

How Social Institutions Influence Perceptions towards Contraceptive Use in Thailand

Thailand has been dealing with one major public health concern, adolescent pregnancy, since 2008. To avoid unintended pregnancy, contraception is the most effective media strategy. A number of studies highlight that the rate of the young generation engaging in sexual activity who practice contraception is low compared to adults (Andajani et al., 2017). Besides the increasing trend in adolescent pregnancy, unintended pregnancy may result as an adverse health problem for pregnant women and children born. Outcomes of unplanned pregnancy are more serious to women in developing countries, including Thailand, than in developed countries by cause of an underdeveloped health care system. Many pregnant women may endure miscarriage or may seek unsafe abortion. Explanations for unintended pregnancy vary from misuse of contraception, unplanned sexual intercourse, and rape. Easy access to contraceptive methods would significantly reduce unintended pregnancy rate. Various factors could manipulate decisions of Thai adolescents to use contraceptives. (Devine, 2012)

Contraception available in Thailand includes male condoms, oral contraceptive pills, contraceptive injection, implant, patches, IUD, and other diverse products. Contraceptives can be bought without a prescription in the country. The commonly used ones would be condoms and oral contraceptive pills, but much sex happen unprotected. Birth control not only prevents unintended pregnancy, but also decreases the chance in receiving sexually transmitted diseases. Women generally use emergency contraception instead of regular contraception due to uncomplicated accessibility. It is usually used after the failure of other contraceptive methods. Women have great awareness of its existence yet little knowledge to be able to use contraceptive pills effectively despite its productive capability. Emergency contraception does not cost consumers expensively as a result of low production cost. The government also subsidizes contraception at local medical units where most people can approach. Emergency contraceptive pills or the morning-after pills deliver a safe and effective outcome if correctly consumed within 72 hours after intercourse of unprotection, even though the usage might give out negative aftereffects such as headache and nausea. If emergency contraception is used appropriately, it would prevent up to 75% of unintended pregnancies. Unintended pregnancy may contribute to

induced abortions which remains illegal for some cases in Thailand and is possibly life-threatening.

The legal termination of pregnancy by physicians is based on a plethora of requirements. The procedure is restricted to those with medical need, legal need, age under 15 years old, and the child at the risk of abnormalities (UNICEF, 2018). Insanitary abortions could to unfavorable health effects: infertility, morbidity, and mortality for example. Women who get an abortion probably suffer diminishing mental health. Abortion is considered illegal and immoral in the context of Thai culture, women might be gossiped of accusation. These women would be embarrassed to pursue relevant medical treatments. Institutions play an influential role to acknowledgement about contraception of adolescents. With norms of the society, they feel awkward when they seek contraceptive products and perceive visiting medical professionals time consuming. Lack of communication in family institutions discourages teenagers to ask for proper sex related advice from their parents. In addition, school lessons cannot educate adolescents well enough. The measurement to assure that Thai teens acknowledge about and correctly use contraception. (Ellertson et al., 1995)

Thailand encounters the challenge that contraceptive use is not widespread among the group of people who are sexually active. Current and potential contraceptive users have too limited knowledge about contraception usage. Rape is one of the severe crimes happened in Thailand. Bangkok Post (2019) reports that an approximate of 30,000 cases arisen per year. Culprits commit rape in mean of political intimidation to abuse power over victims (Diamond et al., 2002). Rape includes more than abusive penetration into another's vagina, anus, or mouth; sex without consent is regarded as rape, too. Thai activists progress continuously on the issue of sexual assault. #DontTellMeHowToDress campaign started in 2018 by Cindy Sirinya Bishop, a Thai supermodel, turned viral. For a long time, Thai authorities has been reprimanding women not to dress seductively to prevent sexual assault cases. Every single woman has been taught to dress politely, but men have never been told to behave well. Thai cultures impact perceptions of people on sexual matters a lot. Many people would perceive premarital sex and contraceptives highly unethical.

Social stigma is another obstacle that makes adolescents harder to reach contraception. It holds back the Ministry of Public Health to widen access to birth control to adults and adolescents who do not intend to have pregnancy. Deficient reproductive health services in Thailand creates an unfriendly environment for potential contraceptive users feel ashamed in accessing information about contraception. The regulation states that people under the age of 20 can obtain a free contraceptive implant. However, several teen Twitter users share their bad experiences about contraceptive implants when the topic is brought up. They have claimed that health care providers deliver unsatisfactory services such as accusing them of being premature. Reproductive counseling service is controversial for sexual advice discouragement. With cultural aspects, boys normally have more powerful negotiation over girls (Harper & Ellertson, 1995). Most boys are reluctant to wear condom and the burden is then imposed on their partners instead. People from across the country express that anonymity could stimulate the number of adolescents with contraceptive use. Some suggest setting vending machines around the corners. It would be advantageous for consumers after the opening hours of stores. Furthermore, cost would be one more barrier to exclude many adolescents out of contraception. Regardless of the highest average income in Bangkok, people in other regions suffer wide income inequality (LIVINGASEAN, 2019). Nevertheless, an increase in knowledge does not mean behavior change. Educating adolescents about contraception might have a better influence on the use of contraception than encouragement alone. Yet, we have to get rid of public criticism towards premarital sex.

The key success in driving people to eliminate bias towards premarital sexual relationships is institutional reform. Family institution is the primary institution which performs basic social interactions. Inarticulate communication or inadequate parental supervision between parents and kids plays a part in lack of knowledge among adolescents. Therefore, adolescents might have sexual intercourse without contraception. The social norms pronounce premarital pregnancy as unacceptable. Most couples are forced to get married or get an abortion. Otherwise, the family will 'lose face', alternatively, feel ashamed. An effortless access to international teenage sexual-oriented media tends to lead adolescents to desire premarital sexual experience. The public media could step up the game with the broadcast of campaigns which reinforce

acknowledgement of contraceptive use which weakens the risk of sexually transmitted diseases like HIV and AIDS. Exposure to numerous kinds of media connected to sexual issues shapes adolescents' awareness of contraceptive methods. Additionally, adolescents can explore the world even wider through the Internet. It might be beneficial in the way that Internet users can simply find out greater information. There are some concerns in the use of the Internet that not all online data is accurate. Internet users should keep in mind that everyone can write anything online.

The legal institution could enact digital regulation to filter inaccuracy. The Ministry of Public Health, a department under the command of the government, provides public healthcare which consists of reproductive healthcare to all Thais according to government schemes. Weak health infrastructure is another cause of contraceptive misuse. Healthcare providers should emphasize open discussion of sexual actions and related matters with patients to promote contraceptive options. It would allow sexually active group to make a choice of contraception on their own. To support contraception accessibility, relevant organizations must urge contraception to be put on the national essential medicines list. The drugs on the national essential medicines lists surge health prosperity to the population. The objective is to assure an access to contraception of all citizens. Contraceptive products must be labelled detailed instructions to avoid the improper use. Lobbying of stakeholders can make the appeal become reality. Educational institution is a place where the community mainly acquires knowledge. Hence, teachers must be well-educated on contraception before conducting a lesson for students. Teacher training course is the solution to build up teachers' know-how. Healthcare providers and teachers should be the mainstay who share sexual knowledge and access to contraception. They should be able to examine mistaken myths of people.

Expansion of contraceptive use in Thailand continues to be a challenging point for all social institutions to conquer. Contraception should not be viewed negatively when it generates advantages despite little unharmed side effects. Maternal mortality rate can decrease by 30% as a consequence of contraception (Makins & Cameron, 2020). We should standardize perceptions of associated institutions: government, family, and education. Education system should serve comprehensible sex education to develop students' right understanding of sexual knowledge.

Community health centers and schools could cooperate to the setup of universal healthcare services covering teenagers. Healthcare professionals need to facilitate contraceptive guidance services to Thai residents both pre-pregnancy and post-pregnancy period. They should assist people of reproductive age aware of available contraceptive methods. Practitioners should never deny to proceed the procedure to adolescents by reason of cultural stigma or social pressure. Social attitudes greatly arouse teenagers' determination to open up about sexuality. The abortion debate has been raised in many countries around the world. Abortion is a moral issue that concerns a woman's rights on her health matters and the fetus' rights. Feminist activists has been pushing up the legalization of abortion since legal abortion in Thailand is not currently feasible for every woman. Many women have undergone illegal (unsafe) abortion and it involves soaring rate of maternal mortality. The legalization of abortion would aid multiple women to escape unintended pregnancy and following consequences. Public policy makers should be capable of sorting out barriers that obstruct the development. The progressive policy is believed to efficiently drive the society. Entire institutional units' proposal to advance sexual health will standardize it as the regular topic.

References

- Andajani, S., Chanthasukh, S., & Fairbairn-Dunlop, P. (2017). *Influencing Factors towards Thai Adolescents' Decision Making on Contraceptive Use: Preliminary Results*.
Bangkok Post. (2019, June 10). *Ruling on rape*. Retrieved from
<https://www.bangkokpost.com/life/social-and-lifestyle/1692424/ruling-on-rape>.
- Devine, K. (2012, April). The Underutilization of Emergency Contraception. *The American Journal of Nursing*, 112(4), 44-52. Retrieved from <http://www.jstor.org/stable/23233576>
- Diamond, I., & Graham, A., Moore, L., & Sharp, D., (2002). Improving Teenagers' Knowledge Of Emergency Contraception: Cluster Randomised Controlled Trial Of A Teacher Led Intervention. *BMJ: British Medical Journal*, 324(7347), 1179-1183.
Retrieved from <http://www.jstor.org/stable/25228324>
- Ellertson, C., Winikoff, B., Armstrong, E., Camp, S., & Senanayake, P. (1995). Expanding Access to Emergency Contraception in Developing Countries. *Studies in Family Planning*, 26(5), 251-263. doi:10.2307/2138011
- Harper, C., & Ellertson, C. (1995). Knowledge and Perceptions of Emergency Contraceptive Pills Among a College-Age Population: A Qualitative Approach. *Family Planning Perspectives*, 27(4), 149-154. doi:10.2307/2136258
- LIVINGASEAN. (2019, January 4). *Thailand Has Widest Income Inequality in the ASEAN*.
Retrieved from
<https://livingasean.com/explore/thailand-income-equality-wealth-report-2018-indonesia-economy/>.
- Makins, A., & Cameron, S. (2020). Post pregnancy contraception. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 66, 41–54.
Retrieved from <https://doi.org/10.1016/j.bpobgyn.2020.01.004>
- UNICEF. (2015). *Situation Analysis of Adolescent Pregnancy in Thailand*.