



The Struggle for Abortion Law Reform in Thailand

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Abstract In Thailand abortion is against the law except in cases of risk to a woman's health or if the pregnancy is the result of rape or other sexual crimes. This paper presents an overview of the history of the abortion debate in Thailand based upon research conducted from 1997–2001 for an ethnographic and historical study. Information was taken from media reports from 1950 in the Thai and English language press, a review of parliamentary records and interviews with 10 key informants. The debate over legal reform started in 1973. A reform bill was passed in 1981 in the House of Representatives but defeated in the Senate, primarily due to the lobbying efforts of Chamlong Srimuang, the leader of a broad-based religious coalition, who has been central in the anti-reform movement since then. The current democratically elected government in Thailand offers the best hope yet for reform, though abortion remains a politically sensitive issue, sensationalised in the press to counter reform efforts. A new advocacy network has recently been formed, including a range of women's organisations, public health advocates, academics and journalists. Current proposals from governmental and medical profession bodies may make abortions available to some women, but most, who seek abortions due to socio-economic and family planning reasons, will continue to have to find abortions by whatever means they can. © 2002 Reproductive Health Matters. Published by Elsevier Science Ltd. All rights reserved.

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FOR the last 30 years, legal reform of the abortion laws in Thailand has been the subject of controversy and debate. The current abortion law restricts abortion except when performed by a medical practitioner for the sake of a woman's health or if the pregnancy is the result of rape or unlawful sexual contact [1]. "Health" in this instance is usually defined narrowly as threatening a woman's physical health.

Despite the illegalities, it is estimated that 80,000–300,000 abortions are performed each year. While the majority of these are conducted by trained medical practitioners, access remains problematic for many women and potentially unsafe techniques are also employed, such as massage, uterine and intramuscular injections and self-medication. In addition to deaths as a result of complications following illegal abortions, other

complications reported include injury, infection and infertility, at a high cost to the Thai public health system [1–7]. Enforcement of the law through sporadic police raids on abortion clinics ensures that a climate of insecurity and secrecy pervades abortion experiences.

This paper gives a brief account of the history and current prospects for legal reform in Thailand. It is derived from research conducted from 1997–2001 for an ethnographic and historical study of illegal abortion. The information is taken from media reports from 1950–2001 in the Thai and English language press, a review of parliamentary records and interviews with 10 key informants, including staff of NGOs active on the issue, former parliamentarians, activists and government staff. Interviews covered their personal involvement in the issue.

Abortion in Thailand

Unplanned pregnancies remain a common dilemma for women despite a high rate of contraceptive use in Thailand. According to the National Statistical Office, in 1997 the contraceptive prevalence rate for married women of reproductive age (15-44) was 75.2%. The contraceptive pill is the most popular form of contraception used by married couples (28.4%) with female sterilisation ranking second (23.9%) [13]. A recent study of 80 women with unplanned pregnancies found that although all the married women in the study had used contraception, they fell pregnant either because they used a method incorrectly, discontinued its use due to side effects or experienced contraceptive failure. The unmarried women had limited access to and limited knowledge of contraception and tended to depend upon methods with a high failure rate, such as counting days and withdrawal [14].

A number of studies in Thailand have documented the incidence of health consequences, morbidity and mortality and the practices and characteristics of abortion providers [3-6,8-12]. In urban areas, the majority of abortions are induced clandestinely by trained medical staff in private clinics and hospitals. The quality of care in such clinics is variable and illegality forces prices to be high. However, many poor, rural women do not have the financial resources to access these clinics.

The most recent information comes from a cross-sectional study funded by the World Health Organization, conducted in 1999 in 76 provinces. Of a total of 45,990 cases of women presenting to public hospitals with symptoms relating to spontaneous miscarriage or abortion, 28.5% had induced abortions (19.54 per 1000 live births). This survey was unable to collect data from private hospitals and clinics, however, so this is likely to be an underestimate. The study documented 14 deaths from septicaemia (0.11%) following induced abortions. Interviews with a sample of 4588 of the women found that their main reasons for having an abortion were socio-economic (56.8%) or family planning-related, e.g. pregnancy at an inappropriate age, pregnancies too close together or having achieved desired family size (34.4%). Methods used to induce abortion included injection or insertion of substances into the vaginal canal (40.6%), vaginal suppository (13.6%), oral tablets (11.6%) or massage (11%). About 12% of the women interviewed had tried to induce their abortions themselves,

and 40% suffered serious complications, including severe haemorrhage (11.8%), septicaemia (12.4%), pelvic inflammatory disease (12.0%) and uterine perforation (7.4%) [2].

Research in rural northeast Thailand [15,16] suggests that the most common technique used by rural women is the consumption of herbal emmenagogues known generically as *ya satri* (women's medicine) or *ya khap leuat* (medicine to bring the blood down). Sixteen per cent of 164 village women interviewed in one survey had used *ya satri* at some time to regulate their menstruation [15]. Many women consume commonly available pharmaceutical drugs. Misoprostol use has also been reported and has recently been restricted, making it available by prescription only at hospitals [17].

Social attitudes towards abortion

Abortion is considered to be a life-destroying act that constitutes a serious Buddhist *bap* (sin/demerit). Many rural women cite fear of *bap* as the reason why they choose to continue with an unplanned pregnancy. Abortions conducted after "quickening" at three to four months are considered by women to involve greater demerit than earlier abortions [16].

Bioethicist Pinit Ratanakul suggests that although institutionalised Buddhism rejects abortion, most lay Thai Buddhists agree with a middle path on the morality of abortion [18]. This "middle path" is apparent in a number of studies on the social acceptability of abortion, which demonstrate that the Thai public is willing to allow abortion in certain circumstances not currently permitted under the law [1]. In 1982, the Institute of Population Studies [19] found that a majority of both rural and urban women respondents approved of abortion where mentally ill or disabled mothers could not bring up a child, or if there was a risk of hereditary disease. Almost half of both rural and urban women (44-45%) supported access to abortion for unmarried women. In 1986, 69% of medical professionals favoured a more liberalised abortion law and 17% favoured complete legalisation. They expressed widespread approval for abortion in cases of mental illness and fetal abnormalities [20]. A 1998 survey of medical professionals in Bangkok found the majority supported access to abortion for women with HIV, or who had had German measles. However, there was little support for abortion on other

grounds. 70% of nursing and medical students did not support abortions on grounds of economic disadvantage, large family size, student status or low or high maternal age [21].

History of abortion law reform in Thailand

The early Siamese legal code, the Three Seals Law of Rama 1 (1805 AD) contained punishment by flogging, fine and imprisonment for anyone causing an abortion [22]. In cases where the woman died, the abortionist faced the death penalty. The modern precedents to the current abortion law date from reform of the Penal Code in 1908. It prohibited abortion in all cases and punished abortionists and women seeking abortions with fines and prison sentences. Changes made in 1957, following a 10-year revision of the criminal code during the regime of Prime Minister Phibulsongkram, allowed abortion in the case of rape or risk to a woman's health.

Summary of Thai abortion legislation 1957

- *Penalises* a woman who causes an abortion to herself or allows another to procure an abortion for her: 6000 baht or three years jail, or both (Section 301)
- *Penalises* the administrator or procurer of an abortion: maximum fine 20,000 baht or 10 years jail if it results in the death of the woman (Section 302)
- *Penalises* procuring or administering an abortion without consent: maximum fine 40,000 baht or 20 years if it causes the woman's death (Section 303)
- *Exempts* from prosecution unsuccessful or unfinished abortion attempts (Section 304)
- *Allows* abortion to be performed by a medical practitioner if necessary for a woman's health, or if the pregnancy is due to offences such as rape, seduction of a girl under 15, fraud, deceit or violence in procuring sex or seduction (Section 305) [1].

1973 marked the beginning of public acknowledgement of abortion and the first public debates concerning legal reform. Three national seminars on population between 1963 and 1968 had created a new focus on reproduction in Thailand. By 1968 the Ministry of Public Health had become directly

involved in providing family planning services. In March 1970 the cabinet declared the first family planning policy in Thailand, and a National Family Planning Programme was incorporated into the Third National Economic and Social Development Plan (1972–1976). This period also saw the development of a number of NGOs involved in family planning activities, such as the Community Based Family Planning Service started by Mechai Viravaidya (now the Population and Community Development Association), and the Planned Parenthood Association of Thailand. By 1976, the contraceptive pill, the IUD and sterilisation were offered free of charge at all government health stations and there was a rapid increase in contraceptive use from 15% of currently married women nationally in 1969–1970 to 65% by 1984 [23]. However, contraceptives were not generally available to unmarried women.

One of the leading figures in the public debate over abortion in Thailand is Dr. Suporn Koetsawang, former Head of the Siriraj Hospital Family Planning Unit. His 1973 research on the “alarmingly high” number of patients treated for complications at Siriraj Hospital following illegal abortions from 1968–1971 was reported in newspapers and triggered widespread concern [24]. With support from other medical professionals and some NGOs, Dr. Suporn has been instrumental in ensuring the continued debate over law reform through his strategic releases of research results, political lobbying and media comments.

Also during this period, lawyers, academics, some members of parliament and health professionals began to lobby for legal reform. This occurred within the context of widespread political activism by members on the part of the medical profession on a range of social issues. As Bamber [25] notes, the medical profession was heavily involved in the political protest movement associated with the student uprising of 14 October 1973 against the regime of Thanom Kittikachorn. The fall of the Thanom regime brought a brief period of democratic rule. Increased awareness of social issues across all professions saw a questioning of many of the legal and social structures in Thailand.

The first discussion of abortion law reform in Thai newspapers was an article by Sammat Kaewrot, “Solving the abortion problem at the wrong end”; it proposed better access to and use of contraception to avoid abortion [26]. In February 1974, Mechai Viravaidya, then Head of the Thai Family

Planning Association, announced that in an international seminar on sterilisation and abortion doctors from 14 countries called for abortion to be legalised [27]. A debate followed in the press. A sarcastic anti-abortion article by Sunjai Sangwichien entitled "Free abortion" appeared in *Siam Rath* [28]. This was the first time this term was used in the press. It inspired a series of articles arguing for and against the notion of "free abortion" from 27-30 September 1974. The term still inspires a potent anti-reform argument in the Thai debate. The argument centres on the Buddhist proscription against abortion as the destruction of sentient life, and the threat of "free abortion" leading to "free sex" is seen as a corrupt Western influence which will destroy Thai culture [29].

The public health argument in support of legal reform also began to surface in press reports during this period. For example the writer "Janap" in an article entitled "Danger from abortion" argued in favour of liberalisation of the laws to save women from the dangers of illegal abortion [30].

The military repression of 1976 saw the brief period of democratic rule end, along with public debate over social issues. It was not until 1978 that the issue re-emerged with the release of research findings on the extent of illegal abortions. Dr. Boonlert Lieopraphai estimated that 200,000 abortions were taking place each year, mainly due to economic necessity [31]. The push for reform gained momentum throughout 1980. There was a shift away from an authoritarian regime to semi-democratic government, under General Prem Tinsulanonda, and a rise in the political power of an educated middle-class, a booming economy and changing roles and aspirations of women in Thai society, who were becoming increasingly educated, mobile and independent.

A campaign for reform was developed through a series of workshops, panel discussions and debates at universities, and among legal and medical professionals, and received wide coverage in the press. The combined lobbying of members of the press, academics, a few technocrats, NGOs and some women's organisations ensured that the issue remained on the political agenda.

In 1981, an attempt at abortion law reform almost achieved success. The proposer of the reform bill was Prachakorn Thai parliamentarian, Dr. Boontium Khamapirad, who was then MP for Bangkok and Chairman of the House Standing Committee on Public Health and Environment. He proposed

an amendment of Section 305 of the Penal Code to broaden the circumstances permitting legal abortion. It called for abortion to be permitted for the physical and mental well-being of the woman concerned; if the fetus is physically or mentally deformed; in cases where contraception used under the supervision of a legally recognised medical practitioner is unsuccessful or fails; or if the woman became pregnant as a result of legally proscribed sexual relations such as rape, or incest [32]. On 29 September, the House of Representatives passed the Abortion Bill by 79 votes to three with 219 MPs abstaining. The large number of MPS abstaining suggests that the bill passed not through majority support, but through a lack of opposition, and probably reflects the moral ambivalence many felt on this issue. The bill then passed to the Senate for debate and ratification.

The opposition mobilises

In the three months between September, when the bill was passed by the lower house, and December when it was considered by the Senate, a coalition of religious organisations lobbied intensively against the reform. This campaign was spearheaded by Major General Chamlong Srimuang, Secretary-General to the Prime Minister at the time. Throughout the 1980s and 1990s he emerged as the most significant figure in the anti-abortion lobby. Chamlong came to prominence in the abortion debate in October 1981, when accompanied by MP Siri Thungthong of the Chat Thai party, he led a dozen anti-abortion bill protesters to shave their heads and march to seek support from the head of the Buddhist clergy, the Supreme Patriarch, in protest against the bill. This event received widespread media coverage. When the Interior Minister, General Sitti Jirarote came out in support of the bill on the grounds that it would save women's lives, Chamlong made front page news by resigning his Senate position in protest [33].

Chamlong's opposition to the bill was motivated by strong religious convictions. In 1979 he had joined the Buddhist movement Santi Asoke led by the controversial monk Phothirak. Chamlong became known as "half-man, half-monk", following an ascetic regime which included giving away his possessions, selling his house, taking a vow of celibacy and eating only one vegetarian meal a day. The Santi Asoke sect was at the height of its popularity during the 1980s and early 1990s [34].

Chamlong appealed to the spectre of "free abortion" to characterise the reform. Abortion was characterised as un-Buddhist and hence un-Thai behaviour that threatened the moral integrity of Thailand. At a time of burgeoning economic growth, the issue of abortion was represented as a symbol of moral decline and sexual promiscuity, linked to the excessive lifestyles and corrupt money-politics of the period, the decline of Thai Buddhist values and traditions, and the de-valuing of motherhood [29]. Chamlong was able to mobilise a public coalition of religious leaders and Islamic, Sikh, Christian and Buddhist organisations, as well as Santi Asoke supporters, to oppose the reform. As a former military man he was also highly influential among the military appointees who dominated the Senate. So successful was the campaign led by Chamlong that in December 1981, the Senate rejected the amended bill by a vote of 141 to one, with 83 absent [35]. The Bill was then returned to the Lower House for reconsideration in 1982 but was dropped from the agenda [36].

Further attempts at reform occurred throughout the 1980s. Dr. Bootium Khamapirad resubmitted a bill to amend the abortion law in 1987. This time it included provision for the growing number of pregnant women who were HIV positive, who could not legally terminate a pregnancy if they so wished. The amended bill sought to allow abortion under four conditions: for the sake of a woman's health, in cases where the fetus is deformed or has a serious communicable disease, if birth control administered by a doctor had failed, and if pregnancy was a result of rape [37]. Chamlong again opposed the bill arguing that it would only cause immorality [38]. By 1988, his popularity had grown, especially with the Bangkok middle classes, eager for a change from corrupt money-politics and military machinations, and he formed the *Phalang Tham* (Dharma force) political party [34]. However, the bill was never debated as in July 1988 Prime Minister Prem called a general election. When the two abortion bills were proposed again for debate, a military coup in February 1991 dissolved the government and stymied their consideration. In March 1992 Chamlong was elected MP for a Bangkok constituency. In April 1992, widespread demonstrations occurred against the premiership of General Suchinda Krapayoon and proposed constitutional changes. Chamlong began a hunger strike in May 1992 and became a leading figure in mass demonstrations on 17 May which led to the army shooting hun-

dreds of unarmed protesters. Chamlong was partly blamed for the events of "Black May" and retreated from public life for a period [34].

Throughout the 1990s the issue of abortion received sustained public attention through regular police raids on clinics, reported in the press, which may have been politically motivated or followed demands that the police enforce the law. For example, a dramatic raid on the Pattanawet Hospital in 1994 was instigated by Deputy Public Health Minister Udomsilp Srisaengnam (a *Palang Tham* MP for Bangkok) who attended the raid and featured in dramatic front-page photographs pointing to fetal remains found at the hospital. Three women were charged with having abortions, two doctors received two-year sentences (later reduced on appeal to 150,000 baht bonds) and the hospital owners were also charged [39]. This raid re-ignited debate over abortion reform and repositioned the *Phalang Tham* as a moral force in politics, although they were also criticised for sensationalism. Political embarrassment is another reason for the raids, as evidenced in the 1997 raids on seven clinics run by the Population and Development Association, which embarrassed Senator Mechai Viravaidya, a long-time advocate of legal reform, whose brother ran one of the clinics [40].

Current efforts for reform

In the late 1990s, the supporters of reform adopted a different strategy. Central to this has been an active advocacy network. Members of this network hold a variety of views on the issue and the types of reform required, but are generally supportive of improving the legal situation for women. The central women's NGO involved has been the Foundation for Women, which has formed alliances with the Reproductive Health Advocacy Group, Friends of Women Foundation, Association for the Promotion of the Status of Women, and Hotline Centre Foundation, as well as a few international agencies. Other NGOs which have lent their support at various times include Friends of Women Labourers in Asia Project, Academics for Women's Rights Group, Empower (an NGO assisting sex workers) and the AIDS Rights Control Centre. In addition, the reform movement is supported by prominent public health advocates, including academics and journalists. The Family Planning and Population Division and the AIDS Division within the Thai Ministry of Public Health have also recommended policy revision.

Tired of abortion being used as a populist political tool, and frustrated by the lack of support, reform advocates have undertaken a three-pronged approach. This includes the increasingly sophisticated lobbying of key players within government ministries responsible for the issue, organising public seminars and authoritative research projects on the incidence and consequences of illegal abortion, and a media campaign by sympathetic journalists to educate the public about the health consequences of illegal abortion and to reassure them that reform of the law does not mean "free abortion". Emphasis is being placed upon the consequences of unplanned pregnancy and women's reproductive health rights rather than a sole focus upon abortion.

At present, different arms of government are divided over how to approach the issue and its jurisdiction. One strategy has been to try to avoid the need for passing amendments in parliament by clarifying definitions in the present legislation. Repeated requests for legal clarifications from the Council of State (a body with responsibility for the interpretation of the law) on the definition of the word "health" in the legislation have produced conservative replies, however. For example, although the Ministry of Public Health has argued to the Council of State that the mental health of the woman is a legitimate reason for legal abortion, in 1998 the Council of State ruled that the definition of health in the legislation referred solely to the woman's physical health and that permitting abortions on mental health grounds would lead to an increase in abortions. The Thai Medical Council, Ministry of Public Health and Justice Ministry have all called for a ruling on whether abortion on the grounds of HIV infection is legal; this has also been rejected by the Council of State [41,42].

The hopes of reformists currently rests with the democratic election of both houses of parliament for the first time in 2001 (the Senate previously contained appointed members), and the new constitution, which guarantees equal rights for men and women. Some advocates now argue that the present abortion law is unconstitutional as it infringes women's rights [43].

The most significant development was the formation of a sub-committee by the Thai Medical Council in February 2001, which has been invited to brief the Senate. It is recommending reform to permit abortion on mental health grounds and for

a limited number of health conditions in the fetus. The committee consists of a number of politicians, academics, Ministry of Public Health representatives, and representatives of different NGOs and international agencies. The results of this prestigious committee's deliberations are to be passed to the Ministry of Public Health for consideration [44]. However, the committee has been criticised for supporting reform primarily to protect doctors from legal prosecution [45].

Reformists still face the political problem that the present Prime Minister, Thaksin Shinawatra was a former leader of *Phalang Tham*. Although Chamlong Srimuang is no longer politically active, having retreated to a Santi Asoke community, it is believed that he remains influential behind the scenes and is likely to have influence over the present PM. More significantly, the present Minister for Public Health, Sudarat Keyuraphan, is a former member of *Phalang Tham*. Any recommendations for amendments to the legislation would require her approval before being passed to parliament.

The anti-abortion reform lobby has powerful allies in the press. Each time efforts towards law reform are renewed, sensationalist reports of abortion cases follow. For example, within days of a seminar on the reform issue held by the Thai Medical Council and the Ministry for Public Health, a story broke on the front pages of Thai dailies detailing a particularly horrific case of an 18-year-old student who almost died after an attempt to abort a pregnancy at eight months [46]. Throughout January 2001 a series of sensationalist articles described the discovery of fetal corpses alleged to originate from illegal clinics serving "fun-loving, morally corrupt" girl students. In response, Public Health Minister Sudarat called for provincial health officials to assist police in a crackdown on illegal clinics or face penalties, and suggested that "focusing on ethics and correct behaviour in adolescents is better than changing the law" [47]. Far from supporting reform, she has called for penalties for women who have abortions and those providing them to be doubled [48] although she later modified her stance and recommended harsher penalties only for those providing abortions. The deputy Public Health Minister, Dr. Suraphong Suebwonglee, has also proposed that a law be introduced to penalise the sexual partners of women who have had abortions with the same penalties in fines and imprisonment as women now face [49].

Discussion

Until recently, NGOs in Thailand had little civic space in which to express their opinions and influence political processes. Campaigns for social reform of any kind have had to rely on the support of influential people. Throughout the 1980s and 1990s, the rally politics of charismatic leaders such as Chamlong Srimuang have dominated the debate on abortion, leaving reformists little opportunity to argue their case to a wider audience. The continued instability of Thai governments has also limited debate on numerous occasions. Abortion remains a vexed political issue that politicians do not wish to pursue publicly, and real support among the present government leadership is lacking.

The campaign for legal reform is led by a few key individuals, public intellectuals and organisations, is largely middle-class and based in Bangkok. The debate for reform has largely taken place within a circle of "experts" whose arguments are based on subtle legal distinctions and public health grounds that are not well understood by the majority of the population. Despite remarkable achievements in lobbying government and publicising the need for reform in a unsupportive political context, the few women's organisations involved are small urban groups whose feminism carries negative connotations of western influence. Abortion remains associated in the popular imagination as un-Buddhist, a sinful act of prostitutes and promiscuous students, not an issue that affects the lives of all Thai women. This reading is supported by the continued unsympathetic portrayal in the press of women who abort as heartless, bad women or morally corrupt, fun-loving adolescent students. Additionally, the fact that medically supervised abortions are readily available for women with money who know where to get them has made it difficult to build a broad-based coalition for legal reform. Ille-

gality also keeps abortion highly profitable for doctors and other providers.

Current efforts by the Thai Medical Council to allow abortion for a limited number of fetal conditions, e.g. serious genetic disorders, may grant some women access to legal abortions. The Medical Council is also arguing for allowing mental health grounds, narrowly defining mental health under ICD 10, to be assessed by a medical panel. However, requiring a medical assessment will cause delays and cause abortions to be performed later in pregnancy, a barrier which may force women to seek clandestine abortions [50]. It reinforces the idea that the decision to abort is a decision no sane woman would make. Even if passed, the Thai Medical Council reforms will not offer increased access to legal abortion for the majority of women seeking an abortion – who do so for economic and social reasons – nor for HIV positive women who do not wish to continue a pregnancy, single women in difficult circumstances, those who have experienced contraceptive failure, or those who have been raped but do not wish to report the incident to police. They will continue to be forced to get abortions by whatever means they can.

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References

1. Population Council. Abortion in Thailand: A Review of the Literature. Bangkok, 1981.
2. Boonthai N, Warakamin, S. Induced abortion: a nationwide survey in Thailand. Presented at XXV International Congress of Medical Women's International Association on Women's Health in a Multicultural World, 19-23 April 2001, Sydney.
3. Koetsawang S, Saha A, Pachauri S. Study of "spontaneous" abortion in Thailand. *Int J Gynecology Obstetrics* 1978;15(4):361-8.
4. Narkavonnakit T. Abortion in rural Thailand: a survey of practitioners. *Stud Family Plann* 1979;10(8-9):223-9.
5. Chaturachinda K et al. Abortion: an epidemiologic study at Ramathibodi hospital. *Stud Family Plann* 1981;12(6-7):257-62.
6. Narkavonnakit T, Bennett T. Health consequences of induced abortion in rural northeast Thailand. *Stud Family Plann* 1981;12(2):58-65.
7. Ladipo OA. Preventing and managing complications of induced abortion in third world countries. *Int J Gynecology Obstetrics* 1989;(Suppl 3):21-8.

8. Pinchun P, Chullapram T. A 10-year review of maternal mortality in Chon Buri Hospital, Thailand. *J Med Assoc Thailand* 1993;76(6):308-13.
9. Rattakul P. Septic abortion: the scourge of modern obstetrics. *J Med Assoc Thailand* 1971;54(5):312-9.
10. Pongthai S, Phuapradit W, et al. Illegally induced abortion: observation at Ramathibodi Hospital. *J Med Assoc Thailand* 1984;67(Suppl 2):50-3.
11. Rauyajin O. Induced abortion: facts and prospect in Thailand. Faculty of Social Sciences and Humanities. Bangkok: Mahidol University; 1979. p. 138.
12. Thailand, Ministry of Public Health, Department of Family Health. Intensive study of rural traditional abortion in Thailand. *Icarp Asia Searcher*, 1984:12-20.
13. Rabiabloke C, Wilairat S. Thailand National Family Planning Programme. Nonthaburi: Family Planning and Population Division, Department of Health; 1998.
14. Kanokwan Tarawan. Rai gnan pon wijai bu'ang ton banteuk prasopkan khong phuying thi tung thong mu'a mai phrom [Preliminary Research Findings: Recording the Experiences of Women With Unplanned Pregnancies] [In Thai]. *Thang lu'ak khong phuying ti tung thong mu'a mai phrom* [Choices For Woman With Unplanned Pregnancies]. Bangkok: Amari Watergate Hotel, 2000, 2543.
15. Whittaker A. Intimate knowledge: women and their health in Northeast Thailand. Sydney: Allen and Unwin; 2000.
16. Whittaker A. The truth of our day by day lives: abortion decision-making in rural Thailand. *Cult Health Sexuality* 2002;4(1):1-20.
17. "Abortion drug" now restricted. *The Nation*, 26 February 2002.
18. Ratanakul P. Socio-medical aspects of abortion in Thailand. In: Keown D, editor. *Buddhism and Abortion*. Honolulu: University of Hawaii Press; 1999. p. 53-66 [see p. 62].
19. Institute of Population Studies. Knowledge and attitudes concerning abortion practice in urban and rural areas of Thailand. Bangkok: Chulalongkorn University; 1982.
20. Phuapradit W, Sirivongs B, Chaturachinda K. Abortion: an attitude study of professional staff at Ramathibodi Hospital. *J Med Assoc Thailand* 1986;69(1):22-7.
21. Lerdmaleewong M, Francis C. Abortion in Thailand: a feminist perspective. *J Buddhist Ethics* 1998;5.
22. Ishii Y, Shibayama M, et al. Datchani khon kham nai kotmai tra sam duang (The computer concordance to the law of the three seals). Bangkok: Amarin; 1990 [in Thai].
23. Knodel J, Chamrathirong A, et al. Thailand's reproductive revolution. Rapid fertility decline in a third world setting. Madison: University of Wisconsin Press; 1987.
24. Alarming rise in abortions. *Bangkok Post*, 1 November 1973.
25. Bamber S. The Thai medical profession and political activism. Hewison K, editor. *Political Change in Thailand*. London: Routledge; 1997. p. 233-50.
26. Kaewrot S. Kan tham theang- khuan kae thi plai het reu? (Abortion - should it be solved at the end of the problem?). *Siam Rath*, 26 September 1973:3.
27. Phet 14 prathet wa khuan loek ko.mo. tham thaeng (Doctors from 14 countries say ought to cancel abortion law) [in Thai] *Prachathipatai*, 4 February 1974:3.
28. Sangwichien S. Kan tham thaeng seri (Free abortion) [in Thai] *Siam Rath*, 27 February 1974:11.
29. Whittaker A. Conceiving the nation: representations of abortion in Thailand. *Asian Studies Rev* 2001;25(4): 423-51.
30. Janap. Antarai jak kan tham thaeng (Danger from abortion) [in Thai] *Siam Rath*, 30 December 1974:5.
31. 200,000 abortions a year in Thailand. *Bangkok Post*, 15 March 1978.
32. Thailand, Rai ngan prachum sapha phu than rasadon krung thi 2/2524 [Report of the 2nd Sitting of House of Representatives 1981] [in Thai]. 1981, Sapha phu than rasadon [House of Representatives], Bangkok.
33. Chamlong quits over abortion controversy. *Bangkok Post*, 21 October 1981:1.
34. McCargo D. Chamlong Srimuang and the new Thai politics. New York: St Martin's Press; 1997.
35. Senate rejects abortion bill. *Bangkok Post*, 19 December 1981:1.
36. Abortion bill dropped in House. *Bangkok Post*, 30 July 1982.
37. MP submits bill to liberalise abortion law. *Bangkok Post*, 31 October 1987.
38. Chamlong raps abortion bill. *Bangkok Post*, 9 November 1987.
39. Thalai rong rit man hua khon- ruab poor. ropo. phrom khong klang kon tharok kha ang (Raid on man hua khon abortion factory- hospital director and evidence seized. Lump of fetus in a basin) [in Thai]. *Thai Rath*, 27 May 1994.
40. "Mr Condom" critical over abortion raid. *The Nation*, 29 April 1997.
41. Wongsathien P. A question of cruelty or kindness. *Bangkok Post*, 6 September 1998.
42. Trisophon T. Abortion law faces key change. *Bangkok Post*, 3 October 1998.
43. Thawikiat Menaakanit. Kan tham thaeng kap khwamthaothiam [Abortion and Equality]. *Matrakan thang kotmai kap panha kan tham thaeng: thang ok yu thi nai* [Legal Standards and the Abortion Problem: Where is the Solution?] Bangkok: Criminal Law Institute and Public Prosecution Office, 2000.
44. Phaet sapha tung anukamakan phijarana praden "tham thaeng" (Medical Council subcommittee to consider issue of abortion). *Krungthep Turakit*, 7 February 2001.
45. Ekachai S. Haven't pregnant women say? *Bangkok Post*, 16 August 2001.
46. 8 deuan rit tham thaeng mo thamin sap khaen tharok thing (8 months abortion, savage doctor chops off fetal arm and throws it out) [in Thai]. *Thai Rath*, 1 September 2001:1 & 12.
47. Romocho. sanoe ropo. rat tang khlinik tham thaeng [Assistant Minister proposes that state hospitals set up abortion clinics] [in Thai]. *Daily News*. 4 September, 2001; 1 & 6.
48. Sudarat calls for stiffer abortion penalties. *The Nation*, 27 November 2001.
49. Assavanonda A. Men will be made more accountable. *Bangkok Post*, 9 November 2001.
50. Berer M. Making abortions safe: a matter of good public health policy and practice. *Bull World Health Organization* 2000;78(5):580-9.

Résumé

En Thaïlande, l'avortement est contraire à la loi sauf en cas de risque pour la santé de la femme ou si la grossesse résulte d'un viol ou d'autres crimes sexuels. Cet article retrace l'histoire du débat sur l'avortement en Thaïlande grâce aux recherches menées de 1997 à 2001 pour une étude ethnographique et historique. Les recherches ont utilisé des articles parus depuis 1950 dans la presse en langue anglaise et thaï, un examen des travaux parlementaires et des entretiens avec dix informateurs clés. Le débat sur la réforme juridique a commencé en 1973. Un projet de réforme a été adopté en 1981 par la Chambre des députés mais refusé au Sénat, essentiellement du fait des pressions de Chamlong Srimuang, chef d'une vaste coalition religieuse, qui est depuis au centre du mouvement anti-réforme. Le gouvernement actuel élu démocratiquement offre le meilleur espoir de réforme, même si l'avortement demeure une question politiquement sensible, traitée avec sensationnalisme dans la presse pour contrer les efforts de réforme. Un nouveau réseau de plaidoyer a récemment été formé, avec des organisations de femmes, des défenseurs de la santé publique, des chercheurs et des journalistes. Les propositions actuelles des organes gouvernementaux et médicaux peuvent donner accès à l'avortement à certaines femmes, mais la plupart, qui veulent avorter pour des raisons socio-économiques et de planification familiale, devront continuer à se débrouiller pour y parvenir.

Resumen

En Tailandia el aborto es ilegal al menos que el embarazo constituya un riesgo para la salud de la mujer o es resultado de una violación u otro crimen sexual. Este artículo revisa la historia del debate en torno al aborto en Tailandia, basado en una investigación realizada entre 1997-2001 para un estudio etnográfico e histórico. La información fue recopilada de notas periodísticas desde 1950 en la prensa en lengua thai e inglés, de los archivos parlamentarios, y entrevistas con diez informantes claves. El debate acerca de la reforma legal comenzó en 1973. Una ley de reforma fue aprobada por la Cámara de Representantes en 1981 pero rechazada por el Senado, debido principalmente a la influencia de Chamlong Srimuang, el dirigente de una coalición religiosa amplia, quien ha estado al centro del movimiento en contra de la reforma legal desde entonces. El actual gobierno democrático de Tailandia ofrece la mayor esperanza conocida hasta ahora para hacer efectiva la reforma, aunque el aborto sigue siendo un tema políticamente sensible, tratado con sensacionalismo por la prensa en contra de los intentos de reforma. Se ha formado recientemente una nueva red de defensa y promoción que incluye una gama de organizaciones de mujeres, activistas de la salud pública, académicos y periodistas. Algunas propuestas planteadas actualmente por algunos organismos gubernamentales y sociedades profesionales médicas pueden dar acceso al aborto a ciertas mujeres, pero la mayoría, quienes buscan abortar por razones socioeconómicas y de planificación familiar, tendrán que seguir recurriendo a cualquier medio que tengan a su alcance.