READINESS OF ADOLESCENT MOTHERS FOR PARENTING ROLES: EXPERIENCE OF ADOLESCENT MOTHERS IN THE UPPER NORTHERN PART OF THAILAND

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ABSTRACT

The rates of teenage pregnancy in Thailand are still on the rise. Due to this, many adolescent girls, therefore, become teenage mothers who have to fulfill many new roles without adequate social and family support. This qualitative study aimed to describe experience and readiness of adolescent mothers for parenting. Twelve teenage mothers aged between 18-20 years old and their significant others comprised the study participants. In-depth interviews and participant observation were used for data collection. Thematic analysis was performed. The findings are as follows: (1) unplanned beginning, (2) planned/unplanned motherhood and mothering depend on different factors, and (3) the meanings of mothering/parenting readiness. Parenting readiness was defined as educational success and social achievements, successful psychological adaptation, and family and social support. Health professionals and family should ensure that factors affecting parenting readiness are addressed throughout pregnancy and childbearing period to lessen the negative impacts of adolescent motherhood and improve the ability of adolescent mothers to carry out their parenting roles.

Key Words: readiness, parenting, adolescent mothers

Introduction

Adolescent population is the future of the nation and the world. Unfortunately, many adolescents do not have ethical foundations to live a quality life and to secure their future health and socioeconomic successes. Some are exposed to dangerous circumstances which in turn result in disruptions in healthy adolescent development, often associated with poorer outcomes in adulthood. These interruptions then prevent young people from achieving their fullest potentials. Unplanned teenage pregnancy is one of the significant disruptive life events that raise a global concern.

Adolescent pregnancy remains a significant contributor to maternal and child mortality, and to the cycle of ill-health and poverty. For some adolescents, pregnancy and childbirth are planned and wanted, but for many, they are not. Some 3 million unsafe abortions among girls aged 15 to 19 take place each year, contributing to maternal deaths and lasting health problems. (World Health Organization, 2014) In Thailand, the rate of females having their first child before they are 20 years old tends to increase. Bureau of Reproductive Health, Health Department, Ministry of Public Health reported that adolescents of age 10-19 years give birth at 13.9, 14.5, 15.5 and 16.2 percentages in years 2004, 2006, 2008 and 2010 respectively (The National Committee for Reproductive Health Development, 2010) and increase to be 16.5 in 2012. (Bureau of Policy and Strategy, 2013) When teens are unplanned pregnant, they are not ready to solve the problems and lead to illegal abortion (The commission of Public Health Senate, 2011). The report on abortion surveillance found that the proportion of abortions among girls aged 15-19 years was 28.1 of the aborted patients in the hospital. In the year 2013 (Bureau of Reproductive Health, 2013).

Early childbearing increases the risks for both mothers and their newborns. Adolescent pregnancy can also have adverse social and economic effects on girls, their families, and communities. Many girls who become pregnant have to drop out of school. A girl with little or no education has fewer skills and opportunities to find a job. (World Health Organization, 2014) The researcher has reviewed many research studies and found that phenomena of adolescent sex behaviors are increasing. The number of women who were pregnant and gave birth is rising for lower age groups. In the society nowadays, adolescents receive a higher education, but there are pregnancies while studying, while unemployed and is unready to have children. Dealing with what's going on depends on the availability of the adolescent mother. This qualitative study aimed to describe experience and readiness of teenage mothers for parenting.

Research Methodology

From the limitations of the previous adolescent pregnancy researchers, most of them are based on the views of outsiders; therefore, it is not possible to gain in-depth information, and they include an adverse judgment which is a single viewpoint in the society that lacks understanding of the phenomena. This results in inefficient problem-solving. The researcher studied readiness of adolescent mothers for parenting through the experiences of teenage mothers. Using a qualitative study, which is a method used to describe experience and readiness of adolescent mothers for parenting.

Participants

The process of choosing the participants, in the first step, the researcher used purposive sampling to select the area or community, Lampang was chosen. The reason for the choice was that there were many secondary schools, colleges, and universities in the area, and there are adolescents from within the district and outside the district, and from other provinces. Some students lived with their families and those who lived independently. The researcher used purposive sampling and chose adolescent mothers aged between 18-20 years, with a variety of types of mothers; some only had their first pregnancy and some have more than one pregnancy, and some had abortion experiences. All the pregnancy and abortion experiences happened before the participant turned 20 years old. The participants were considered a group of people that could give in-depth information.

Regarding the size of the participants, from the principle of random sampling, it is impossible to know the size of the participants beforehand. The researcher, however, used the principle that in the in-depth interview, which is a qualitative interview and a method of collecting data, the researcher would consistently analyze and compare data collected and kept choosing the next participant until the information and concept, which was clear and complete according to the research objectives were achieved. This marked that the size of the participants was sufficient. The researcher, therefore, stops collecting data from the next participant. The topic of the interview was a sensitive issue; consequently, it required time for the researcher to build a relationship with each of the participant, to build trust so that the data collected would be accurate. Due to this, the researcher needed to set the basic size of the participants which was 12 adolescent.

Research instruments

In qualitative research, the researcher is a tool to collect data. The researcher needed to use many methods to collect data, through using guideline questions for the in-depth interviews with the adolescent mothers aged between 18-20 years. The details of the methods are as follows:

In-depth Interview

The purpose of the in-depth interview is to understand the phenomena and experiences of adolescent mothers, and check the data from the interview in detail to build a concept from the data and connect each concept together when interviewing the next participant, until the data leads to an inclusive concept, with a clear pattern and no new data can change the inclusive concept. The interviews were conducted naturally, informally and flexible, so that the participants felt at ease and comfortable to provide information

The researcher asked permission from the participants to record and collect data. The participants appointed the date and time for the interview and may make another appointment if the topics were not adequately covered.

Participant Observations

Although this research uses the in-depth interview as the method for data collection, the method of participant observation allowed collection of data that was inclusive and it was a method to check the data collected.

Data Collection

The researcher collected data by themselves and considered the research ethics; respecting people's rights, aiming to create benefits and not dangers and fairness. The permission of the participant, without any force, was required before the start of the data collection process. The participants had the right to refuse or end the participation at any time. The participants were thoroughly informed of the objectives, the research methodology, the anticipated benefits and the reason for choosing the participants to obtain information. They were also asked for permission to record their voices during the interviews. It was most important to build trust among the participants. The information such as the names and addresses were kept as confidential information and privacy during the interview was provided.

The data collected needed to be valid and creditable; the researcher used the triangulation method to support the validity and creditability of the data in the qualitative research. (Yeasmin & Rahman, 2012) as stated below:

Data triangulation

The researcher collected data on the important topics repeatedly on the same participant, at different times or may ask the same questions during the interview to give more than one opportunity to answer the question. This is to check the validity of the data. Interviewing together with observation builds comfort and trust, which will allow collection of valid data.

Methodological triangulation

The researcher collected data from the members of the families, communities, and people who were close to the adolescent mothers, to collect data on the same topic, to recheck the data. The researcher used in-depth interviews and participant observation.

Analyzing the data

To meet the objectives, this research focuses on understanding the experiences of adolescent mothers. The researcher used the thematic analysis method because this analysis emphasizes on finding the primary information from the story. The focus of the analysis is to find the meaning, explanation that behaviors and occurrences do not happen solely, without any relationship to other factors, by starting at the beginning and develop into the structure as a present. This analysis requires investigation into the past (Yoddumnern-Attig & Tungchonlatip, 2009) from the narration of account of different time periods of the adolescent mothers.

Results and Findings

The researcher listened to the stories, made sense of them and retold them in the form of re-stories. The re-stories provide meaningful frameworks for understanding and explaining lives of these women as they went through their adolescence, pregnancy, and motherhood.

1) Unplanned beginning

Actions or behaviors that are results of personal pleasure and preferences of adolescents regarding sex and unsafe and irresponsible sex led to the adolescents overlooking the consequences, for instance, pregnancy and sexually transmitted diseases. These were results of how adolescents incorrectly weigh pleasure against their consequences.

Aei: *Some knowledge from Secondary school is useful, but I did not pay much attention so that I searched the method of contraception from the internet.*

Kai: *I had some knowledge, but I did not use it.*

Lin: *I am reluctant to take pills.*

Fame: *I chose pills but took it inconsistency.*

Decision making about whether to use contraceptive methods and which to use requires thinking and reasoning and requires knowledge and the preferences of each person. Therefore, it is crucial for the person to be mature and let reasons outweigh personal preferences. For most teenaged mothers, decisions about contraceptive methods were made more on personal preferences. Therefore, the consequences were unplanned pregnancies.

2) Planned/unplanned motherhood and mothering depend on different factors

When they got pregnant, the reaction was shocked and stressed. Every adolescent mother had to manage the consequences of their mistakes and decide what they would do. Each adolescent made different decisions and took varying lengths of time to do so. They usually started by informing their partner and their friends. Next, they would decide if they would tell their parents. Adolescents who chose not to tell their parents are likely to try abortion. In the end, the adolescent may decide to keep the child, or if the abortion does not work, they had to keep the child.

Saimai: *I felt shocked and stressed, cannot do anything because of fearful.*

Nik: *Though not ready, it is a responsibility. I took time to think and sought advice from family members and people I knew.*

Tim: *I was coming to term with an unintended pregnancy, but it was too late for an abortion.*

Pla: *Boyfriend's parents wanted to terminate the pregnancy, but it was unsuccessful abortion.*

Lin: *My mum took me to the doctor, and then I took care of myself, took supplements*

Fame: *I knew when I was two months pregnant but did not want the other persons to understand. I went to the antenatal care clinic too late and delivered my baby two weeks after that.*

Aei: *When I pregnant the first kid, it had a complication, so the doctor chose the operation to help my baby.*

Pregnancy is a consequence of one's actions. When pregnancy is discovered, teenaged mothers had different ways to deal with the pregnancy. The process starts with the realization of pregnancy and the decision of keeping the child or abortion. Many factors affected the adolescent's decision to keep a child, which includes agreement on living conditions and responsibility of raising the child. In some cases, they took time to decide and entered the second quarter of their pregnancies; therefore they had less time to prepare to take care of the health of themselves and their children. Some cases gave birth to premature babies or small babies.

3) The meanings of mothering/parenting readiness.

Educational success and social achievements

Pregnancy and having children were obstacles to the adolescent's education. The adolescents had to leave school or halted their education. However, pregnancy could make the adolescents rethink their views about themselves, their families and improved the ways they led their lives. Furthermore, becoming a mother and a wife bring new roles for adolescents. Adolescent mothers had more responsibilities than others adolescents of their ages, to add to their existing burden of trying to get an education for the future of themselves and their children.

> Tim: *I wanted to have a degree that I came back to study*
>
> Kai: *I would have to start with the non-formal education next term.*
>
> Noon: *I wanted to finish school, got a job and had money for living.*

Adolescent mothers also set expectations for their educational and occupational successes in the future. They wanted to earn the higher vocational certificate or bachelor's degree that led to securing work, having money and opportunity for acquiring social status.

Successful psychological adaptations

Teenaged mothers had to reinvent themselves so that they could still live in the society and to create a balance in their own family. They had to manage their education, their work, their role as a teenaged mother, their relationships with their friends and with others, their relationship within their families and how they would take care of themselves. They suggested that psychological adaptation is vital for being pregnant.

> Fame: *Teenagers must have a job and have money because of parenting that uses too much money, and they should be already for mothering role.*
>
> Kai: *Readiness for parenting was securing work, having money and opportunity for acquiring social status. But I cannot go back so that I must do the best while taking care of my child.*

Family and social support

Adolescent mothers view sex and pregnancy as common things amongst their groups of friends. However, it is not a social standard or something that happens in the lives of every adolescent. They only try to accept the things that they see around them. This is reflected in how adolescents recognize that they know how the society views them, their families and their actions.

> Por: I *am embarrassed that I had to leave school.*
>
> Kai: *I, my mom and his mom went to the hospital to consult the doctor for an abortion, but the doctor said that the baby got bigger and it was harmful to the mother. Finally, our families decided to have a wedding ceremony.*
>
> Aei: *My parent was very disappointed, but my baby made them happy.*
>
> Pom: *I told my parents because they can help me with parenting. They said it's ok; mistakes can happen.*
>
> Nik: *My mum took me to a clinic and advised me what I should do.*

This shows that adolescents are concerned about the social standards that view adolescent pregnancies as inappropriate and something should not happen during school, as the adolescent cannot be responsible for both themselves and their children. They wanted acceptance of the relationship by either family by asking permission for marriage or a social gathering. The others are living arrangements and support during pregnancy, at birth, and after birth and raising the child.

Conclusion

A sexual and intimate relationship were: (1) *unplanned beginning* by adolescents which often leads to "errors" or unplanned pregnancy. Scanlan and colleagues (2012) conducted a literature review and stressed the impacts of a romantic relationship on healthy adolescent development. Romantic relationship helps the adolescents develop emotional autonomy, identity formation, skills to regulate intense emotions, communication, and interpersonal skills as well as ability to nurture intimacy. On the other hand, a romantic relationship can deprive the adolescents of their support networks such as friends and parents. Because parents and adolescents often have different expectations on a romantic relationship, conflicts can occur (Furman & Shaffer, 2003). The inexperience also leads to emotional and physical difficulties. The younger adolescents tend to experience more losses than benefits. These losses include sexual abuse or violence, health risks, and unplanned pregnancy., (2) *Planned/unplanned motherhood and mothering depend on different factors* that lead to the process of reinventing oneself into a teenaged mother (Sittiruk, 2015), (3) *Adolescent mothers defined the meanings of mothering/parenting readiness* as educational success and social achievements, successful psychological adaptation, and family and social support.

From this study, family, health professionals and the educational worker should ensure that factors affecting parenting readiness are addressed throughout pregnancy and childbearing period to lessen the negative impacts of teenage motherhood and improve the ability of adolescent mothers to carry out their parenting roles.

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