บทความปริทัศน์

The Thai culture and women′s participation in their maternity care

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Songkla Med J 2007;25(3):231-239

Abstract:

The purpose of this paper is to discuss the potential role of Thai women during pregnancy and childbirth as active co-participants in their own care, with particular emphasis on the role of Thai culture. This paper is a review of the published literature in this field and what is available in Thailand. In addition the writer′s experience has been used to provide further insights into the Thai context and practice. Patient participation is widely regarded, within the health profession literature, as valuable in improving patient health outcomes and the quality of care. It increases the patients′ self esteem, sense of control, and also their responsibility for their own health, self care, and satisfaction with health care services. Several factors are related to

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patients' participation in their care including; the patients' demographic characteristics, their physicians' characteristics or behavior, the patient-physician relationship, the severity and type of illness that the patient might be experiencing, knowledge of and information about diseases and their interventions, and the health care system. However, in Thailand, patient participation is still rare. To improve the quality of services, health care providers should encourage patients to be actively involved in the health care process.

Key words: *Thai culture, patient participation, maternity care, obstetrical service*

บทคัดย่อ:

บทความนี้มีวัตถุประสงค์เพื่ออภิปรายบทบาทของหญิงระยะตั้งครรภ์ในฐานะผู้มีส่วนร่วมในการดูแลสุขภาพของตนเอง โดยเน้นเฉพาะบริบทของวัฒนธรรมไทย บทความนี้ได้ทบทวนงานเขียนที่เกี่ยวข้องเท่าที่จะค้นหาได้จากแหล่งต่าง ๆ ในประเทศไทย เพิ่มเติมด้วยประสบการณ์ของผู้แต่งเองเพื่อให้เกิดความเข้าใจอย่างลึกซึ้งในบริบทสภาพแวดล้อมและวิธีปฏิบัติ ในเรื่องการมีส่วนร่วมของผู้ใช้บริการซึ่งเป็นเรื่องที่ได้รับพิจารณาอย่างกว้างขวางภายในงานเขียนด้านสุขภาพ ซึ่งเป็นสิ่งที่มีคุณค่าที่จะพัฒนาผลลัพธ์และคุณภาพการดูแล การมีส่วนร่วมของผู้ใช้บริการจะเป็นสิ่งที่เพิ่มความมีคุณค่า ความรู้สึกควบคุมในสิ่งต่าง ๆ และการมีความรับผิดชอบต่อสุขภาพของผู้ใช้บริการในการดูแลตนเอง และเพิ่มความพึงพอใจในบริการด้านสุขภาพ จากการทบทวนวรรณกรรมพบว่ามีปัจจัยหลายอย่างที่มีผลต่อการมีส่วนร่วมในการดูแลของผู้ใช้บริการ ได้แก่ ลักษณะเฉพาะของผู้ใช้บริการ ลักษณะหรือพฤติกรรมของแพทย์ ความสัมพันธ์ระหว่างผู้ใช้บริการและแพทย์ ความรุนแรงและประเภทของความเจ็บป่วย ความรู้และคำแนะนำเกี่ยวกับโรคของผู้ใช้บริการ และระบบการใช้บริการสุขภาพ อย่างไรก็ตาม การให้บริการทางสุขภาพในประเทศไทยยังมีการนำการมีส่วนร่วมของผู้ใช้บริการมาใช้จำกัดอยู่ ดังนั้นหากจะพัฒนาคุณภาพบริการ ผู้ให้บริการด้านสาธารณสุขควรจะกระตุ้นผู้ป่วยให้มีส่วนร่วมในกระบวนการดูแลสุขภาพ

คำสำคัญ: *วัฒนธรรมไทย, การมีส่วนร่วมของผู้ใช้บริการ, การดูแลมารดา, การบริการด้านสูติศาสตร์*

Introduction

The purpose of this paper is to discuss the potential role of Thai women during pregnancy and childbirth as active co-participants in their own care, with particular emphasis on the Thai cultural context. Several studies have shown that patient participation brings benefits. It increases patients' self esteem, sense of control, and also their responsibility for their own health, self care, and satisfaction with health care services.[1-3] Today, women and their families are increasingly being encouraged to take control of decisions concerning their pregnancy and childbirth. However, there are some limitations to participation in maternity care arising from the patients' characteristics, obstetricians' characteristics, and health care delivery systems.[4] Women themselves are indicating that they would like to control what happens to them, but there are clearly individual differences in these matters.[4] Some studies have found that social class influences the level of patient participation in their maternity care.[5] Most Thai women have low levels of education and income.[6] In addition, the Thai culture is very strong regarding obedience toward parents and elderly people, and showing respect to health care providers. The following issues will be considered: significance of patient participation, factors influencing patient participation, and how Thai culture relates to women's participation in their maternity care.

Significance of patient participation

The concept of patient participation in their own health care has been of great theoretical interest to the health professions, particularly in western countries. Previously, patients relied upon the expertise of health care providers, but in the

last three decades it has become more common for patients to seek active involvement in the decision-making processes affecting their care.[7] In recent years, there has been a tremendous rise in public consciousness concerning patients' rights related to participation in their health care. It is commonplace today for the patients to participate in many aspects of their care.[7] The promotion of patient participation is based on the belief that patients have a right and a responsibility to be involved in their health care process.[8] Thus, opportunities to participate in health care services have increased from about the 1970s to the present.

The term "patient participation" has been used interchangeably with patient involvement, partnership, and patient collaboration.[9-11] Several classifications used to categorize the extent of patient participation; this participation has ranged from non-existent to moderate or to full participation or even veto-participation.[9] In addition, it enables patients and their relatives to manage their health problems more effectively.[9] Involvement in treatment decisions allows patients to take more control of their health care problems and thereby improve the outcomes.[12] Saunders stated that patient participation was an active process that involved patients performing clinical or daily skills, or partaking in the decision-making process from the time of admission until discharge.[13]

Several studies related to maternity care discuss women's choice, control, and decision making in their care.[4-5, 14-17] In maternity care, participation during delivery has been studied more than during the pregnancy period.[11, 15-16, 18] A women's full participation in decisions about her baby's birth is rare.[16] Women of different social classes wanted a high quality of care and healthy outcomes.[5] Normally most Thai women generally believed that a good outcome would result if they relied on the hierarchically organized health care system. This was based on the assumption that caregivers' professional knowledge and technological expertise were superior to the women's own knowledge of childbirth care.

In Thailand, as in other countries in the Southeast Asia, most women do not participate in their health care, despite several benefits.[19] A number of studies related to childbirth from outside SE Asia have shown that a patient's participation in their own care is associated with the patient's satisfaction with the care given.[15, 19] The quality of health care can be enhanced through patient participation in their health care process. Health care providers should encourage patients to get involved in their care. However, several factors are related to patient participation in their health care. The following section will explore some of the general factors influencing patient participation.

Factors influencing patient participation

Several factors influence patient participation in health care services, including patients' demographic characteristics, physicians' characteristics or behavior, patient-physician relationships, the severity and type of illness, the patients experience, knowledge of and information about diseases and their effects, and the health care system.[5, 11, 20] Age and education are factors that influenced willingness to participate. For example, young and well-educated people were convinced of their right to participate and wanted to influence matters concerning them.[20] Lazarus found that childbearing women of different social classes had different degrees of choice and control in their pregnancy and childbirth.[5] Another study reported that patient participation was determined by the severity and the type of illness the patient was experiencing, the organizational structure of health care, the amount of knowledge the patient had and the patient's desire to participate in the care they were receiving.[7]

It is obvious that not all patients were or are willing to participate in their care, but it may be deduced from many studies that the majority do.[21] Kim, Holter, and Lorense studied the attitudes of patients and nurses regarding decision-making in Norway, the United States, Japan, and Finland.[22] According to the results, the attitudes of patients and nurses towards this issue varied not only between countries, but also within a country.

Appropriate models for patient involvement have been identified. For example, Cockerham noted that there were three models related to doctor-patient interaction developed by Szasz and Hollender in 1956.[23] The first is the activity-

passivity model. This applies when the patient is seriously ill or being treated on an emergency basis and is in a state of relative helplessness. Decision-making and power in the relationship are all on the side of the doctor, as the patient is passive and contributes little or nothing to the interaction. Second, in the guidance-cooperation model the physician makes the decisions and the patient acts as instructed. The third model is the mutual participation model. In this model, the patient works with the doctor as a full participant in treating a health problem. In the mutual participation model, the patient asks questions, seeks full explanations and makes rational choices as an informed consumer about the medical services offered by the doctor.

It must be noted that the discussion so far has focused on the research literature which is mainly based on non-Thai contexts. In the following section Thai culture and how it may influence women's participation in their own care during intrapartum will be considered.

The Thai cultural context

Culture is the way of life of a group of people, the complex of shared concepts and patterns of learned behavior that are handed down from one generation to the next by means of language and imitation.[24] Weber stated that when people moved to a new culture, they adopted various ways of coping with the world.[25] Each society has its own consensual understanding of birth and its determinants: caregivers, location, participants, and the loci of decision-making. These, in the western world, are based on biomedical knowledge.[14]

Thailand is distinctive, as it is the only country in Southeast Asia that has never been colonized by a Western country. Thailand is rich in natural resources and culture, and 50% of the population work in the area of agriculture.[26] Yet Thais have been influenced by the West through cultural, educational, and technological exchanges. The development of medical services and nursing services reflects these western influences, which have been closely allied to the United States.[27] However, despite recent and continuing changes, Thailand's rigid hierarchy continues to discourage independent thought. One effect of this is that it has generated the training of nurses who are unsuited to apply Western medical processes.[32]

Religion and respect

The Thais are deeply religious people. The dominant religion in the country is Buddhism (95%), 4% of the population is Muslim, 0.5% is Christian, and 0.5% follow other religions.[28] The main theme of Buddhist belief is that of "karma", the evaluation of all life's events and, after one's death, the rebirth of that "karma" in a new existence. In this way everyone has it in their own hands to determine their next life, for better or worse. The Thai proverb "Do well and receive well, do evil and receive evil" sums up this concept. Part of the old traditional culture is gradually altering, but respect of and obedience to authority figures and trust in their wisdom and protection, mutual dependence and reciprocity, moral indebtedness and a sense of obligation are still strong themes in Thai culture.[29]

Similarly, Lee stated that Southeast Asians always showed special respect to the elderly, to priest, and to their physician.[30] Indeed, their behavior toward doctor might be respectful to the point of obsequiousness.[30] When medicine or therapy is recommended, patients seldom say no directly to the medical authority figure. However, they may accept medications but not take them, or they may agree to undergo a procedure but fail to keep the appointment.

Children are taught to be obedient, docile, and submissive towards their parents. They are expected to show signs of loyalty and compliance to elders and authority figures, to teachers, the Buddha, and other religious symbols. For example, pupils in a group on the way to school are expected to proceed in order according to their age. They are headed by the most senior pupil, and are expected to address each other according to rank and status.[31] They are also taught to listen to, and respect, elders and those who do good deeds for them. Health professionals are respected because their roles determine that they help clients to improve their health and be healthy.[31] Thais are frequently reminded that they are deeply in debt to their parents and teachers who have provided them with vital information and essential knowledge. This, in turn, strengthens the feeling of moral obligation.

Education and social class

Basic education is available free for all children in Thailand. It is a 6-3-3 system, comprising 6 years for primary education, 3 years for lower secondary education, and 3 more years for upper secondary education. Thus, the current system of formal education consists of four levels of education: three years of non-compulsory pre-school education, six years of compulsory primary school, six years of compulsory secondary education, and non-compulsory higher education.

Social respect and authority increases with the level of education. Therefore, children are forced to study hard and pass with high marks. Education is highly valued in Thailand. Richter and Havanon have suggested that Thailand is a country where women have been seen to have relatively high social and economic status.[32] However, an extensive study survey reported that 37% of the female population had completed school at the lower primary school, 21.1% completed only primary school, and 10% had graduated from high school. Only 14.6% had completed a vocational certificate or a Bachelor's degree, and 4.7% had no education.[6] With respect to occupation, 44.2% of Thai working women were working in companies or the government sectors, 26.3% were business owners, and 29.4% were family business owners and 0.2% were working in co-ordination

Similarly, a much smaller study conducted in the southern part of Thailand during the period December 2000 through to February 2001 reported that 29% percent of post-partum women had only completed primary school, and 42% had completed some high school or graduated from high school. Again, only 17% had completed a vocational certificate or a Bachelor's degree, and 2.3% had no formal education.[34] Most of the women in this study were housewives (39%) or labourers (29%), 15% were farmers, and 19% were working in companies or the government sectors. The majority of the subjects (61%) had a total family monthly income of $93 to $232, while 15% had a total family income of over $232.34 These data indicate that, on the whole, most Thai women have a minimal education, are engaged in less skilled positions in economic activity, and are at the bottom half of the income levels. Thus, most Thai women rely on regional government hospitals.

Patient and health care provider relationships in Thailand

In Thailand health professions are respected because their roles give them responsibility for helping clients to improve their health and be healthy. In rural areas, in particular, people strongly respect their health care providers. Health care providers are part of their community because they are involved in various activities in the rural society. Some rural people respect community nurses in the same way that they respect physicians. This is because community nurses are seen to have similar roles as they provide basic medical treatment, administer children's vaccines, visit sick people, and promote the people's health. Rural people may also call community nurse by name such as Khun Mho; which means physician.

However, in urban areas, the relationship between health care provider and patient is not as close as in rural areas. They are different from rural areas because the ratio of physicians to patient is very high. The interaction between health care provider and patient is normally somewhat formal, and they do not share common interests with patients such as social activities. However, urban patients also respect and depend on their health care providers. For example, malpractice suits are quite rare in Thai society. Indeed, Thai health care providers do not buy or use practice insurance. When malpractice or an error in medical intervention does occur, most hospitals and professional institutions take responsibility and help all health care providers to deal with their problems.

Role of Thai women and response to pain during intrapartum

Thailand is a country where women have been seen to have a relatively high social and economic status, both in the household and in society.[35] What is also of interest is how Thai women view health matters. Weber stated that there has been strong evidence of an association between culture and pain response, belief, and behavior.[26] The response of Thai women to labour pains seems to be different from that of the women of Western countries. To Thais the ability to keep silent is perceived to indicate the maturity of a woman. Crying out, groaning, and moaning are considered childish, and an inappropriate response to pain that implies an inability to care for the newborn.[36]

In Thailand, an epidual block is not offered to all women in labour as this procedure needs high anaesthetical skills and close monitoring. Only a few teaching hospitals or private hospitals will offer an epidual block to women who request it. Many studies have found that analgesia was associated with labour pain; in particular women who received epidural analgesia reported less labor pain than those who received Pethidine or had a natural birth.[37] A study found that a women's satisfaction with pain relief during labour involves a feeling of personal control over pain experience.[38] This suggests that women should be encouraged to be active and equal partners in the care process so that they are involved in decisions about pain relief.

Thai women and participation in the maternity care

Most Thai women now use hospital services because they are concerned about the safety of both themselves and their baby. The hospitals are considered very safe places because they have both the latest technology and well-trained professional health care providers.[34] However, technology increases the control that experts and medical professions exercise over conception, pregnancy, and childbirth because it enables professional health providers to make most of the decisions about labour and delivery procedures. On giving birth in a hospital, women will be faced with many experiences, which include a variety of environments, different health care providers, and the process of hospital admission. These changes may cause a great amount of stress for women in labour and their families. However, in Thailand as in other countries in the world, health care providers are increasingly being actively encouraged to promote patient participation as a rule rather than as an exception. However, patient participation in their maternity care is still rare in Thai society because of the Thai culture, physicians' characteristics, and the health care system. As in other countries in Southeast Asia, many Thai female patients have low incomes and low levels of education. As a result, decision-making with respect to their care is mainly left to the health care providers.

In addition, the physician's access to and control over associated technological tools and techniques reflects and legitimizes his or her ultimate status and authority over the midwife who delivers the baby and the woman who gives birth. Furthermore, health care providers usually restrict their services in the case of some groups of women, notably those who are poorly educated, of low social class, and with limited experience of childbirth. These groups of women are treated in accord with routine practice for labour and delivery care. This indicates that, for most Thai women, particularly public patients, the guidance-cooperation model is used in the Thai health care delivery process.

In contrast, in the private hospitals, doctors or nurses will use the mutual participation model. This is because their patients are upper-class or middle-class female health care providers and their relatives, and educated women who have knowledge about childbirth. Most of the private patients do have additional privileges; they will have only moderate or limited participation in their own care during intrapartum. However, the private patients who give birth in the public hospitals or teaching hospitals will be treated with some standard care. Private patients who give birth in the private hospitals will have more choices or more control over their own care during intrapartum. Usually, the private patients will have the opportunity to choose from options such as the place of birth, type of delivery, method of pain relief, position of delivery, and having a birth attendant. Some private patients may even select the date of their delivery by choosing a cesarean section. For example, Diewtipsukhon has shown that in Songkhla Hospital the rate of elective cesarean section increased from 11.34% in 1992 to 23.68% in 1995 because of more choices being offered to the private patients.[39] It is clear that the treatment of pregnant women in public and private groups in same hospitals is distinctly different in Thailand.

Conclusion and recommendation

Patient participation in childbirth care is a complex concept. Childbirth brings hope and anxiety to every woman, and every culture has its own folklore about this special experience. The degree to which women participate in their own care during intrapartum depends largely on the patient-obstetrician relationship and the patient's background such as religion, educational level, career, childbirth experience, and history of childbearing. During the past five decades women's

participation in their care during intrapartum has become commonplace in western countries, but it is still rare in Southeast Asia, particularly in Thailand. Most Thai women have a poor education and a low income; however, they can access easily to the public hospitals and teaching hospitals for treatment. Nevertheless, in the public health care sectors, patients are still passive recipients. In addition, services at private hospitals are very expensive. Almost half of Thai women have no health insurance and cannot afford to have private doctors.[3,4] They depend on public health services and that is why they have little chance to participate in their own care. Most public patients will receive only the standard care offered through the hospital policies. The shortage of doctors and nurses is another reason why public patients are not offered more options for taking part in their own care. Private patients have more opportunity than public patients to be involved in their maternity care because they receive prenatal and subsequent care from private doctors. Thus, they can get information and have an opportunity to make important medical decisions before giving birth. It is, therefore, evident that the health care system in Thailand differs greatly for the private patients and the public patients. This is in spite of the belief that the health care professions are widely understood to have human interpersonal relationships at heart.

Since most Thai women are relatively poor, and their health depends mainly on health care services provided by the government, we have to establish why there are inequalities in the treatment they receive. Efforts should be made to remedy this. Thus, health care providers should show respect for individual rights and allow patients to participate in their own care. Accordingly, there are many strategies that could promote patient participation in their care. Information could be given about options relating to the intrapartum care when pregnant women attend prenatal clinic classes. Pregnant women could be encouraged to choose from options. Women in labour must be persuaded to discuss their needs with attending nurses and obstetricians during intrapartum. Information must be given about the right of veto. Moreover, to promote patient participation in maternity care, health care providers should avoid unfriendly behavior. They should give comprehensive answers to pregnant women so that their families can feel free to ask any questions and share concerns. In addition, health care providers should provide an environment that is emotionally secure for the pregnant women. The basis of patient participation requires trust and security so that individual identities are not under threat.[2] Thus, childbirth policy in Thailand needs to be reformed; there is a need to develop greater participation, encouragement, and collaboration in childbirth practices. Health care providers must learn to enhance the self-determination of pregnant women and their families so that they become more participative. There is a need to give conscious attention to the preconditions needed for decision making such as reinforcing self-confidence, giving information and negotiating ways of sharing responsibility. It is women and their families who should make the ultimate decisions regarding their own childbearing.

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