselves from getting pregnant-- was the primary reason for not using condoms for Thai women aged 17-23 years (Manowant, 2010), for Thai college female students (Yutchawit & Yutchawi, 2008) and for 40% of the 70 Thai

women aged of 12-23 years in Mahasarakham Hospital,(Sirithanawutichai, Rangsoi, Intaranongpai, & Kuasit, 2008). Moreover, according to Learttamnongthan (2003), Yutchawit and Yutchawit (2008), and Manowant (2010) Thai young adults have little knowledge about contraception before they have sex.

Consistent with Thai laws, the majority of participants reported that abortion in Thailand was illegal. They, however, believed that abortion was legal and acceptable only in cases of rape and when women had abnormal pregnancies or HIV. In Thailand, women can have a legal abortion in cases of rape or when their life is endangered (Sedgh et al., 2011; Whittaker, 2002; Trerasubkul, 2006; Wongviriyakorn, 2009). Besides viewing abortions as illegal, they believed that abortion was a sin, murder, and immoral, consistent with Buddhism, the major religion in Thailand. Buddhism views abortion as murder and cruel and thus a sin, immoral and a bad karma. Tatong (1996) reported that Buddhism asserts that life begins in the womb and that the baby is a spiritual being at conception. Buddhism does not accept the taking of a human life and people who had an abortion are banned from society (Detkittikhajohn, 2010; Intarakumhaeng, 2004; Ratchukul, 1998; Sitthai, 2004; Sripramai, 1994; Thaokaen, 2010; Thongmak, 2007; Trerasubkul, 2006; Whittaker, 2002; Wongviriyakorn, 2009).

Most of the participants in this study reported that males who made their girlfriends have abortions were bad people and very selfish, whereas fewer than half of all participants believed that females having abortions were bad persons. The majority of both males and females reported that being in school was a key reason for having an abortion, similar to findings for Thai pregnant women aged 15-20 years (Wongviriyakorn, (2008), Thai male medical students' aged 20-25 years (Trisoongnern, 2002), Thai women aged 15-25 years (Learttamnongtham, 2003), Thai women aged 13 years and older (Chunuan et al., 2012), Thai females aged 16-22

years (Titikamchai, 2009), and Thai adolescents aged 15-19 years (Fengxue, Isaranurug, Nanthamongkolchai, & Wongsawas, 2003).

Not having a job or money was another reason for abortion reported by the participants in this study. Previous studies have revealed that financial problem was a reason to terminate a pregnancy for both Thai males and females (Chunuan et al., 2012, Fengxue, Isaranurug, Nanthamongkolchai, & Wongsawas, 2003; Learrtamnongtham, 2003; Titikamchai, 2009; Trisoongnern, 2002; Wongviriyakorn, 2008). Many Thai women who were young and still in school needed their parents' financial support (Titikamchai, 2009) because of insufficient income for a baby (Chunuan et al., 2012).

A third reason for an abortion reported by the participants in this study was their concern that their parents would find out; they thought that their parents might not accept the pregnancy. This is consistent with Wongviriyakorn's results (2008) that revealed that Thai women aged 15–20 with unwanted pregnancies were stressed because they worried that their parents might be angry and not accept the pregnancy. Chunuan et al. (2012) also reported that Thai females feared that their parents would not accept the pregnancy. Moreover, to protect their family reputation was a reason to terminate the pregnancy for the participants in this study consistent with the findings of Chunuan et al. (2012), Tithikamchai (2009), and Wongviriyakorn (2008), who reported that Thai women chose abortion to protect their families' reputations.

In this study, the Thai male and female students reported that their parents would be the people who would advise them about whether to have an abortion, and as such would be influential in their decision to have an abortion. These results are similar to results for Thai females aged 16-22 years who had an abortion (Titikamchai, 2009), Thai male medical students (Trisoongnern, 2002), Thai women (Wongviriyakorn, 2008; Chunuan, 2012), and Thai male and

female college students (Thaokaen, 2010). Friends would also be influential in their decision making to have an abortion, similar to findings of Thai women (Chunuan, 2012; Sirithanawuttiichai et al., 2008; Wongviriyakorn, 2008) and of Thai male and female college students (Thaokaen, 2010).

This is the first study to report on perceived behavioral control toward unwanted pregnancy, specifically the participants' belief that condoms and birth control pills are easily accessible and affordable. In Thailand, a woman does not need a prescription to obtain birth control pills. Over 2/3 of the males and 1/2 of the females thought that it would be easy to talk to their partners about using contraceptives. In contrast, they reported that it would be difficult to find places to have an abortion; they had no idea where these places were located. Chunuan et al. (2012) revealed that abortions were typically performed at personal house/dormitory room (84 %), illegal abortion clinics (31 %), clinics (12 %), and other undisclosed locations (16 %). Furthermore due to religious reasons, the participants in this study would find it hard to have an abortion because it was a sin, similar to the results from Sirithanawuttichai et al. (2008).

Similar to findings from Chatchawet (2009) that the man would be responsible for paying for the abortion, 50% of the sample in this study also believed that the man should pay. However, nearly 41% of this sample believed that both the man and woman should be financially responsible, similar to findings from Sitthai (2004) and Thaokaen (2010).

The participants in this study reported that they intended to use both condoms and the pill to prevent a pregnancy and if a pregnancy occurred, they would not abort, but would keep their baby. However, intending not to abort was contingent on whether they were still in school and whether they were ready to have a baby for 87.5% of the participants and on whether the male partner assumed responsibility for the pregnancy for 96.9% of the participants. These

contingencies were also reported by Chunuan (2012), Titikamchai (2009) and Wongviriyakorn (2008).

A. Implication for Practice

Health care providers should have an open dialogue with young Thai male and female college students about sexual behaviour, especially sexual behaviour that could lead to unwanted pregnancy and abortion. Given that the pill and condoms are easily accessible and affordable, according to the participants in this study; health care providers need to provide information about family planning, especially the correct use of the pill and condoms. Health care providers should emphasize that the pill is to be used as prescribed and that condoms are to be used correctly and consistently to be effective. Even though, the participants reported that it would be difficult for them to abort a pregnancy, they nevertheless reported that under certain circumstances they would have an abortion. These circumstances were being in school, not being ready for a baby, and the male not assuming responsibility for the pregnancy. Health care providers need to be especially cognizant of these circumstances and caution students to be vigilant in protecting themselves against potential unwanted pregnancy to avoid the possibility an abortion. Health care provider should encourage parents to talk to their young adult children about sex, the consequences of having unprotected sex, and abortions. It may be necessary for health care providers to provide parents training in communicating with their adult children about sex.

B. Implication for Research

The findings can be used to lay the foundation for the development and testing of an intervention that focuses on the reduction of unwanted pregnancy among Thai college students, specifically promoting attitudes to foster the use of family planning; enhancing subjective norms

to provide a network of family members and friends who advocate for healthy sexual behaviors; facilitating perceived behavioral control through the development of communication and negotiation skills to nurture healthy sexual behavior; and increasing intentions to practice behaviors that would reduce unwanted pregnancy and thus the need for abortions. Researchers will need to develop and test instruments to measure attitudes, subjective norms, perceived behavioural control, and intentions related to unwanted pregnancy and abortion. These instruments can be used to determine if the theoretical relationship among the concepts of theory of planned behaviour are empirically supported. Interestingly in a study of Thai men with a mean age of 28.71 years who lived in Bangkok, Janepanish, Dancy, and Park (2011) tested the concepts of theory of planned behaviour and disclosed that attitudes about condom use did not predict consistent use. However, subjective norms and perceived behavioural control related to consistent condom use predicted consistent use, and intention served as a mediator of subjective norms and perceived behavioural control on consistent condom use. Research is needed to provide empirical evidence of the relationship of the concepts of the theory of planned behaviour regarding unwanted pregnancy and abortion.

Within the context of high prevalence of abortion in Thailand, most participants in this study reported that condoms and birth control pills are accessible and affordable. More research is needed to explore the reasons for this high prevalence given that condoms and birth control pills are easily accessible and affordable. Qualitative research with a population of Thai college male and female students who had personal experience themselves with abortion could provide additional insight into attitudes, subjective norms, perceived behavioural control, and intentions related to unwanted pregnancy and abortion.

C. Limitations

This is the first known study guided by the concepts of the theory of planned behavior that explored comprehensively Thai male and female college students' attitudes, subjective norms, perceived behavioral control, and intentions related to unwanted pregnancy and abortion. Few studies have focused on Thai males' perceptions of unwanted pregnancy and abortion. As such, this study is innovative in seeking both genders' perceptions. Given these strengths, there are several limitations. The focus was on college students, and consequently other Thai populations may have different perceptions about unwanted pregnancy and abortion. The data were collected at one point in time. Longitudinal data may have revealed a more comprehensive description of these participants' perceptions related to unwanted pregnancy and abortion. This qualitative descriptive research design was not designed to disclose causal relationship between attitudes, subjective norms, perceived behavioural control, intentions, and behaviour. None of the females in the study reported that she had had an abortion and none of the males reported that their female partner had had an abortion. Self-report of having had personal experience with abortion may constitute sensitive information and participants may be uncomfortable providing this information in a face-to-face interview.

D. Conclusions

Given that the vast majority of Thai college male and female students in this study reported that they were Buddhist and that abortion in Thailand is illegal except in specified cases, they nevertheless reported that under certain circumstances they would have an abortion. Key influential leaders, including parents, religious leaders, and leaders in the health care systems, and policy makers, should collaboratively create an environment conducive to open communications about sexuality. These communications should be designed to assist these

students develop healthy sexual behaviours that would reduce and/or prevent negative outcomes, such as unwanted pregnancies and abortions.

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APPENDICES

Appendix A
DEMOGRAPHIC DATA SHEET

Today's date...../...../.....
Mo. Day Year

1. How old are you?.....years old

2. What is your birthday?...../...../.....
Mo. Day Year

3. What is your current level of education?

.....1st year of college

.....2nd year of college

.....3rd year of college

.....4th year of college

4. What is your religion?

1. Buddhist

2. Islam

3. Christian

4. Other.....

Appendix B

INTERVIEW GUIDE

| Research Questions | Theoretical Concept | Interviews Questions | |
|--|------------------------|--|--|
| | | Males | Females |
| 1. What are Thai male and female college students' attitudes about unwanted pregnancy? | Attitudes | <p>1. Tell me your thoughts about an unwanted pregnancy.</p> <p><u>Probes:</u></p> <p>a. Tell me what you think about an unmarried man your age having a baby.</p> <p>b. Tell me what you think about an unmarried woman your age having a baby.</p> | <p>1. Tell me your thoughts about an unwanted pregnancy.</p> <p><u>Probes:</u></p> <p>a. Tell me what you think about an unmarried man your age having a baby.</p> <p>b. Tell me what you think about an unmarried woman your age having a baby.</p> |

Appendix B (continued)**INTERVIEW GUIDE**

| Research Questions | Theoretical Concept | Interview Questions | |
|--|------------------------|---|---|
| | | Males | Females |
| 2. What are Thai male and female college students' attitudes about abortion? | Attitudes | <p>2. Tell me your thoughts about abortions.</p> <p><u>Probes:</u></p> <p>a. Tell me what you think about an unmarried man your age asking his girlfriend to have an abortion.</p> <p>b. Tell me what you think about an unmarried woman your age having an abortion.</p> | <p>2. Tell me your thoughts about abortions.</p> <p><u>Probes:</u></p> <p>a. Tell me what you think about an unmarried man your age asking his girlfriend to have an abortion.</p> <p>b. Tell me what you think about an unmarried woman your age having an abortion.</p> |

Appendix B (continued)**INTERVIEW GUIDE**

| Research Questions | Theoretical Concept | Interview Questions | |
|--|---------------------------|---|---|
| | | Males | Females |
| | | <p>c. Under what circumstances is it OK for a woman to have an abortion?</p> <p>d. Under what circumstances is it OK for a man to ask his girlfriend to have an abortion?</p> | <p>c. Under what circumstances is it OK for a woman to have an abortion?</p> <p>d. Under what circumstances is it OK for a man to ask his girlfriend to have an abortion?</p> |
| 3. What are their subjective norms about unwanted pregnancy? | Perceived social pressure | 3. Pretend that your girlfriend is pregnant and you do not want the baby. Whom would you go to for advice? | 3. Pretend that you are pregnant and you do not want the baby. Whom would you go to for advice? |

Appendix B (continued)**INTERVIEW GUIDE**

| Research Questions | Theoretical Concept | Interview Questions | |
|--------------------|------------------------|---|--|
| | | Males | Females |
| | | <u>Probes:</u> a. Why would you go to this person for advice? b. Are there other people you would want to talk to? 4. What would important people in your life have to say about the pregnancy? <u>Probes:</u> a. What would they think of you? b. How are these people related to you? | <u>Probes:</u> a. Why would you go to this person for advice? b. Are there other people you would want to talk to? 4. What would important people in your life have to say about the pregnancy? Probes: a. What would they think of you? b. How are these people related to you? |

Appendix B (continued)**INTERVIEW GUIDE**

| Research Questions | Theoretical Concept | Interview Questions | |
|--|---------------------------|---|---|
| | | Males | Females |
| 4. What are their subjective norms about abortion? | Perceived social pressure | <p>5. Continue to pretend your girlfriend is pregnant and you do not want the baby. You and your girlfriend are now thinking about having an abortion. Whom would you go to for advice?</p> <p><u>Probes:</u></p> <p>a. Why would you go to this person for advice?</p> <p>b. Are there other people you would want to talk to?</p> | <p>5. Continue to pretend you are pregnant and you do not have a baby. You and your boyfriend are now thinking about having an abortion. Whom would you go to for advice?</p> <p><u>Probes:</u></p> <p>a. Why would you go to this person for advice?</p> <p>b. Are there other people you would want to talk to?</p> |

Appendix B (continued)

INTERVIEW GUIDE

| Research Questions | Theoretical Concept | Interview Questions | |
|--|-----------------------------|--|---|
| | | Males | Females |
| | | <p>6. What would important people in your life have to say about the abortion?</p> <p><u>Probe:</u> Tell me what they would think of you.</p> <p>a. How are these people related to you?</p> | <p>6. What would important people in your life have to say about the abortion?</p> <p><u>Probe:</u> Tell me what they would think of you</p> <p>a. How are these people related to you?</p> |
| 5. What are their perceived behaviors controls about unwanted pregnancy? | Perceived behavior controls | <p>7. Tell me what things would make it is easy to avoid getting your girlfriend pregnant.</p> <p><u>Probes:</u></p> <p>a. What things do you need to help you not get your girlfriend pregnant?</p> | <p>7. Tell me what things would make it is easy to avoid getting pregnancy.</p> <p><u>Probes:</u></p> <p>a. What things do you need to do to not get pregnant?</p> |

Appendix B (continued)**INTERVIEW GUIDE**

| Research Questions | Theoretical Concept | Interview Questions | |
|--------------------|------------------------|---|---|
| | | Males | Females |
| | | b. How easy is it for you to use a condom to avoid a pregnancy? c. Where would you go to get condoms? d. Where would you go to get birth control pills for your girlfriend? e. Can you afford to buy condoms? f. Can you afford to buy birth control pills for your girlfriend? g. Is it easy to buy condoms? h. Is it easy to buy birth control pills? | b. How easy is it for you to tell your boyfriend to use a condom to avoid a pregnancy? c. Where would you go to get condoms? d. Where would you go to get birth control pills? e. Can you afford to buy condoms? f. Can you afford to buy birth control pills? g. Is it easy to buy condoms? |

Appendix B (continued)**INTERVIEW GUIDE**

| Research Questions | Theoretical Concept | Interview Questions | |
|--------------------|------------------------|--|---|
| | | Males | Females |
| | | <p>i. How easy is it for you to tell your girlfriend that you want to use a condom to avoid a pregnancy?</p> <p>j. How easy is it for you to make sure your girlfriend uses birth control pills?</p> <p>8. How easy is it for you to not have sex to avoid a pregnancy?</p> <p><u>Probe</u>: How hard is it for a man your age not to engage in sex?</p> | <p>h. Is it easy to buy birth control pills?</p> <p>i. How easy is it for you to make sure your boyfriend uses a condom?</p> <p>j. How easy is it for you to use birth control pills?</p> <p>8. How easy is it for you to not have sex to avoid a pregnancy?</p> <p><u>Probe</u>: How hard is it for a woman your age not to engage in sex?</p> |

Appendix B (continued)**INTERVIEW GUIDE**

| Research Questions | Theoretical Concept | Interview Questions | |
|---|-----------------------------|--|---|
| | | Males | Females |
| 6. What are their perceived behavior controls about abortion as a solution to unwanted pregnancies? | Perceived behavior controls | <p>9. If you and your girlfriend have an unwanted pregnancy, how easy would it be for you and your girlfriend to have an abortion?</p> <p><u>Probes:</u></p> <p>a. How easy is it for you to find a place to have an abortion?</p> <p>b. How easy is it for you to talk with your girlfriend about having an abortion?</p> | <p>9. If you have an unwanted pregnancy, how easy would it be for you to have an abortion?</p> <p><u>Probes:</u></p> <p>a. How easy is it for you to find a place to have an abortion?</p> <p>b. How easy is it for you to talk with your boyfriend about having an abortion?</p> |

Appendix B (continued)**INTERVIEW GUIDE**

| Research Questions | Theoretical Concept | Interview Questions | |
|--|------------------------|---|---|
| | | Males | Females |
| | | <p>c. How easy would it be for you to support your girlfriend having an abortion?</p> <p>d. How would you and your girlfriend pay for the abortion?</p> | <p>c. How easy would it be for you to get support from your boyfriend to have an abortion?</p> <p>d. How would you and your partner pay for the abortion?</p> |
| 7. What are their intentions to avoid an unwanted pregnancy? | Intentions | <p>10. Tell me about your plans to avoid getting your girlfriend pregnant.</p> <p><u>Probe:</u> What are your plans to avoid a pregnancy?</p> | <p>10. Tell me about your plans to avoid a pregnancy.</p> <p><u>Probe:</u> What are your plans to avoid a pregnancy?</p> |

Appendix B (continued)**INTERVIEW GUIDE**

| Research Questions | Theoretical Concept | Interview Questions | |
|---|------------------------|--|---|
| | | Males | Females |
| 8. What are their intentions to avoid an abortion or to have their female partners avoid an abortion related to unwanted pregnancies? | Intentions | <p>11. Tell me what your plans are to avoid being in a situation where you would have to consider an abortion.</p> <p>12. If you and your girlfriend had an unwanted pregnancy tell me what you would plan to do.</p> <p><u>Probes:</u></p> <p>a. Would your plans include having an abortion?</p> | <p>11. Tell me what your plans are to avoid being in a situation where you would have to consider an abortion.</p> <p>12. If you and your boyfriend had an unwanted pregnancy tell me what you would plan to do.</p> <p><u>Probes:</u></p> <p>a. Would your plans include having an abortion?</p> |

Appendix B (continued)**INTERVIEW GUIDE**

| Research Questions | Theoretical Concept | Interview Questions | |
|--------------------|------------------------|---|--|
| | | Males | Females |
| | | b. Under what circumstances would you plan to have your girlfriend get an abortion? c. Would your plans include giving the baby to a family member? d. Would your plans include giving the baby to an adoption agency or foster home? e. Would your plans include marriage? f. Would your plans include keeping the baby? | b. Under what circumstances would you plan to get an abortion? c. Would your plans include giving the baby to a family member? d. Would your plans include giving the baby to an adoption agency or foster home? e. Would your plans include marriage? f. Would your plans include keeping the baby? |

Appendix B (continued)**INTERVIEW GUIDE**


| Research Questions | Theoretical Concept | Interview Questions | |
|--------------------|------------------------|---|--|
| | | Males | Females |
| | | g. Would your plan include leaving your girlfriend? | g. Would your plan include leaving your boyfriend? |

Appendix C

FIELD NOTE

Date.....

| During interviewing | Activities/Expression |
|---------------------|-----------------------|
| Eye contacts | |
| Tone of voice | |
| Facial expression | |
| Others | |

Appendix D**LETTER OF SUPPORT FROM RAMKHAMHAENG UNIVERSITY**

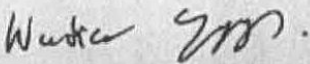
No. 0518.01/ 2114

Ramkhamhaeng University
Huamak, Bangkok, Bangkok 10240
, 2012

Dear Ms. Paveenapat Nithitantiwat

I have received your letter dated May 7, 2012. Ramkhamhaeng University is pleased to inform you that you are permitted to conduct student interviews on our campus under the conditions stated in your letter.

Sincerely yours,



Assf. Prof. Wutisak Lapcharoensap
President

Office of the President
Tel. +66 2310 8118
Fax. +66 2310 8022

Appendix E

DEMOGRAPHIC DATA SHEET (THAI VERSION)

ข้อมูลทั่วไป

วันที่.....

1. ท่านอายุเท่าไร?.....ปี.....เดือน
2. วันเดือนปีเกิด.....
3. ระดับการศึกษาของท่าน.....ชั้นปีที่ 1,... ..ชั้นปีที่ 2,... ..ชั้นปีที่ 3,... ..ชั้นปีที่
4. ท่านนับถือศาสนาอะไร

.....ศาสนาพุทธ

.....ศาสนาอิสลาม

.....ศาสนาคริสต์

.....ศาสนาอื่นๆ.....

Appendix F

INTERVIEW GUIDE (THAI VERSION)

คำถามก่อนการเริ่มสัมภาษณ์

1. คุณคิดถึงอะไรเมื่อได้ยินคำว่า การตั้งครรภ์ไม่พึงประสงค์
2. คุณให้ความหมายของการทำแท้งอย่างไร
3. การทำแท้งในเมืองไทยถูกกฎหมายหรือไม่

คำถามสัมภาษณ์

สำหรับผู้ชาย

1. บอกความคิดเห็นเกี่ยวกับการตั้งครรภ์ไม่พึงประสงค์

คำถามเจาะจง

- a. คุณคิดเห็นอย่างไรเกี่ยวกับผู้ชายวัยเดียวกับคุณที่ยังไม่แต่งงานกำลังจะมีบุตร
- b. คุณคิดเห็นอย่างไรเกี่ยวกับผู้หญิงวัยเดียวกับคุณที่ยังไม่แต่งงานกำลังจะมีบุตร
2. บอกความคิดของคุณเกี่ยวกับการทำแท้ง

คำถามเจาะจง

- a. คุณคิดเห็นอย่างไรเกี่ยวกับผู้ชายวัยเดียวกับคุณที่ยังไม่แต่งงานบอกแฟนของเขาให้ทำแท้ง
- b. คุณคิดเห็นอย่างไรเกี่ยวกับผู้หญิงวัยเดียวกับคุณที่ยังไม่แต่งงานกำลังจะทำแท้ง
- c. ภายใต้สถานการณ์อะไรที่ผู้หญิงจะมีการทำแท้งได้
- d. ภายใต้สถานการณ์อะไรที่ทำให้ผู้ชายร้องขอให้แฟนทำแท้ง
3. สมมุติว่าแฟนของคุณกำลังตั้งท้องและคุณไม่ต้องการมีบุตร ใครที่คุณควรจะไปขอคำปรึกษา

คำถามเจาะ

- a. ทำไมคุณจะไปขอคำปรึกษาจากบุคคลดังกล่าว
- b. ยังมีบุคคลอื่นๆที่คุณต้องการจะขอคำปรึกษาหรือไม่
4. บุคคลที่สำคัญที่สุดในชีวิตคุณจะพูดอะไรเกี่ยวกับการตั้งครรภ์

คำถามเจาะจง

- a. อะไรเป็นสิ่งที่พวกเขาเป็นห่วงเกี่ยวกับคุณ
- b. คนเหล่านี้มีความเกี่ยวข้องกับคุณอย่างไร

Appendix F (continued)

INTERVIEW GUIDE (THAI VERSION)

5. สมมุติว่าแฟนของคุณกำลังตั้งท้องและคุณไม่ต้องการมีบุตร คุณและแฟนกำลังคิดเรื่องการทำแท้ง ใครที่คุณควรจะขอคำปรึกษา

คำถามเจาะจง

- a. ทำไมคุณจะไปขอคำปรึกษานุคคลดังกล่าว
 - b. ยังมีบุคคลอื่นๆที่คุณต้องการจะขอคำปรึกษาหรือไม่
6. บุคคลที่สำคัญที่สุดในชีวิตคุณจะพูดอะไรเกี่ยวกับการตั้งครรภ์

คำถามเจาะจง อะไรเป็นสิ่งที่พวกเขาเป็นห่วงเกี่ยวกับคุณ

- a. คนเหล่านี้มีความเกี่ยวข้องกับคุณอย่างไร
7. บอกวิธีการง่ายๆในการหลีกเลี่ยงไม่ให้แฟนของคุณเกิดการตั้งครรภ์

คำถามเจาะจง

- a. ถ้าต้องมีเพศสัมพันธ์ อะไรเป็นสิ่งที่你必须ทำให้แฟนคุณตั้งท้อง
 - b. การใช้ถุงยางอนามัยเพื่อหลีกเลี่ยงการตั้งครรภ์สำหรับคุณนั้นยากง่ายอย่างไร
 - c. คุณจะหาซื้อถุงยางอนามัยได้ที่ไหน
 - d. คุณจะหาซื้อยาเม็ดคุมกำเนิดให้แฟนคุณได้ที่ไหน
 - e. คุณมีเงินที่จะซื้อถุงยางอนามัยได้ใช่ไหม
 - f. คุณมีเงินที่จะซื้อยาเม็ดคุมกำเนิดสำหรับแฟนคุณได้ใช่ไหม
 - g. การซื้อถุงยางอนามัยนั้นง่ายหรือไม่
 - h. การซื้อยาเม็ดคุมกำเนิดนั้นง่ายหรือไม่
 - i. การบอกแฟนว่าคุณต้องการใช้ถุงยางอนามัยเพื่อหลีกเลี่ยงการตั้งครรภ์นั้นยากหรือง่ายอย่างไร
 - j. การที่จะมั่นใจว่าแฟนของคุณมีการใช้ยาเม็ดคุมกำเนิดหรือไม่ นั้นยากหรือง่ายอย่างไร
8. การที่คุณเลือกที่จะไม่มีเพศสัมพันธ์กับแฟนของคุณเพื่อหลีกเลี่ยงการตั้งครรภ์ของคุณนั้นยากหรือง่ายอย่างไร

คำถามเจาะจง การที่จะไม่มีความเกี่ยวข้องกับเรื่องการมีเพศสัมพันธ์สำหรับผู้ชายในวัยเดียวกับคุณนั้นยากหรือง่ายอย่างไร

9. ถ้าคุณและแฟนกำลังประสบปัญหาดังครรภ์ไม่พึงประสงค์และพวกคุณต้องการการทำแท้ง สำหรับพวกคุณแล้วการทำแท้งเป็นเรื่องง่ายหรือยากอย่างไร

Appendix F (continued)

INTERVIEW GUIDE (THAI VERSION)

คำถามเจาะจง

- a. การหาสถานที่ในการทำแท้งสำหรับคุณนั้นยากหรือง่ายอย่างไร
 - b. การพูดเรื่องการทำแท้งกับแฟนของคุณนั้นยากหรือง่ายอย่างไร
 - c. การที่คุณสนับสนุนให้แฟนคุณทำแท้งนั้นยากหรือง่ายอย่างไร
 - d. คุณและแฟนจะจ่ายค่าทำแท้งอย่างไร
10. บอกแฟนของคุณในการป้องกันแฟนของคุณไม่ให้มีการตั้งครรภ์ที่ไม่พึงประสงค์
- คำถามเจาะจง คุณมีแผนที่จะหลีกเลี่ยงไม่ให้แฟนตั้งครรภ์อย่างไร
11. คุณมีแผนในการหลีกเลี่ยงการเข้าไปอยู่ในสถานการณ์ที่คุณจะต้องพิจารณาให้มีการทำแท้งอย่างไร
12. ถ้าคุณและแฟนประสบปัญหาดังครรภ์แบบไม่พึงประสงค์ คุณวางแผนที่จะทำอะไร

คำถามเจาะจง

- a. คุณจะวางแผนเรื่องการทำแท้งใหม่
- b. ภายในสถานะการณ์อะไรที่คุณจะต้องวางแผนให้แฟนคุณทำแท้ง
- c. ในแผนของคุณ คุณจะวางแผนขบถของคุณให้บุคคลในครอบครัวเลี้ยงดูใหม่
- d. คุณวางแผนที่จะขบถให้กับพ่อแม่บุญธรรมหรือสถานสงเคราะห์รับเลี้ยงเด็กใหม่
- e. คุณวางแผนที่จะแต่งงานใหม่
- f. คุณวางแผนที่จะเก็บเด็กไว้และเลี้ยงดูใหม่
- g. คุณวางแผนที่จะเลิกกับแฟนใหม่

สำหรับผู้หญิง

1. บอกความคิดเห็นเกี่ยวกับการตั้งครรภ์ไม่พึงประสงค์

คำถามเจาะจง

- a. คุณคิดเห็นอย่างไรเกี่ยวกับผู้ชายวัยเดียวกับคุณที่ยังไม่แต่งงานกำลังจะมีบุตร
 - b. คุณคิดเห็นอย่างไรเกี่ยวกับผู้หญิงวัยเดียวกับคุณที่ยังไม่แต่งงานกำลังจะมีบุตร
2. บอกความคิดของคุณเกี่ยวกับการทำแท้ง

คำถามเจาะจง

- a. คุณคิดเห็นอย่างไรเกี่ยวกับผู้ชายวัยเดียวกับคุณที่ยังไม่แต่งงานบอกแฟนของเขาให้ทำแท้ง
- b. คุณคิดเห็นอย่างไรเกี่ยวกับผู้หญิงวัยเดียวกับคุณที่ยังไม่แต่งงานกำลังจะทำแท้ง

Appendix F (continued)

INTERVIEW GUIDE (THAI VERSION)

- c. ภายใต้สถานการณ์อะไรที่ผู้หญิงจะมีการทำแท้งได้
 - d. ภายใต้สถานการณ์อะไรที่ทำให้ผู้ชายร้องขอให้แฟนทำแท้ง
3. สมมุติว่าคุณกำลังตั้งท้องและคุณไม่ต้องการมีบุตร ใครที่คุณควรจะไปขอคำปรึกษา

คำถามเจาะจง

- a. ทำไมคุณจะไปขอคำปรึกษาจากบุคคลดังกล่าว
 - b. ยังมีบุคคลอื่นๆที่คุณต้องการจะขอคำปรึกษาหรือไม่
4. บุคคลที่สำคัญที่สุดในชีวิตคุณจะพูดอะไรเกี่ยวกับการตั้งครรภ์

คำถามเจาะจง

- a. อะไรเป็นสิ่งที่พวกเขาเป็นห่วงเกี่ยวกับคุณ
 - b. คนเหล่านี้มีความเกี่ยวข้องกับคุณอย่างไร
5. สมมุติว่าคุณกำลังตั้งท้องและคุณไม่ต้องการมีบุตร คุณและแฟนกำลังคิดเรื่องการทำแท้ง ใครที่คุณควรจะขอคำปรึกษา

คำถามเจาะจง

- a. ทำไมคุณจะไปขอคำปรึกษากับบุคคลดังกล่าว
 - b. ยังมีบุคคลอื่นๆที่คุณต้องการจะขอคำปรึกษาหรือไม่
6. บุคคลที่สำคัญที่สุดในชีวิตคุณจะพูดอะไรเกี่ยวกับการตั้งครรภ์

คำถามเจาะจง อะไรเป็นสิ่งที่พวกเขาเป็นห่วงเกี่ยวกับคุณ

- a. คนเหล่านี้มีความเกี่ยวข้องกับคุณอย่างไร
7. บอกวิธีการต่างๆในการหลีกเลี่ยงไม่ให้คุณเกิดการตั้งครรภ์

คำถามเจาะจง

- a. อะไรเป็นสิ่งที่你必须ทำเพื่อไม่ให้คุณตั้งครรภ์ถ้าต้องมีเพศสัมพันธ์
- b. การที่คุณจะบอกให้แฟนคุณใช้ถุงยางอนามัยก่อนมีเพศสัมพันธ์นั้นยากง่ายอย่างไร
- c. คุณจะหาซื้อถุงยางอนามัยได้ที่ไหน
- d. คุณจะหาซื้อยาเม็ดคุมกำเนิดได้ที่ไหน
- e. คุณมีเงินที่จะซื้อถุงยางอนามัยได้ใช่ไหม
- f. คุณมีเงินที่จะซื้อยาเม็ดคุมกำเนิดได้ใช่ไหม

Appendix F (continued)

INTERVIEW GUIDE (THAI VERSION)

- g. การซื้อถุงยางอนามัยนั้นง่ายหรือไม่
 - h. การซื้อยาเม็ดคุมกำเนิดนั้นง่ายหรือไม่
 - i. การที่จะแน่ใจว่าแฟนของคุณมีการใช้ถุงยางอนามัยนั้นยากหรือง่ายอย่างไร
 - j. สำหรับคุณแล้วการใช้ยาเม็ดคุมกำเนิดนั้นเป็นเรื่องยากหรือง่ายอย่างไร
8. การที่คุณเลือกที่จะไม่มีเพศสัมพันธ์กับแฟนของคุณเพื่อหลีกเลี่ยงการตั้งครรภ์ของคุณนั้นยากหรือง่ายอย่างไร

คำถามเจาะจง การที่จะไม่มีความเกี่ยวข้องกับเรื่องการมีเพศสัมพันธ์สำหรับผู้หญิงในวัยเดียวกับคุณนั้นยากหรือง่ายอย่างไร

9. ถ้าคุณกำลังประสบปัญหาดังครรภ์ไม่พึงประสงค์และคุณต้องการทำแท้ง สำหรับคุณแล้วการทำแท้งเป็นเรื่องง่ายหรือยากอย่างไร

คำถามเจาะจง

- a. การหาสถานที่ในการทำแท้งสำหรับคุณนั้นยากหรือง่ายอย่างไร
 - b. การพูดเรื่องการทำแท้งกับแฟนของคุณนั้นยากหรือง่ายอย่างไร
 - c. การที่คุณจะได้รับการสนับสนุนจากแฟนให้ไปทำแท้งนั้นยากหรือง่ายอย่างไร
 - d. คุณและแฟนจะจ่ายค่าทำแท้งอย่างไร
10. บอกแผนของคุณในการป้องกันตัวคุณไม่ให้มีการตั้งครรภ์ที่ไม่พึงประสงค์
- คำถามเจาะจง คุณมีแผนที่จะหลีกเลี่ยงไม่ให้คุณตั้งครรภ์อย่างไร
11. คุณมีแผนในการหลีกเลี่ยงการเข้าไปอยู่ในสถานการณ์ที่คุณจะต้องพิจารณาให้มีการทำแท้งอย่างไร
12. ถ้าคุณและแฟนประสบปัญหาดังครรภ์แบบไม่พึงประสงค์ คุณวางแผนที่จะทำอะไร

คำถามเจาะจง

- a. คุณจะวางแผนเรื่องการทำแท้งไหม
- b. ภายในสถานะการณ์อะไรที่คุณจะต้องวางแผนทำแท้ง
- c. ในแผนของคุณ คุณจะวางแผนขบถของคุณให้บุคคลในครอบครัวเลี้ยงดูไหม
- d. คุณวางแผนที่จะขบถให้กับพ่อแม่บุญธรรมหรือสถานสงเคราะห์รับเลี้ยงเด็กไหม
- e. คุณวางแผนที่จะแต่งงานไหม
- f. คุณวางแผนที่จะเก็บเด็กไว้และเลี้ยงดูไหม

Appendix F (continued)**INTERVIEW GUIDE (THAI VERSION)**

g. คุณวางแผนที่จะเลิกกับแฟนไหม

คำถามเพิ่มเติม

1. คุณรู้จักคนอื่นๆที่เคยทำแท้งไหม
2. คุณเคยทำแท้งไหม(สำหรับผู้หญิง)
3. แฟนของคุณเคยทำแท้งไหม (สำหรับผู้ชาย)

Appendix G

FIELD NOTE (THAI VERSION)

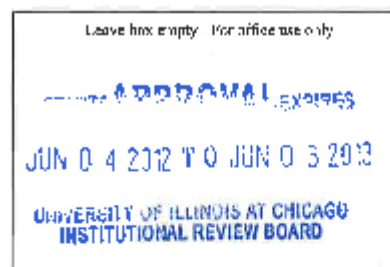
บันทึกทั่วไป

วันที่.....

| การสังเกตขณะสัมภาษณ์ | ปฏิบัติการตอบสนองต่างๆ |
|-------------------------|------------------------|
| ลักษณะการประสานของสายตา | |
| ลักษณะโทนเสียง | |
| การแสดงออกทางสีหน้า | |
| อื่นๆ | |

Appendix H

CONSENT FORM (ENGLISH VERSION)



**University of Illinois at Chicago
Research Information and Consent for Participation in Social Behavioral Research**

Thai College Students: Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Paveenapat Nithitantiwat, Doctoral Candidate
Department of Health Systems Science
College of Nursing, 845 South Damen Avenue
Chicago, Illinois 60612-7350

Why am I being asked?

You are being asked to be a subject in a research study about your feelings and plans related to unwanted pregnancy and abortion. Also, the study is about how you think your parents and other important people view unwanted pregnancy and abortion, as well as your thoughts about how easy or difficult it may be to avoid unwanted pregnancy and abortion. The purpose of this research is to explore Thai male and female college students' perceptions of unwanted pregnancy and abortion.

You have been asked to participate in the research because you are between 18-24 years and speak Thai. If you are willing to take part in the study, the researcher will interview you about your perception related to unwanted pregnancy and abortion.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future dealings with the University of Illinois at Chicago or Ramkhamhaeng University. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

Approximately 32 subjects may be involved in this research at Ramkhamhaeng University.

What is the purpose of this research?

To learn more about Thai male and female college students' perceptions of unwanted pregnancy and abortion.

Informed consent: Thai College Students: Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion

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Appendix H (continued)

CONSENT FORM (ENGLISH VERSION)

What procedures are involved?

This research will be performed at Ramkhamhaeng University. The interview will be held in a private room or other mutually agreed-upon place at Ramkhamhaeng University.

You will be asked your age, birth date, education level, and religion. You also will be asked about your feelings and plans related to unwanted pregnancy and abortion, about how you think your parents and other important people view unwanted pregnancy and abortion, and your thoughts about how easy or difficult it may be to avoid unwanted pregnancy and abortion. You will be interviewed one time. The interview will take you about 1-2 hours to complete. The interview will be held in a private room or other mutually agreed-upon place at Ramkhamhaeng University. The interview will be digitally recorded.

What are the potential risks and discomforts?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life.

The anticipated risks are minimal and are associated with interview questions related to unwanted pregnancy and abortion. A risk of this research is a loss of privacy (revealing to others that you are taking part in this study) or confidentiality (revealing information about you to others to whom you have not given permission to see this information). The confidentiality of participant will be safeguarded by using subject identification number or fake name. You will not be required to write your name during the interview. You can withdraw at any time if you feel uncomfortable answering any questions.

Also, if you feel any discomfort, the PI will stop the interview. Also available to you is counseling at the Mental Health Department of the Faculty of Education, Ramkhamhaeng University, Tel-02-310-8317.

Are there benefits to taking part in the research?

This study will not benefit you directly. The long term benefit is the development of interventions based on the data from the interviews. The interventions will be designed to help Thai male and female college students aged 18 to 24 years reduce the incidence of unwanted pregnancies that lead to induced abortion.

What other options are there?

You have the option not to participate in this study.

Informed consent: Thai College Students: Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion

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Appendix H (continued)

CONSENT FORM (ENGLISH VERSION)

What about privacy and confidentiality?

The people who will know that you are a research subject are members of the research team. Otherwise information about you will only be disclosed to others with your written permission, or if necessary to protect your rights or welfare or if required by law.

Study information which identifies you and the consent form signed by you will be looked at and/or copied for checking up on the research by: **the University of Illinois at Chicago Office for Protection of Research Subjects.**

When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity.

All information the researcher shares with others about the interview will not identify what you talk about. When the results of the research are published or discussed at conferences, information will be presented representing the group and not the individuals.

What are the costs for participating in this research?

There are no costs to you for participating in this research.

Will I be reimbursed for any of my expenses or paid for my participation in this research?

You will be paid 100 baht (\$ 3) for participation in the study.

Can I withdraw or be removed from the study?

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. You have the right to leave a study at any time without penalty."

In the event you withdraw or are asked to leave the study, you will still be compensated as described above.

Who should I contact if I have questions?

Contact the researchers Miss Paveenapat Nithitantiwat at 0819140866 or email address: pnithi2@uic.edu or paor08@hotmail.com or you can contact my advisor, Dr. Barbara Dancy at bdancy@uic.edu or Ms. Thongsouy Sitanon, local supervisor at 039-330073, or Miss Rongrong Juncung, educational academician, Ramkhamhaeng University at 02-3108118

What are my rights as a research subject?

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-759-6215 (toll-free) or e-mail OPRS at uicirb@uic.edu.

Informed consent: Thai College Students: Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion

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Appendix H (continued)

CONSENT FORM (ENGLISH VERSION)

Remember:

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

Signature of Subject or Legally Authorized Representative

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research. I will be given a copy of this signed and dated form.

Signature

Date

Printed Name

Signature of Investigator

Date (must be same as subject's)

Printed Name of Investigator

Informed consent: Thai College Students: Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion

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Appendix I

FLYER (ENGLISH VERSION)

Research Volunteers Needed

The purpose: to explore Thai male and female college students' perceptions of unwanted pregnancy and abortion

Need Male and female volunteers who are:

- Ages 18 - 24 years
- Currently enrolled in any undergraduate degree program at Ramkhamhaeng University
- Speak Thai

Conducted by
Miss Pavvannapat Nititantiwat

Ph.D Candidate from College of Nursing, the University of Illinois at Chicago, USA

If you are interested in this research, please call Pavvannapat Tel. 081-9140866

A total of 32 volunteers will be accepted into the study.
****Eligible participants will be paid for their time****.

| | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Pavvannapat 081-9140866 | Pavvannapat 081-9140866 | Pavvannapat 081-9140866 | Pavvannapat 081-9140866 | Pavvannapat 081-9140866 | Pavvannapat 081-9140866 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

Thai College Students: Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion
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Recruitment Flyer

STARTS APPROVAL EXPIRES

JUN 04 2012 TO JUN 03 2013

UNIVERSITY OF ILLINOIS AT CHICAGO
INSTITUTIONAL REVIEW BOARD

Appendix J

SCRIPT (ENGLISH VERSION)

STARTS **APPROVAL** EXPIRES

JUN 04 2012 TO JUN 03 2013

UNIVERSITY OF ILLINOIS AT CHICAGO
INSTITUTIONAL REVIEW BOARD

Thai College Student Research

Eligibility screening script (The script will be spoken in the Thai language) for telephone use.

Hello! My name is Payeenaput Nithitantiwat and I am a Ph. D student at the College of Nursing, University of Illinois at Chicago, USA. I am conducting research to study college students' perceptions about unwanted pregnancy and abortion.

Your participation is voluntary. If you choose to be in this research study, you will be interviewed. I would like to tell you that choosing not to participate will not affect your current or future status at Ramkhamhaeng University or at UIC.

I am looking for Thai male and female students who are:

1. Age between 18-24 years old.
2. Enrolled in any undergraduate degree program at Ramkhamhaeng University and
3. Speak Thai

Your participation includes responding to questions that will ask you about your age, birth date, education level, and religion and about unwanted pregnancy and abortion. I will digitally record the interview. No names will be included in the interview.

The interview will take approximately 1-2 hours and will be conducted in a private room at the university or at a private mutually agreeable location. You will receive 100 Baht for your participation.

Would you like to volunteer to participate in this study? If yes, what is your age? If the person says, "any outside the age range of 18 - 24 years. I say, I am sorry but you do not meet the selection criteria. Thanks for your interest. If the person says, 18, 19, 20, 21, 22, 23, or 24, then ask, are you taking undergraduate class of Ramkhamhaeng University? If the person says No, I will say I am sorry you do not meet the selection criteria. If the person says Yes, I will say you meet the selection criteria, and then we will schedule the interview. Written informed consent will be obtained before the interview is conducted.

Eligibility screening script: Thai College Students: Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion

Version#1, 5/30/12, page 1 of 2

Appendix J (continued)

SCRIPT (ENGLISH VERSION)

Eligibility screening script for face-to-face

STARTS **APPROVAL** EXPIRES

JUN 04 2012 TO JUN 03 2013

UNIVERSITY OF ILLINOIS AT CHICAGO
INSTITUTIONAL REVIEW BOARD

Hello! My name is Parveensap Nithitantiwal and I am a Ph. D student at the College of Nursing, University of Illinois at Chicago, USA. I am conducting research to study college students' perceptions about unwanted pregnancy and abortion.

Your participation is voluntary. If you choose to be in this research study, you will be interviewed. I would like to tell you that choosing not to participate will not affect your current or future status at Ramkhamhaeng University or at UIC.

I am looking for Thai male and female students who are:

4. Age between 18-24 years old,
5. Enrolled in any undergraduate degree program at Ramkhamhaeng University and
6. Speak Thai

Your participation includes responding to questions that will ask you about your age, birth date, education level, and religion and about unwanted pregnancy and abortion. I will digitally record the interview. No names will be included in the interview.

The interview will take approximately 1-2 hours and will be conducted in a private room at the university or at a private mutually agreeable location. You will receive 100 Baht for your participation.

Would you like to volunteer to participate in this study? If yes, what is your age? If the person says, "any outside the age range of 18 – 24 years, I say, I am sorry but you do not meet the selection criteria. Thanks for your interest. If the person says, 18, 19, 20,21,22,23, or 24, then ask, are you taking undergraduate class of Ramkhamhaeng University? If the person says No, I will say I am sorry you do not meet the selection criteria. If the person says Yes, I will say you meet the selection criteria, and I will proceed with obtaining written informed consent.

Eligibility screening script: Thai College Students: Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion

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Appendix K

CONSENT FORM (THAI VERSION)

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| <small>Leave box empty For office use only</small> STARTS APPROVAL EXPIRES JUN 12 2012 TO JUN 03 2013 UNIVERSITY OF ILLINOIS AT CHICAGO INSTITUTIONAL REVIEW BOARD |
|--|

Informed consent (Thai Version)

มหาวิทยาลัยอิลลินอยส์ ชิคาโก สหรัฐอเมริกา
 นักวิจัยและ เภสัชกร ขอเชิญเข้าร่วมโครงการศึกษาวิจัยพฤติกรรมสังคม
 เรื่อง

ทัศนคติ การสนับสนุนทางสังคมจากบุคคล ความสามารถของตนเอง
 และความตั้งใจที่เกี่ยวข้องกับการทำแท้งในนักศึกษาในระดับปริญญาตรี

ท่านถูกเชิญให้เข้าร่วมโครงการศึกษาวิจัยในครั้งนี้ โดยผู้วิจัยได้จัดทำใบเชิญมาเพื่อขอเชิญเข้าร่วมโครงการวิจัยนี้
 เพื่อให้สามารถหาผลแตกต่างๆ ของโครงการศึกษาวิจัย ทดสอบว่างานวิจัยนี้มีขึ้นไปโดยความสมัครใจ รวมทั้ง
 อภิปรายความเสี่ยงและผลประโยชน์ การให้ความร่วมมือให้ท่านทราบ และช่วยให้ท่านรับทราบข้อมูลก่อน
 การตัดสินใจเข้าร่วมโครงการ หากท่านมีข้อสงสัยประการใดได้โปรดสอบถามได้ทุกคำถาม

ผู้รับผิดชอบโครงการวิจัย นางสาวปวีณา วัชรินทร์, นักศึกษาปริญญาเอก

ที่อยู่, ประเทศอเมริกา : Department of Health Systems Science, College of Nursing, 845 South
 Damen Avenue, Chicago, Illinois 60612-7350

ทำไมท่านจึงถูกเชิญให้เข้าร่วมโครงการศึกษาวิจัยนี้

ท่านถูกเชิญให้เข้าร่วมโครงการศึกษาวิจัยในครั้งนี้เพื่อหาความสัมพันธ์ระหว่างการวางแผนที่มีพันธุกรรม
 การตั้งครรภ์ที่ไม่พึงประสงค์และการทำแท้ง งานวิจัยนี้ยังสอบถามท่านเกี่ยวกับว่า มีความรู้และบุคลิกลักษณะ
 คนอื่นๆจากท่านมีมุมมองต่อการตั้งครรภ์ไม่พึงประสงค์และการทำแท้งอย่างไร ผลตอบกลับจากท่านจะ
 ของท่านว่าทัศนคติเกี่ยวกับการตั้งครรภ์ไม่พึงประสงค์และการทำแท้งนั้นยากหรือง่ายอย่างไร

วัตถุประสงค์ของการศึกษาในครั้งนี้ เพื่อสำรวจการรับรู้เกี่ยวกับการตั้งครรภ์ไม่พึงประสงค์และการทำแท้ง
 ของนักศึกษาระดับปริญญาตรี

**Informed consent: Thai College Students: Attitudes, Subjective Norms, Perceived Behavior
 Control, and Intentions Related to Abortion**

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Appendix K (continued)

CONSENT FORM (THAI VERSION)

ท่านถูกเลือกเพื่อเข้าร่วม โครงการวิจัยนี้เพราะท่านมีอายุระหว่าง 18-24 ปี และพูดภาษาไทยได้
 ถ้าท่านสนใจเข้าร่วมโครงการวิจัยนี้ ผู้วิจัยจะสัมภาษณ์ท่านเกี่ยวกับการรับรู้ของท่านต่อการตั้งครรภ์ไม่พึง
 ประสงค์และการทำแท้ง การเข้าร่วมโครงการศึกษาวิจัยครั้งนี้เป็นความสมัครใจของท่านเอง การตัดสินใจเข้าร่วมหรือไม่เข้าร่วมในการศึกษาวิจัยของท่านไม่ส่งผลกระทบต่อใดๆ ด้วยความสมัครใจของท่านทั้งในปัจจุบันและ
 อนาคตกับมหาวิทยาลัยอัลอีกันฮอสต์ ณ นครชิคาโก ประเทศสหรัฐอเมริกา หรือมหาวิทยาลัยรามคำแหง ถึงแม้
 ท่านตัดสินใจเข้าร่วมโครงการแล้ว ท่านยังสามารถยุติการสัมภาษณ์ได้ตลอดเวลา โดยไม่มีผลกระทบใดๆ
 ต่อความสัมพันธ์ของเรากับมหาวิทยาลัยตามที่ระบุไว้ข้างต้น ผู้เข้าร่วมโครงการศึกษาวิจัยนี้จะเป็นนักศึกษา
 จากมหาวิทยาลัยรามคำแหงทั้งหมดทั้งหมด 32 คน

วัตถุประสงค์ของการศึกษาวิจัยคืออะไร

เพื่อศึกษาเกี่ยวกับการรับรู้เกี่ยวกับการตั้งครรภ์ไม่พึงประสงค์ และการทำแท้งของนักศึกษาวิทยาลัย

ขั้นตอนวิธีการที่เกี่ยวข้องคืออะไร

งานวิจัยนี้จะดำเนินการที่มหาวิทยาลัยรามคำแหง การสัมภาษณ์จะดำเนินการในสถานที่ที่เป็นส่วนตัวและเป็น
 ส่วนตัวหรือสถานที่ที่ผู้วิจัยและท่านได้ตกลงร่วมกันที่มหาวิทยาลัยรามคำแหง

ท่านจะถูกถามเรื่องอายุ วันเดือนปีเกิด ระดับการศึกษาและศาสนา หลังจากนั้นท่านจะถูกสัมภาษณ์เกี่ยวกับ
 ความรู้สึกและการวางแผนเกี่ยวกับการตั้งครรภ์ไม่พึงประสงค์และการทำแท้ง รวมทั้งสอบถามท่านเกี่ยวกับว่า
 สามารถหาและบุคคลสำคัญคนอื่น ๆ ของท่านมีมุมมองต่อการตั้งครรภ์ไม่พึงประสงค์และการทำแท้งอย่างไร
 ควรตรวจสอบถามความคิดเห็นของท่านว่าการศึกษาระยะการตั้งครรภ์ไม่พึงประสงค์และการทำแท้งนั้นยากหรือ
 ง่ายอย่างไร ท่านจะถูกสัมภาษณ์เพียงครั้งเดียว การสัมภาษณ์จะใช้เวลาประมาณ 1-2 ชั่วโมง สถานที่ในการ
 สัมภาษณ์จะเป็นสถานที่ที่เป็นส่วนตัวและเป็นส่วนตัวหรือสถานที่ที่ได้ตกลงร่วมกันที่มหาวิทยาลัยรามคำแหง
 ผู้วิจัยจะใช้เทปบันทึกเสียงในการสัมภาษณ์

ความเสี่ยงและความไม่สะดวกคืออะไร

ถ้าหากนักศึกษาในครั้งนี้อาจตกใจกลัวของท่านจะไม่มีอะไรเสี่ยงใดๆ มากไปกว่าประสบการณ์ที่ท่าน
 ประสบในชีวิตประจำวัน

**Informed consent: Thai College Students: Attitudes, Subjective Norms, Perceived Behavior
 Control, and Intentions Related to Abortion**

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Appendix K (continued)

CONSENT FORM (THAI VERSION)

ไม่มีทนายหรืองใดๆที่สัมพันธ์กับหลักการเกี่ยวกับการตั้งครรภ์ไม่พึงประสงค์และการทำแท้ง ผู้วิจัยจะไม่นำข้อมูลใดๆ ในการสัมภาษณ์ไปเผยแพร่และข้อมูลของท่านจะไม่มีการนำไปใช้ใดๆ จะถูกเก็บไว้เป็นความลับ ผู้วิจัยจะให้หมายเลขหรือหมายเลขกำกับข้อมูลของท่าน ท่านไม่จำเป็นต้องบอกชื่อและนามสกุลจริงกับผู้วิจัย ยกเว้นสามารถยุติการสัมภาษณ์ได้ตลอดเวลาที่ท่านรู้สึกไม่สบายใจในการตอบคำถาม ถ้าท่านรู้สึกไม่สบายใจในขณะที่สัมภาษณ์ ผู้วิจัยจะยุติการสัมภาษณ์ และท่านสามารถติดต่อฝ่ายให้คำปรึกษาแผนกสุขภาพจิตของคณะศึกษาศาสตร์ มหาวิทยาลัยรามคำแหง เบอร์โทร 02-3108317

ท่านจะได้รับประโยชน์จากการเข้าร่วมโครงการศึกษาวิจัยครั้งนี้หรือไม่

งานวิจัยนี้จะไม่เกิดประโยชน์โดยตรงต่อท่าน ผลประโยชน์ระยะยาวก็คือ การพัฒนาแนวทางการแก้ปัญหาที่ได้จากการสัมภาษณ์และแนวทางการแก้ปัญหาที่จะช่วยลดอัตราการตั้งครรภ์ไม่พึงประสงค์และการทำแท้งของนักศึกษาในระดับปริญญาตรีในช่วงอายุระหว่าง 18-24 ปี

ทางเลือกรับรู้ก็คืออะไร

ท่านมีโอกาสที่จะเลือกไม่เข้าร่วมโครงการวิจัยนี้

การรับทราบความเสี่ยง

บุคคลที่จะทราบว่าคุณเข้าร่วมโครงการวิจัยนี้คือ ทีมวิจัยและข้อมูลของท่านจะถูกเปิดเผยเฉพาะบุคคลที่ผ่านอนุญาตเท่านั้น

กิจกรรมการศึกษาและเรียนของเรามีเฉพาะทีมนักวิจัยและผู้รับผิดชอบด้านจริยธรรม โครงการวิจัยของมหาวิทยาลัยถึงต้นฉบับ มทว.วิชาโท .ท่านที่ตอบว่าท่านเข้าร่วมโครงการวิจัยนี้ ยอมรับว่าผลวิจัยหรือสิ่งอื่นจะถูกเปิดเผย จะไม่มีข้อมูลใดๆที่มีบอกว่าเป็นตัวท่านปรากฏในงานวิจัยนี้ กิจกรรมของการสัมภาษณ์ทั้งหมดจะระบุชื่อหรือนามสกุลหรือข้อมูลใดๆของท่าน เมื่องานวิจัยเสร็จสิ้นและถูกนำเสนอ ข้อมูลจะถูกนำเสนอโดยภาพรวมไม่ได้ระบุถึงตัวบุคคล

ค่าใช้จ่ายในการเข้าร่วมโครงการวิจัยเป็นอย่างไร

ไม่มีค่าใช้จ่ายใดๆ ในการเข้าร่วมโครงการวิจัยนี้

Informed consent: Thai College Students: Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion

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Appendix K (continued)

CONSENT FORM (THAI VERSION)

ค่าตอบแทนในการเข้าร่วมโครงการวิจัย

ท่านจะได้รับค่าตอบแทนในการถูกสัมภาษณ์เข้าร่วมโครงการวิจัย เป็นจำนวนเงิน 100 บาท

ท่านสามารถยุติการสัมภาษณ์ได้หรือไม่

ถึงแม้ท่านตัดสินใจเข้าร่วมโครงการ แต่ท่านยังสามารถยุติการสัมภาษณ์ได้ตลอดเวลา โดยไม่มีผลกระทบใดๆ กรณีที่ท่านยุติการสัมภาษณ์ ท่านยังได้รับค่าตอบแทนชดเชยเป็นจำนวนเงิน 100 บาท เช่นเดิม

ใครที่ท่านสามารถติดต่อถ้าหากท่านมีคำถาม

ถ้าท่านมีคำถามเพิ่มเติมท่านสามารถติดต่อผู้วิจัยได้ที่หมายเลขโทรศัพท์ 081-9140866 หรืออีเมล pujithi2@uic.edu หรือติดต่ออาจารย์ที่ปรึกษาผู้วิจัยโดยตรงได้ที่อีเมล adamdey@uic.edu หรือ อ.ดร.ทองสุข สีหามณี โทร 039-330073 หรือ นางสาว เรืองรอง จันทร์เรือง มหาวิทยาลัยธรรมศาสตร์ โทร 02-3108118

สิทธิของผู้เข้าร่วมโครงการศึกษาคืออะไร

ถ้าท่านรู้สึกว่าคุณไม่ได้ถูกคุ้มครองสิทธิตามที่ระบุไว้ในใบยินยอมเข้าร่วมโครงการศึกษาวิจัยหรือกิจกรรมดังกล่าว ก่อให้เกิดข้อสงสัย หรือมีคำถามเกี่ยวกับสิทธิของท่านเกี่ยวกับการเข้าร่วมการศึกษาคือ ท่านสามารถติดต่อสอบถามโดยตรงที่ the Office for the Protection of Research Subjects (OPRS) โดยโทรไปที่ 312-996-1711 หรือ 1-866-789-6215 (toll-free) อีเมล opr@uic.edu

ข้ออื่น ๆ

การเข้าร่วมโครงการศึกษานี้จริง ๆ นี้เป็นไปตามความตั้งใจของทางเรา การตัดสินใจเข้าร่วมหรือไม่เข้าร่วมในการศึกษานี้ของคุณไม่ส่งผลกระทบต่อความสัมพันธ์ทั้งในปัจจุบันและอนาคตกับทั้งมหาวิทยาลัย อธิการบดี ภาควิชา ภาควิชา ประเทศสหรัฐอเมริกา และมหาวิทยาลัยร่วมสืบทอด ถึงแม้ว่าคุณตัดสินใจเข้าร่วมโครงการ แต่ท่านยังสามารถยุติการสัมภาษณ์ได้ตลอดเวลาโดยไม่มีผลกระทบใดๆ

Informed consent: Thai College Students: Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion

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Appendix K (continued)

CONSENT FORM (THAI VERSION)

ฉันทราบเรื่อง

ข้าพเจ้าได้อ่านข้อความทั้งหมดข้างต้น ข้าพเจ้าได้มีโอกาสซักถามข้อสงสัยและได้รับคำตอบเป็นที่น่าพอใจ
ข้าพเจ้าเห็นด้วยและยินยอมที่จะเข้าร่วมโครงการศึกษาวิจัยนี้ด้วยความสมัครใจของข้าพเจ้าเอง พร้อมทั้ง
ข้าพเจ้าได้รับสำเนาใบยินยอมฉบับนี้ไว้เป็นที่เรียบร้อยแล้ว

..... ภายหลังเข้าร่วมโครงการศึกษาวิจัย ว/ด/ป

(.....) ชื่อและนามสกุลตัวบรรจง

..... ภายหลังได้รับผิดชอบโครงการศึกษาวิจัย ว/ด/ป

(.....) ชื่อและนามสกุลตัวบรรจง

Informed consent: Thai College Students: Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion

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Appendix L

FLYER (THAI VERSION)

ตั้งภาควิชาศึกษาศาสตร์และการศึกษาศาสตร์

วิชาประวัติศาสตร์และการศึกษา

- เพื่อส่งเสริมความรู้เกี่ยวกับประวัติศาสตร์ไทย ไม่เพียงแต่ประวัติศาสตร์เท่านั้น แต่ยังรวมถึงประวัติศาสตร์ระดับโลกด้วย

คุณสมบัติของอาสาสมัคร

- ชายและหญิง (ไทย)
- อายุ 18 - 24 ปี
- กำลังศึกษาในระดับปริญญาตรีทุกสาขาที่มหาวิทยาลัยรามคำแหง

ดำเนินการวิจัย โดย นางสาวปริณิธ นิตติวัฒน์

นักศึกษาปริญญาเอก คณะพยาบาลศาสตร์ มหาวิทยาลัยอัสสัมชัญ ณ นคร ศึกษาไป ประถมศก สหรัฐอเมริกา

เด็กพิเศษ เหนือความสามารถในการเรียนรู้ในครั้ง สามารถติดต่อ นางสาวปริณิธ นิตติวัฒน์ เบอร์โทร 081-9140866

เพื่อสนับสนุนอาสาสมัครและผู้ที่สนใจเข้าร่วมโครงการศึกษาวิจัยเฉพาะได้แก่ค่าตอบแทนในรายวันวิจัยดังนี้

รับผู้เข้าร่วมโครงการจำนวน 32 คน และผู้สนับสนุนโครงการศึกษาวิจัยเฉพาะได้แก่ค่าตอบแทนในรายวันวิจัยดังนี้

| ปริญญากิตติมศักดิ์ | ปริญญากิตติมศักดิ์ | ปริญญากิตติมศักดิ์ | ปริญญากิตติมศักดิ์ | ปริญญากิตติมศักดิ์ | ปริญญากิตติมศักดิ์ |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 081-9140866 | 081-9140866 | 081-9140866 | 081-9140866 | 081-9140866 | 081-9140866 |

Recruitment Flyer: Thai College Students' Attitudes, Subjective Norms, Perceived Behavior Control, and Intention to Use Abortion
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JUN 12 2012 T O JUN 3 2013

UNIVERSITY OF CHICAGO
INSTITUTIONAL REVIEW BOARD

Appendix M

SCRIPT (THAI VERSION)

STARTS **APPROVAL** EXPIRES

JUN 12 2012 TO JUN 03 2013

UNIVERSITY OF ILLINOIS AT CHICAGO
INSTITUTIONAL REVIEW BOARD

โครงการศึกษาวิจัยสำหรับนักศึกษาในระดับปริญญาตรี

Eligibility screening script (for telephone use)

ใบคัดเลือกลงสู่โปรแกรมการศึกษาลิขิต สำหรับผู้สร้าง โทรศัทพ์

สวัสดีค่ะ ชื่อ น.ศ. ปัทมาภัทร นิตติพัฒน์ นิสิตศึกษาปริญญาตรี คณะพยาบาลศาสตร์

มหาวิทยาลัยอิลลินอยส์ ชิคาโก ประเทศสหรัฐอเมริกา

ดิฉันกำลังทำวิจัยเกี่ยวกับ การรับรู้ในเรื่องการตั้งครรภ์ไม่พึงประสงค์และการทำแท้ง

การเข้าร่วมโครงการศึกษาวิจัยครั้งนี้ ขึ้นไปตามความสมัครใจของคุณ และถ้าคุณเข้าร่วม เราจะไม่เก็บข้อมูลของคุณ

สัมภาษณ์ แต่การไม่เข้าร่วม โครงการวิจัยก็ไม่ได้ส่งผลใดๆต่อคุณทั้งในปัจจุบันและอนาคต ทั้งมหาวิทยาลัย และ

กรมอนามัยและ มหาวิทยาลัยอิลลินอยส์ ชิคาโก ประเทศสหรัฐอเมริกา

ฉันมีต้องการอาสาสมัครชาวอเมริกันที่มีอายุระหว่าง 18-24 ปี พูดภาษาไทย และกำลังศึกษาในระดับ

ปริญญาตรีทุกสาขาวิชาเข้าร่วมโครงการศึกษาวิจัยครั้งนี้

การเข้าร่วมโครงการศึกษาวิจัยของคุณ จะยังคงเป็นความลับอยู่ ถึงแม้ว่าคุณจะบอกใครก็ตามเกี่ยวกับเรื่องนี้

ศาสนา และเกี่ยวกับการตั้งครรภ์ไม่พึงประสงค์และการทำแท้ง งานวิจัยนี้จะดำเนินการโดยนักวิจัย และ ไม่มีการ

บันทึกชื่อใดๆในการสัมภาษณ์ครั้งนี้ การสัมภาษณ์จะใช้เวลาประมาณ 1-2 ชั่วโมง สัปดาห์และคุณจะได้รับเงิน

หรือเงินค่าตอบแทนเป็นจำนวนตัวที่เรานำไปใช้ในการตกลงร่วมกัน คุณจะได้รับค่าตอบแทนในการให้ความร่วมมือครั้งนี้เป็น

จำนวนเงิน 100 บาท

คุณต้องการเข้าร่วมงานวิจัยหรือไม่ ถ้าตกลง คุณอาจพูดว่าใช่

ถ้าคุณต้องการสมัครไว้ก่อนในช่วง 18-24 ปี ผู้วิจัยจะขอข้อมูลในชื่อในอีเมล และกล่าวขอบคุณ และ

ขอสมัครสมัคร อยู่ภายใต้เงื่อนไขที่กำหนด ผู้วิจัยจะติดต่อว่า คุณไม่มีความจำเป็นสำหรับงานวิจัยนี้

ถ้ามีศึกษาสอบถามว่า ผู้วิจัยจะขอข้อมูลในชื่อในอีเมลและขอสมัครสมัคร แต่ถ้าอาสาสมัครเป็นนักศึกษาที่

มหาวิทยาลัยชิคาโก ผู้วิจัยจะติดต่อขอข้อมูลจากสำนักงานต่อไปและบอกว่าไปดำเนินการเข้าร่วมการ

ศึกษาวิจัยจะถูกเก็บก่อนการสัมภาษณ์

Eligibility screening script: Thai CoLoge Students' Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion.

Version#1, 5/30/12, page 1 of 2

Appendix M (continued)

SCRIPT (THAI VERSION)

Eligibility screening script (for face-to-face)

ใบคัดเลือกว่าเข้าร่วมการศึกษาวิจัย สำหรับเจอกันแบบตัวต่อตัว

ตัวชี้วัด คัดเลือก น.ส. ปัทมาพร มีดีณวัฒน์ นักศึกษาปริญญาตรี คณะศึกษาศาสตร์

มหาวิทยาลัยอิลลินอยส์ ณ นครชิคาโก ประเทศสหรัฐอเมริกา

ฉันกำลังทำวิจัยเกี่ยวกับ การรับรู้ในเรื่องการตั้งครรภ์ไม่พึงประสงค์และการแท้ง

ทางเข้าร่วมโครงการศึกษานี้คือครั้งนี้เป็นไปตามความสมัครใจของคุณ และฉันขอเชิญเข้าร่วมการวิจัยครั้งนี้คุณจะถูก

สัมภาษณ์แค่การ ไม่เข้าร่วมโครงการวิจัยก็อะไร ส่งผลใดๆต่อคุณทั้งในใจกับและอนาคต ทั้งทั้งมหาวิทยาลัย

รวมจำแนกและ มหาวิทยาลัยอิลลินอยส์ ณ นครชิคาโก ประเทศสหรัฐอเมริกา

ฉันกำลังทำโครงการศึกษาวิจัยทางและหญิงไทย ที่มีอายุระหว่าง 18-24 ปี อยู่คนเดียว และที่เพิ่งศึกษาในระดับ

ปริญญาตรีคุณเคยเรียนที่ร่วมโครงการศึกษานี้หรือไม่

การเข้าร่วมโครงการศึกษาวิจัยของคุณ จะต้องตอบคำถามที่บอกทั่วไปเกี่ยวกับอายุ รับเกิด ที่ไปศึกษา และ

ศาสนา และเกี่ยวข้องกับเรื่องการตั้งครรภ์ไม่พึงประสงค์และการแท้ง งานวิจัยจะเกี่ยวข้องกับการรับเงินค่า และ ไม่มีการ

บันทึกชื่อใดๆในการสัมภาษณ์ครั้งนี้ การสัมภาษณ์จะใช้เวลาประมาณ 1-2 ชั่วโมง ฉันและคุณจะอยู่ในห้อง

หรือสถานที่ที่เป็นส่วนตัวที่เราได้ทำการตกลงร่วมกัน คุณจะได้รับการตอบแทน ในการเข้าร่วมเมื่อครั้งนี้เป็น

จำนวนเงิน 100 บาท

คุณต้องการเข้าร่วมงานวิจัยหรือไม่ ถ้าตกลง คุณกรุณาทำ

ถ้าคุณขอ เข้าร่วมในวัยในช่วง 18-24 ปี ผู้วิจัยจะถามว่าคุณไม่อยู่ในใจหา และกล่าวขอบคุณ แต่ถ้า

คุณปฏิเสธก็อาจอยู่ในกรณีที่กำหนด ผู้วิจัยจะถามว่าคุณเป็นนักศึกษาอาชีวศึกษาหรือมัธยมศึกษาหรือไม่

ถ้าเป็นนักศึกษาอาชีวศึกษาหรือไม่ ผู้วิจัยจะบอกว่าคุณไม่อยู่ในใจหาและกล่าวขอบคุณ แต่ถ้าอาชีวศึกษาเป็นนักศึกษาที่

มหาวิทยาลัยทราบแล้ว ผู้วิจัยจะบอกว่าคุณจะให้ข้อมูลเกี่ยวกับประสบการณ์เข้าร่วมการศึกษานี้ก่อนการสัมภาษณ์

Eligibility screening script: Thai College Students: Attitudes, Subjective Norms, Perceived Behavior Control, and Intentions Related to Abortion

Version: 71, 5/30/12, page 2 of 2

APPROVAL EXPIRES

JUN 12 2012 TO JUN 03 2013

UNIVERSITY OF ILLINOIS AT CHICAGO
INSTITUTIONAL REVIEW BOARD

Appendix N

UNIVERSITY OF ILLINOIS AT CHICAGO

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

Approval Notice - *REVISED*

Initial Review (Response To Modifications)

June 4, 2012

Paveenapat Nithitantiwat

Health Systems Science

Health Systems Science

M/C 802

Chicago, IL

Phone: (708) 738-7952

RE: **Protocol # 2012-0456**

“Thai College Students: Attitudes, Subjective Norms, Perceived Behavioral Control, and Intentions Related to Abortion”

Dear Ms. Nithitantiwat:

Your Initial Review application (Response To Modifications) was reviewed and approved by the Expedited review process on June 4, 2012. You may now begin your research.

Please note the following information about your approved research protocol:

Appendix N (continued)

Please remember to submit translations of all relevant instruments and recruitment/consent documents prior to using these documents in the field. Translated documents must be accompanied by an Amendment form, as well as a statement attesting to the translator's qualifications and the accuracy of the translations, when submitted to the UIC IRB.

Protocol Approval Period: June 4, 2012 - June 3, 2013

Approved Subject Enrollment #: 32

Additional Determinations for Research Involving Minors: These determinations have not been made for this study since it has not been approved for enrollment of minors.

Performance Sites: UIC, Ramkhamhaeng University - Bangkok, Thailand

Sponsor: None

Research Protocol:

- a) Thai College Students: Attitudes, Subjective Norms, Perceived Behavioral Control, and Intentions Related to Abortion; Version 1; 05/16/2012

Recruitment Materials:

- a) Recruitment Flyer (English); Version 1; 05/16/2012 – **REVISED (added)**
- b) Eligibility Screening Script for telephone use (English); Version 1; 05/30/2012
- c) Eligibility Screening Script for face-to-face (English); Version 1; 05/30/2012

Informed Consent:

- a) Informed Consent (English); Version 2; 05/30/2012
- b) A waiver of documentation of informed consent has been granted under 45 CFR 46.117 for recruitment purposes only (minimal risk; for eligibility/screening; written consent will be obtained at enrollment)

Your research meets the criteria for expedited review as defined in 45 CFR 46.110(b)(1) under the following specific categories:

- (6) Collection of data from voice, video, digital, or image recordings made for research purposes., (7) Research on individual or group characteristics or behavior (including but not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Appendix N (continued)

Please note the Review History of this submission:

| Receipt Date | Submission Type | Review Process | Review Date | Review Action |
|--------------|---------------------------|----------------|-------------|------------------------|
| 05/21/2012 | Initial Review | Expedited | 05/23/2012 | Modifications Required |
| 05/31/2012 | Response To Modifications | Expedited | 06/04/2012 | Approved |

Please remember to:

→ Use your **research protocol number** (2012-0456) on any documents or correspondence with the IRB concerning your research protocol.

→ Review and comply with all requirements on the enclosure,
"UIC Investigator Responsibilities, Protection of Human Research Subjects"

Please note that the UIC IRB has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact OPRS at (312) 996-1711 or me at (312) 996-2014. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Sandra Costello

Assistant Director, IRB # 2

Office for the Protection of Research Subjects

Appendix N (continued)

Enclosures:

- 1. UIC Investigator Responsibilities, Protection of Human Research Subjects**
- 2. Data Security Enclosure**
- 3. Informed Consent Document:**
 - a) Informed Consent (English); Version 2; 05/30/2012
- 4. Recruiting Materials:**
 - a) Recruitment Flyer (English); Version 1; 05/16/2012 – **REVISED**
 - b) Eligibility Screening Script for telephone use (English); Version 1; 05/30/2012
 - c) Eligibility Screening Script for face-to-face (English); Version 1; 05/30/2012

cc: Arlene Miller, PhD, RN, Health Systems Science
Barbara L. Dancy (faculty advisor), Health Systems Science, M/C 802

Appendix N (continued)**UNIVERSITY OF ILLINOIS
AT CHICAGO**

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

Approval Notice**Amendment to Research Protocol and Consent Documents – Expedited Review****UIC Amendment # 1**

June 12, 2012

Paveenapat Nithitantiwat

Health Systems Science

Health Systems Science

M/C 802

Chicago, IL

Phone: (708) 738-7952

RE: **Protocol # 2012-0456**
“Thai College Students: Attitudes, Subjective Norms, Perceived Behavioral Control, and Intentions Related to Abortion”

Dear Ms. Nithitantiwat:

Members of Institutional Review Board (IRB) #2 have reviewed this amendment to your research and consent forms under expedited procedures for minor changes to previously approved research allowed by Federal regulations [45 CFR 46.110(b)(2)]. The amendment to your research was determined to be acceptable and may now be implemented.

Please note the following information about your approved amendment:

Appendix N (continued)

Amendment Approval Date: June 12, 2012

Amendment:

Summary: UIC Amendment #1, dated 7 June 2012 and submitted to OPRS 11 June 2012, is an investigator-initiated amendment submitted Thai translations of previously approved data collection and recruitment/consent documents (Interview Guide, version 1, 5/16/2012; Field Note, version 1, 5/16/2012; Demographic Data Sheet, version 1, 5/16/2012; Recruitment Flyer, version 1, 5/16/2012; Eligibility Screening Script, version 1, 5/30/2012; Informed Consent, version 2, 5/30/2012), plus a translator's statement and credentials.

Approved Subject Enrollment #: 32

Performance Sites: UIC, Ramkhamhaeng University - Bangkok, Thailand

Sponsor: None

Recruiting Materials:

- a) Recruitment Flyer (Thai); Version 1; 05/16/2012
- b) Eligibility Screening Script for telephone use (Thai); Version 1; 05/30/2012
- c) Eligibility Screening Script for face-to-face (Thai); Version 1; 05/30/2012

Informed Consent:

- a) Informed Consent (Thai); Version 2; 05/30/2012

Please note the Review History of this submission:

| Receipt Date | Submission Type | Review Process | Review Date | Review Action |
|--------------|-----------------|----------------|-------------|---------------|
| 06/11/2012 | Amendment | Expedited | 06/12/2012 | Approved |

Please be sure to:

→ Use only the IRB-approved and stamped consent documents when enrolling subjects.

→ Use your research protocol number (2012-0456) on any documents or correspondence with the IRB concerning your research protocol.

→ Review and comply with all requirements on the enclosure,
"UIC Investigator Responsibilities, Protection of Human Research Subjects"

Appendix N (continued)

Please note that the UIC IRB #2 has the right to ask further questions, seek additional information, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact the OPRS at (312) 996-1711 or me at (312) 996-2014. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Sandra Costello

Assistant Director, IRB # 2

Office for the Protection of Research Subjects

Enclosures:

- 1. UIC Investigator Responsibilities, Protection of Human Research Subjects**
- 2. Data Security Enclosure**
- 3. Informed Consent Document:**
 - a) Informed Consent (Thai); Version 2; 05/30/2012
- 4. Recruiting Materials:**
 - a) Recruitment Flyer (Thai); Version 1; 05/16/2012
 - b) Eligibility Screening Script for telephone use (Thai); Version 1; 05/30/2012
 - c) Eligibility Screening Script for face-to-face (Thai); Version 1; 05/30/2012

cc: Barbara L. Dancy (faculty advisor), Health Systems Science, M/C 802
Arlene Miller, PhD, RN, Health Systems Science, M/C 802

Appendix N (continued)**UNIVERSITY OF ILLINOIS
AT CHICAGO**

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

Approval Notice**Amendment to Research Protocol – Expedited Review****UIC Amendment # 2**

October 26, 2012

Paveenapat Nithitantiwat

Health Systems Science

Health Systems Science

M/C 802

Chicago, IL

Phone: (708) 738-7952

RE:

Protocol # 2012-0456

“Thai College Students: Attitudes, Subjective Norms, Perceived Behavioral Control, and Intentions Related to Abortion”

Dear Ms. Nithitantiwat:

Members of Institutional Review Board (IRB) #2 have reviewed this amendment to your research under expedited procedures for minor changes to previously approved research allowed by Federal regulations [45 CFR 46.110(b)(2)]. The amendment to your research was determined to be acceptable and may now be implemented.

Please note the following information about your approved amendment:

Appendix N (continued)

Amendment Approval Date: October 23, 2012

Amendment:

Summary: UIC Amendment #2, dated and submitted to OPRS 8 October 2012, is an investigator-initiated amendment requesting an increase in total sample size from 32 to 42 subjects to accommodate an additional 10 subjects who were recruited and enrolled to make up for data from 10 subjects that was lost due to a malfunctioning laptop (revised Protocol, version 2, 10/8/2012).

Approved Subject Enrollment #: 42

Performance Sites: UIC, Ramkhamhaeng University - Bangkok, Thailand

Sponsor: None

Research Protocol:

- a) Thai College Students: Attitudes, Subjective Norms, Perceived Behavioral Control, and Intentions Related to Abortion; Version 2; 10/08/2012

Please note the Review History of this submission:

| Receipt Date | Submission Type | Review Process | Review Date | Review Action |
|--------------|-----------------|----------------|-------------|---------------|
| 10/08/2012 | Amendment | Expedited | 10/23/2012 | Approved |

Please be sure to:

→ Use your research protocol number (2012-0456) on any documents or correspondence with the IRB concerning your research protocol.

→ Review and comply with all requirements on the enclosure,
"UIC Investigator Responsibilities, Protection of Human Research Subjects"

Please note that the UIC IRB #2 has the right to ask further questions, seek additional information, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

Appendix N (continued)

We wish you the best as you conduct your research. If you have any questions or need further help, please contact the OPRS at (312) 996-1711 or me at (312) 996-2014. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Sandra Costello

Assistant Director, IRB # 2

Office for the Protection of Research Subjects

Enclosures:

- 5. UIC Investigator Responsibilities, Protection of Human Research Subjects**
- 6. Data Security Enclosure**

cc: Barbara L. Dancy (faculty advisor), Health Systems Science, M/C 802
Arlene Miller, PhD, RN, Health Systems Science, M/C 802

Appendix N (continued)**UNIVERSITY OF ILLINOIS
AT CHICAGO**

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1737 West Polk Street
Chicago, Illinois 60612-7227

Approval Notice**Continuing Review**

May 14, 2013

Paveenapat Nithitantiwat

Health Systems Science

Health Systems Science

M/C 802

Chicago, IL

Phone: (708) 738-7952

RE: Protocol # 2012-0456

“Thai College Students: Attitudes, Subjective Norms, Perceived Behavioral Control, and Intentions Related to Abortion”

Dear Ms. Nithitantiwat:

Your Continuing Review was reviewed and approved by the Expedited review process on May 13, 2013. You may now continue your research.

Please note the following information about your approved research protocol:

Appendix N (continued)

- Protocol Approval Period:** June 3, 2013 - June 3, 2014
- Approved Subject Enrollment #:** 42 (limited to data analysis from 32 enrolled subjects)
- Additional Determinations for Research Involving Minors:** These determinations have not been made for this study since it has not been approved for enrollment of minors.
- Performance Sites:** UIC, Ramkhamhaeng University - Bangkok, Thailand
- Sponsor:** None
- PAF#:** - Not Applicable
- Research Protocol(s):**
- b) Thai College Students: Attitudes, Subjective Norms, Perceived Behavioral Control, and Intentions Related to Abortion; Version 2; 10/08/2012
- Recruitment Material(s):**
- d) N/A: Limited to data analysis only
- Informed Consent(s):**
- c) N/A: Limited to data analysis only

Your research meets the criteria for expedited review as defined in 45 CFR 46.110(b)(1) under the following specific category(ies):

(6) Collection of data from voice, video, digital, or image recordings made for research purposes., (7) Research on individual or group characteristics or behavior (including but not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Please note the Review History of this submission:

| Receipt Date | Submission Type | Review Process | Review Date | Review Action |
|--------------|-------------------|----------------|-------------|---------------|
| 04/30/2013 | Continuing Review | Expedited | 05/13/2013 | Approved |

Please remember to:

Appendix N (continued)

→ Use your **research protocol number** (2012-0456) on any documents or correspondence with the IRB concerning your research protocol.

→ Review and comply with all requirements on the OPRS website,

"UIC Investigator Responsibilities, Protection of Human Research Subjects"

(<http://tiger.uic.edu/depts/ovcr/research/protocolreview/irb/policies/0924.pdf>)

Please note that the UIC IRB has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Please be aware that if the scope of work in the grant/project changes, the protocol must be amended and approved by the UIC IRB before the initiation of the change.

We wish you the best as you conduct your research. If you have any questions or need further help, please contact OPRS at (312) 996-1711 or me at (312) 355-0816. Please send any correspondence about this protocol to OPRS at 203 AOB, M/C 672.

Sincerely,

Alison Santiago, MSW, MJ

IRB Coordinator, IRB # 2

Office for the Protection of Research Subjects

cc: Arlene Miller, PhD, RN, Health Systems Science, M/C 802
Barbara L. Dancy (Faculty Advisor), Health Systems Science, M/C 802

Appendix O

THAI COLLEGE STUDENTS' PRIMARY CODE BOOK (BOTH MALE AND FEMALE)

| Category | Code | Definition | Example |
|--------------|-----------------------------------|--|--|
| 1. Attitudes | a. Thoughts of unwanted pregnancy | Reported feelings and reasons regarding not being ready to have a baby | Did not use anything to prevent a pregnancy and had unprotected sex; not ready to have a child |
| | b. Unmarried man having a baby | Opinions about young men who are not wedded but are having a baby. | It is common to have sex before marriage, and having a baby was unintentional, a mistake |
| | c. Unmarried woman having a baby | Opinions about young women who are not wedded but are having a baby. | The pregnancy is the result of unprotected sex, a mistake |
| | d. Thoughts about abortion | Reported, feelings and reasons regarding an elected termination of a pregnancy | It is a sin, it's wrong, it's killing a baby. People who are not ready to have a baby. |

Appendix O (continued)**THAI COLLEGE STUDENTS' PRIMARY CODE BOOK (BOTH MALE AND FEMALE)**

| Category | Code | Definition | Example |
|----------|--|---|--|
| | e. Unmarried man asking girlfriend to have an abortion | Feelings towards young men who are not wedded and requesting their girlfriends to terminate the pregnancy | It is immoral, wrong, sin, murder, and killing. |
| | f. Unmarried woman having an abortion | Feelings towards young women who are not wedded and want to terminate a pregnancy | They are a bad person; they are sinning and killing the baby. |
| | g. Circumstances for abortion: woman | Justifiable reasons for terminating a pregnancy | They are in school, have no job, no money, need to work toward a good future, and they do not want parents to know about this. |

Appendix O (continued)**THAI COLLEGE STUDENTS' PRIMARY CODE BOOK (BOTH MALE AND FEMALE)**

| Category | Code | Definition | Example |
|---------------------|--------------------------------------|--|--|
| 2. Subjective norms | h. Circumstances for abortion: man | Justifiable reasons for terminating a pregnancy. | They do not want a baby and they do not feel responsible, still attending school, no money, and cannot raise a child |
| | a. Persons consulted about pregnancy | Individuals selected to give advice about having a baby and how that person is related to you. | People asked are parents, close friends, girlfriends, relatives, and teachers. |
| | b. Rational for choice: pregnancy | Reasons for choosing individuals to talk to about having a baby | They are more experienced, best consultants, they can be talked to about everything |

Appendix O (continued)**THAI COLLEGE STUDENTS' PRIMARY CODE BOOK (BOTH MALE AND FEMALE)**

| Category | Code | Definition | Example |
|----------|---|--|---|
| | c. Important people thought about pregnancy | Significant individuals' feelings about having a baby, what they think about you having a baby | They are concerned about your taking care of children, studying, living, keeping a child, and getting married. |
| | d. Persons consulted about abortion | Individuals selected to give advice about terminating pregnancy and how that person is related to you. | Parents, medical doctors, close friends, girlfriends/ boyfriends, and relatives |
| | e. Rational for choice: abortion | Reasons for choosing individuals to talk to about terminating. | They are important persons and you can talk to them about everything |
| | f. Important people thought about abortion | Significant individuals' feelings about terminating the pregnancy, what they | They will be concerned about your living, studying, and your future |

Appendix O (continued)

THAI COLLEGE STUDENTS' PRIMARY CODE BOOK (BOTH MALE AND FEMALE)

| Category | Code | Definition | Example |
|----------------------------------|--------------------------------------|---|--|
| 3. Perceived behavioral controls | a. Things to do to prevent pregnancy | think about you terminating the pregnancy. Anything students need to do to avoid gestation | The couple use condoms, birth control pills, and the rhythm method |
| | b. Ease of use: condoms | Comfort and being stress free in using condoms to prevent a pregnancy | It is easy to use condoms because they know how to use them, and can thus have protected sex. |
| | c. Where to buy condom | The place to purchase latex barriers | They are in stores, drug stores, vending machines in restrooms (use coin or bill), health centers, clinics, hospitals. |

Appendix O (continued)**THAI COLLEGE STUDENTS' PRIMARY CODE BOOK (BOTH MALE AND FEMALE)**

| Category | Code | Definition | Example |
|----------|---|---|---|
| | d. Where to buy birth control pills | The place to purchase oral contraceptives | They are in stores, drug stores, health centers, clinics, and hospitals |
| | e. Affordability of condoms | Have the money to buy latex barriers | They are easy to buy, not expensive. |
| | f. Affordability of birth control pills | Have the money to buy oral contraceptive | They are easy to buy, not expensive. |
| | g. Ease of buying condoms | How simple or difficult it is to purchase latex barriers | They are easy to buy. |
| | h. Ease of buying birth control pills | How simple or difficult it is to purchase oral contraceptives | They are easy to buy. |
| | i. Tell partner to use condom | Ease of talking to partner about using condoms | It is easy to tell or ask someone to use condoms for protection. |

Appendix O (continued)**THAI COLLEGE STUDENTS' PRIMARY CODE BOOK (BOTH MALE AND FEMALE)**

| Category | Code | Definition | Example |
|----------|--|--|--|
| | j. Use birth control pills | Take oral contraceptives to prevent pregnancy | It is both easy and hard to take the pills. |
| | k. Your ease of not having sex | How stress-free is it for you not to be in a sexual relationship | It is easy to not have sex; the two should know each other. |
| | l. Difficulty in not engaging in sex for other | How hard is it for someone else to not have sexual intercourse | It is hard for someone not to have sex; sex is common. |
| | m. Having an abortion | How easy it is to terminate a pregnancy | It is easy to have an abortion because one may not be ready to have a baby, but it is hard to have an abortion because of sin. |

Appendix O (continued)**THAI COLLEGE STUDENTS' PRIMARY CODE BOOK (BOTH MALE AND FEMALE)**

| Category | Code | Definition | Example |
|----------|-----------------------------------|--|---|
| | n. Where to have an abortion | How simple or difficult to find the places where one can terminate a pregnancy | It is hard to find places for abortions; it should ask friends, doctors, watch TV, and search the internet. |
| | o. Ease of talking about abortion | Comfort level in having conversations about termination of pregnancy | It is both hard and easy to talk about abortion because one is not ready. |
| | p. Support for abortion | Encouraging partner to terminate pregnancy | It is hard to get support because people do not want to have abortions. |
| | q. Payment for abortions | Who give money for terminating the pregnancy | Both the male and female pay, but male should pay more, and the parents of the couple should pay. |

Appendix O (continued)**THAI COLLEGE STUDENTS' PRIMARY CODE BOOK (BOTH MALE AND FEMALE)**

| Category | Code | Definition | Example |
|---------------|--|--|--|
| 4. Intentions | a. Plans to avoid a pregnancy | The method for preventing pregnancy | Couples will use condoms, birth control pills, or abstinence. |
| | b. Plans to avoid situation to have an abortions | The strategy to prevent terminating pregnancies | The couple will consult parents, friends, boyfriends or girlfriends, and they will realize that abortion is sinful |
| | c. Plans for dealing with an unwanted pregnancy | Preparations that can include abortion, gave baby to family member, adoption, marriage, keeping the baby, and terminate the relationship | They will keep the baby and consult their parents. |

Appendix O (continued)

THAI COLLEGE STUDENTS' PRIMARY CODE BOOK (BOTH MALE AND FEMALE)

| Category | Code | Definition | Example |
|-------------------------|--------------------------------------|---|--|
| 5.Definitions | a. Unwanted pregnancy | Reported meaning of an undesired or unwelcomed gestation | It is unprotected sex and mistake. |
| | b. Abortion | Reported meaning of the elected termination of a pregnancy | It is removal of the baby. It is murder. |
| 6.Legality of Abortions | a. Lawful | Reported beliefs about whether abortions are permissible by the government | Abortion is illegal in Thailand except in case of rape and abnormal pregnancy. |
| 7.Other abortion | a. People having an abortion | Know someone who terminated a pregnancy | I do not know. |
| 8.Own abortion | a. Personal experience with abortion | Reported either terminated a pregnancy (female) or had his girlfriend terminate a pregnancy | Never |

VITA

NAME: Paveenapat Nithitantiwat

EDUCATION: B.S.N., Boromarajonani College of Nursing, Lampang, Thailand, 1994
M.S.N., Chulalongkorn University, Thailand, 1999
Ph.D., University of Illinois at Chicago, 2013

PROFESSIONAL
EXPERIENCE: Instructor of Nursing, Boromarajonani College of Nursing, Ratchaburi,
Thailand, 1994-2008

RESEARCH
STUDIES
COMPLETED: Factors that influence the anxiety of the second-year nursing students who
practiced the basic concepts and principles in nursing III, Ratchaburi, 2003
Relationships between personal factors, social support, and emotional
quotient of nursing students, Boromarajonani College of Nursing,
Ratchaburi, 2004

Knowledge and practice toward universal precaution of nursing students at
medical ward, Ratchaburi Hospital, 2004

Caring behaviors and nursing practice of nursing students at
Boromarajonani College of nursing, Ratchaburi by demonstration in
experience training method, 2006

Emotional intelligence of nursing students, Boromarajonani College of
Nursing, Ratchaburi, 2007

PUBLICATIONS: Nithitantiwat, P. et al. Relationships between personal factors, social
support and emotional quotient of nursing students, Boromarajonani
College of Nursing, Ratchaburi. *Journal of Boromarajonani College of
Nursing, Ratchaburi* (July -December 2007)

Nithitantiwat, P. et al. Caring behaviors and nursing practice of nursing
students at Boromarajonani College of Nursing, Ratchaburi, by
demonstration in experience training method. *Journal of Boromarajonani
College of Nursing, Ratchaburi* (July -December 2007)

HONORS: Visiting Scholarship, Ministry of Public Health, Thailand, 2004
The Royal Thai Government Scholarship, Ministry of Public Health,
Thailand, 2008-2013

VITA (continued)

The Beverly J. McElmurry Scholarship, University of Illinois at Chicago,
2012

Cheiko Onoda Scholarship, University of Illinois at Chicago, 2013

**PROFESSIONAL
MEMBERSHIPS:**

Thai Nursing Council, 1994–present

Thai Nurse Association, 1994–present

Sigma Theta Tau International Honor Society, 2011–present