Understanding adolescent pregnancy from the perspectives of pregnant adolescents in a Northern Thailand province: A phenomenological study

Panitsara Leekuan

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Abstract

Background: Adolescent pregnancy is a global health issue in nursing, medical, and psychological literature, and a significant social and practical concern, particularly in the context of developing countries. Adolescent pregnancy is associated with severe medical health problems commonly affecting socially disadvantaged pregnant adolescents. Existing literature has investigated meanings, factors, and associated outcomes of adolescent pregnancy in order to increase knowledge of the causes of increasing adolescent pregnancy rates. However, few studies have allowed pregnant adolescent women to voice their experiences, express their feelings, and give their own meanings to their pregnancy, and their holistic experiential dimensions and care requirements remain under-researched. As a result of this research gap and the manifest need for improved care for this group, this study explores experiences of pregnant adolescents in Thailand in depth, engaging with a deep-seated interest in adolescent pregnancy issues and narratives, developing the understanding of the situation from the perspective of Thai pregnant adolescents. The aim of this study is to improve understanding and interpretation of pregnant adolescents' perspectives associated with first-time pregnancy experiences in Northern Thailand.

Methods: A qualitative study was conducted using a hermeneutic phenomenological approach, with purposive sampling recruitment of pregnant adolescents (aged between 15 and 19 years) from three hospitals in Northern Thailand. Data was collected using unstructured, in-depth, face-to-face interviews. A modified interpretive phenomenological analysis of 30 interviews

was undertaken, incorporating translation into English using a cross-cultural translation technique.

Findings: The key findings from this study illustrate that socio-cultural contexts in Thailand influence the adolescents' lives prior to becoming pregnant, and during their first pregnancies, as well as coping strategies shaped within the context of lifestyles and values, gender roles, culture, religion, and socio-economic issues. Gender power imbalance played a key role in adolescents' lives and created asymmetry of gender roles influencing the ability to demand the use of contraception. A lack of awareness of contraceptive use related to gender roles in Thai culture was a crucial influence in decision-making to prevent pregnancy. Identity and culture reflect the dual challenge of transition role from being an adolescent to becoming a mother. The sense of identity of motherhood reflects the duty and responsibility on women's identity and development. In Thai culture, traditional beliefs and values as well as practices influence the health behavior and lifestyle. The meaning of family mirrors family support for pregnant adolescents through difficult times. Their own mothers were their pillars of strength and have provided both materials and emotion support. Transition to adulthood exposes numerous challenges that place extra demands not only the pregnant girls' stage of adolescent development and journey to adulthood but also on their ability to fulfill the obligations of becoming mothers.

Conclusion: These findings offer valuable insights into the significance of pregnancy for pregnant adolescents in Northern Thailand and have implications for health providers, educators, and policy makers' encounters with adolescents during pregnancy, driving the move beyond biomedical care, identifying the

need for support mechanisms and strategies, and offering guidance from multiple sources of support.

Academic Achievement over the Period of Study

Oral presentations:

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Lists of Contents

List of Tables

List of figures

Glossary of Terms and Abbreviations

Thai phrase	English meaning
Baht	The currency of Thailand. 1 GBP in currently approximately 50 Baht
Prathom	The secondary school
Mathayom	The high school

CHAPTER 1: BACKGROUND AND RATIONALE

Introduction

My interest in adolescent pregnancy has its roots in my experience as a nurse, a nurse educator, and a researcher working at a hospital in Thailand. The prevalence of Thai adolescent pregnancy has slightly been decreased and the age of these women has been lowered each year. However, this incidence remains higher than the recommendations of the World Health Organization and the National Health Plan Indicator, which indicate that less than 10% of total births (World Health Organization, 2012). The high rate of adolescent pregnancy in Thailand ruins a concern to the government and various health providers co-operating to address this issue. Early childbearing is diverse and complex, affecting the quality of life of young mothers, their families, and society (Spear and Lock, 2003). Due to my awareness of the precise issues faced by patients in adolescent pregnancy I was eager to explore ways in which to improve nursing services, to provide pregnant adolescents with holistic support to help them mediate their new roles in the context of Thai culture and their communities.

Prior to enrolling in a full-time PhD programme at the School of Health Sciences at the University of Nottingham (UK), I worked as a nurse in the Postpartum and Gynaecology Ward at Banpong Hospital in Ratchaburi Province, Thailand, for ten years. I met many new mothers who were students and who were very young. Their lives with new babies were unpredictable and demanding. They clearly experienced challenges in finding time to meet their own needs, and to perform the optimal maternal role for their babies after giving birth. I was also mindful that they did not know what to do when their babies cried; many of them

1

did not dare to touch and hold their babies because of fear and a lack of confidence. As a result, their own mothers usually took care of their babies as well as the young women themselves after delivery, assuming an informal, laborious caregiver role of indeterminate duration. I perceived that the stigmatization of adolescent pregnancy and general lack of healthcare support for pregnant adolescents contributed to this situation.

While working as a nursing educator in the School of Nursing at the University of Phayao (Thailand), I taught nursing students a practical course in a hospital. In this role I saw some school-aged girls coming to the antenatal care service with their mothers. I again noted the stigmatization of these adolescents, particularly among other mothers who were older, causing them to feel shame and embarrassment, which are particularly potent in the social 'face' culture of Thailand and other Asian countries. They visually displayed their discomfort and looked at the floor, clearly experiencing no joy in their healthcare experience. They were often too ashamed to interact directly with health professionals, delegating to their own mothers the task of communicating their personal information to nurses.

I knew my own experiences and perceptions of the problems faced by pregnant adolescent women were merely the tip of the iceberg; for instance, I could surmise other lifelong problems they might face due to barriers and difficulties in continuing education. Unfortunately, adolescent pregnancy can bring humiliation to the family, and adolescents and their family members may often experience social rejection due to stigmatization (Thoongchompoo, 1999, Wiemann et al., 2005). The presented that unplanned pregnancy often results in

society blaming pregnant women, and according the responsibility of raising the child to her and her family. Additionally, some pregnant adolescents delay or avoid seeking antenatal care because they feel embarrassed and often attempt to conceal their pregnancies as a result of anticipated social rejection. Consequently, pregnant adolescents may receive inadequate antenatal care, which can lead to prenatal and infant mortality, and having a baby with low birth weight, in addition to negative health outcomes for the mothers themselves (Horgan and Kenny, 2007, Young et al., 2007, Khashan et al., 2010).

Having experienced such encounters and thought about the situation of pregnant adolescents, I was motivated to improve my understanding of adolescents during their first pregnancy. Although the problems of adolescent pregnancy have been studied by different researchers who attempted to focus on its causes and effects, adolescent motherhood issues, and programmes to prevent adolescent pregnancy, little knew about the challenges experienced by pregnant adolescents from their own perspectives, relative to their own needs, thus there is a need to build on the emerging interpretations in this field (Spear and Lock, 2003). The government approach, often iterated in health policy, views adolescent pregnancy as an alarming problem. The Ministry of Public Health (Thailand) noted that pregnancy rates among women aged 15-19 years fluctuated between 2010 to 2012 (Ministry of Public Health (MOPH), 2012), but generally increased in proportion to other age groups, and they foresaw that the trend was likely to increase.

Numerous studies in Thailand presented factors contributing to adolescent pregnancy, including lack of knowledge and misinformation around sex, reproductive health, and contraceptive methods. The generally high prevalence

of adolescent pregnancy and the consequences of adolescents' lack of knowledge about sex and contraceptive use caused me to seek to understand the realities of the phenomena of adolescent pregnancy in a province of Northern Thailand.

My research improved my own understanding of adolescents' first pregnancy, particularly from the perspective of their experiences. These findings can develop knowledge that can be used by health providers to improve care for pregnant adolescents, and to implement support mechanisms which might be essential to support future expectations among adolescents. Based upon my interest, experience, and the literature review (Chapter 2), I designed the project in order to answer the research question: "*How do pregnant adolescents experience their first pregnancy?*"

The next section gives a succinct background of adolescent pregnancy phenomena and an overview of the characteristics of adolescents and the prevalence of adolescent pregnancy in both international and national perspectives. Having provided this background, the literature review concentrates on the factors and outcomes influencing adolescent pregnancy.

Background

Adolescent pregnancy is an international and national health issue that is conceptualised as a challenge requiring urgent resolution worldwide (United Nations Population Fund (UNFPA, 2013). Internationally, the World Health Organization (World Health Organization, 2009) reported that from 300 million adolescents worldwide, approximately 16 million young women aged 15 to 19 years give birth, and one million youngsters under the age of 15 become mothers every year (World Health Organization, 2012). There are numerous complications during pregnancy and childbirth related to death and unsafe terminations that are particularly acute for these young females (World Health Organization, 2014). Pregnancy during adolescence in modern societies has significant impacts for adolescents and their babies, families and societies, including significant economic implications at the macro level (Arai, 2009), related to several aspects such as social, health and cultural issues (Sukrat, 2014). However, the transition to motherhood and the adoption of responsibilities among adolescent mothers leads to new roles that may be desired by these young women (DeVito, 2010), which can be associated with maturity and successful outcomes (Hindin-Miller, 2012). Being an adolescent mother does not mean that a woman's life and goals are over, and many women successfully carry their pregnancies and care for their children, with appropriate planning for their future goals (Sriyasak et al., 2013).

Definitions and stages of female adolescence

Adolescence is generally characterised as *'a period of development and growth which happens after childhood and before adulthood from ages 10 to 19'* (World

5

Health Organization, 2014). Adolescence is defined as a multi-phase developmental period of transition from childhood into adulthood, in association with early adult development (Kiang and Fuligni, 2009). This involves biological, cognitive, and socio-emotional changes. Furthermore, puberty is defined as the biological changes of adolescence when sexual organs mature, beginning earlier for girls (typically 11-12) than for boys (13-14) (Santrock, 2001).

The period of adolescence is considered to extend over many years, therefore it can be usefully divided into three developmental phases: early, middle, and late adolescence (Mercer and Ferkehch, 1990, Steinberg, 1999, Greydanus, 2006, Smetana et al., 2006). These periods roughly correspond with the phases in physical, social and psychological development in the transition from childhood to adulthood.

Early adolescence (ages 11-14)

Early adolescence is mainly characterised by the burgeoning biological changes of puberty, as well as general growth, leading to the period of sexual maturation and psychological awakenings (Montgomery, 2003). A girl undergoes rapid and major physical developments and a period of emotional transformation, with the development of sexual feelings. Lerner and Laurence (2004) explained social and emotional changes in the early adolescent period as being related to a period of learning, initially from parents and then from peers, typically during their entrance into secondary school, which involves acquiring autonomy and increasing responsibility.

Middle adolescence (ages 15-17)

Middle adolescence is a time of increased independence and sexual experimentation. This means adolescents at this stage have thought erratically, with more intense feelings and interactions with others (Montgomery, 2003). Girls have usually reached full physical development, and most will have completed puberty, such as body and breast development (Stang and Story, 2005). Middle adolescent girls become extremely vulnerable to the cultural messages and tend to be very aware of physical appearance. As a result, they are vulnerable to eating disorders and other body image disturbances. They are also intensely involved with their own socio-emotional development, with self-awareness and the development of reasonable expectations (Clarke et al., 2015). Tulloch and Kaufman (2013) revealed that adolescents in this stage initiate amplified concerns about their own sexual attractiveness, with a development towards heterosexuality, whilst some of them have anxieties about same-sex attraction. As a result, sexuality is a major concern for this age cohort (Kar et al., 2015). Additionally, sympathy is shown toward the opposite sex, with frequently changing relationships. This may encourage casual sexual relationships that increase the risk of pregnancy, AIDS, and other sexually transmitted diseases (STDs), adolescent pregnancy, and adolescent parenthood (Ott, 2010, Sridawruang, 2011).

Late adolescence (ages 18-19)

Typically, young women are fully developed in their sexual identity by this stage (Holness, 2014). Hazen et al. (2008) identified that adolescents in this stage may live independently from their families and may take on adult responsibilities and

roles. Late adolescents are able to understand the consequences of current actions and are involved in the transition to the adult role (Connolly and McIsaac, 2008). During late adolescence people are very concerned about their future, career goals, and often consider desirable potential spouses or life-partner (Holness, 2014). Consequently, they speedily develop the ability to make independent decisions and to compromise. These trends can also encourage adolescents to take pride in their work and be self-confident.

In conclusion, adolescence is a period of physical, psychological, cognitive, and socio-emotional changes, which begin during puberty and continue into adulthood. Young women must manage their new roles, which they essentially create themselves, with full adulthood and massive changes in their lives. At the same time, when they become pregnant, they must deal with the dual task of adolescent development and motherhood.

Adolescent pregnancy

Pregnancy during adolescence has been the focus of numerous studies over the past 50 years. The phenomenon of adolescent pregnancy continues to raise serious concerns for health providers and societies regarding maternal and infant health due to the fact that adolescent pregnancy and childbirth is regarded as a major contributor to maternal and child mortality and to the cycle of ill-health and poverty worldwide. This is largely as a result of the associated socio-economic factors before and after pregnancy, as opposed to the biological effects of young maternal age (Sharma et al., 2008).

<u>International prevalence</u>

Adolescent mothers account for 11% of all pregnancies among the total world population, with 95% of adolescent mothers being found in developing countries; the highest adolescent birth rates were in Sub-Saharan Africa, at approximately 101:1000 (UNICEF, 2012, World Health Organization, 2012). Worldwide statistics from the UN Department of Economic and Social Affairs UNDESA (2015) reported that the adolescent birth rate has declined from 65 to 47 births per 1000 women in 2015. However, complications during pregnancy and childbirth still cause a high mortality rate for 15-19 years-old girls (World Health Organization, 2016a).

In developing countries, approximately 70,000 adolescents die annually of causes related to pregnancy and childbirth (UNFPA, 2013). Most adolescents in these countries who become pregnant tend to be from lower-income households and have nutritional deficiency. As a result, health problems are more likely when an adolescent becomes pregnant. Moreover, they are also at high risk of the potential negative consequences of pregnancy and childbirth.

The United Nations New York (United Nation, 2015a) reported that 83 countries were at below-replacement fertility, 46 per cent of the world's existing population during 2010-2015. China is the most populous countries, but it is chronically below replacement fertility, followed by the US, Brazil, the Russian Federation, Japan, Viet Nam, Germany, and Iran (in descending order of population size. Thailand is also a populous country with below-replacement fertility. As a result, these countries face numerous complex demographic and socioeconomic challenges that will change in the coming years. During 2010-

9

2015, Africa had the highest rate of adolescent births, at 98 per 1,000, followed by Latin America and the Caribbean at 67 per 1,000 (United Nation, 2015a).

Every year, an estimated 21 million girls aged 15 to 19 years and 2 million girls aged under 15 years become pregnant (Darroch et al., 2016, UNFPA, 2015). Nearly 16 million girls aged 15-19 years and 2.5 million girls under the age of 16 years give birth (Neal et al., 2012, UNFPA, 2015). Despite rates of adolescent fertility declining globally in recent decades (World Health Organization, 2016a), adolescent pregnancies, births, and their associated negative outcomes remain serious problems in many countries, resulting in heightened international efforts to identify sources of risk and protective factors, and to reduce adolescent pregnancy (World Health Organization, 2016a).

Child Protection Policy in Thailand

The meaning of public policy is the legalization and management of social activities, regulating the social processes and interactions that occur within society. Public policy is therefore an issue that is regulated by governments, and which relates to public will and numerous societal groups and stakeholders. Inevitability, social policy has a close relation with public policy. In this sense, both social and public policy are published to support the target or object of societal development; as a result, the main purpose of social policy is to improve the well-being or welfare of citizens (Aravacik, 2018). Child protection is a major issue of public and social policy as it pertains to rights accrued by the state to intervene in the family sphere on the basis of protecting vulnerable individuals. Child protection in public policy mainly relates to the protection of

children from various forms of abuse, exploitation, and neglect (UNICEF Thailand, 2015).

The development of child protection is fostered by international cooperation and supporting public policy. In Thailand, public policy on child protection is mainly constituted in the Child Protection Act 2003 (CPA 2003), which significantly extended national child protection rights (Sasanapitak, 2016). Child protection policy is underpinned by widespread political and academic approbation and a large corpus of national and international law devoted to the subject, which is seen as a vital prerequisite for sustainable development.

According to the Conventional on the Rights of the Child (CRC) and the Child Protection Act 2003 (CPA 2003), children are determined as people aged under 18years old, including one exemption: the case of legal marriage at17 years old. Thailand is a signatory of the UN Convention on Child Rights 1992 (CRC), which covers survival, development, protection, and participation rights. As a result, children have their own legal rights without limitation and withdrawal. Under this paradigm, all actions and activity that affect children should recognise child rights. In practice, most measurements have specific targets for guarding children, which ought to be mutually supportive over than one parts, and each part can support each other. Child protection is not only instituted to protect children from harm, it also seeks to proactively foster child development, including increasing their personal skills, particularly educational skills. This is conceptualised as the protection of children from the obstruction of their education and skill development.

The Child Protection Act 2003 was established for achieving child protection and caring for children among multi- disciplinary teams, including social workers, healthcare professionals, police and lawyers and so on (as necessary). In law, it has provided a cooperative system for protecting children and supporting the responsibilities of family, community, and the public and private sectors. While not relying on public sector resources, it has the intention to support the moral duties of parents. Every five years, every country has to submit progress reports on child protection to the UN Child Protection Committee in Geneva. The most recent (3rd and 4th) reports from Thailand were submitted in 2012. The results revealed that Thailand's performance has been developed in many ways (UNICEF Thailand, 2017).

The announcement of CPA 2003 in the 8th Thailand- Japan International Academic Conference 2016 caused the government to legislate other related law and establish public constructions to protect the children. This can be seen in social welfare public policy in which the government prioritizes the importance of the policy of child protection.

The Issue of Early and Forced Marriage in Thailand

Child marriage refers to marriage before the age of 18, which is considered as a fundamental violation of human rights, regardless of sex (Scolaro et al., 2015, UNICEF, 2015). In the Universal Declaration of Human Rights (UDHR), the right to 'free and full' consent to a marriage is not sufficiently ensured if the participant is not mature enough to make an informed decision about a life partner (UNICEF, 2019). It is closely related to the issue of child marriage, and the age at which girls become sexually experienced. Child marriage often occurs

because of negotiating the development of girls in the context of early pregnancy and associated social stigmatization, as well as the absence education and poor vocational training, reinforcing the gendered nature of poverty (Bajracharya and Amin, 2012). Poverty and the protection of family related to family honor, social norms, and customary or religious laws are significant factors in determining a girls' risk of becoming a child bride (UNICEF, 2019). The result of child marriage is also a disruption a girl's development, leading to early pregnancy and social isolation, interrupting schooling, limiting career opportunities and vocational advancement, and increasing risk of domestic violence. Additionally, the impact on child grooms by marriage may place boys into adult roles for taking on responsibilities for which they are unprepared and may place economic pressures on them as well as restraining their opportunities for further education and career.

Cohabitation or union on an informal basis can lead to becoming married as a child and human rights violations. In some cultures, *de jure* children (under the age of 18) may be considered as *de facto* adults, particularly in many traditional societies. These contexts are also driven by gender inequality and the belief that women and girls are somehow inferior to men and boys. Some girls who face with bigger barriers to accessing education and burden financial empowerment are restricted from making decisions by themselves. This can lead them to having marriage in early age. Unplanned adolescent pregnancy often leads to early marriage or cohabitation, relevant to lacking comprehensive education in sexuality education and contraception. It also becomes customary to practice in some rural areas when laws and regulations are less enforcing or monitored. For

example, in four border provinces in the south of Thailand, many Muslim parents allow their daughters to marry when they reach puberty.

UNICEF (2019) reported that 12 million women are married before age of 18in every year, and one in five of these become mothers before the age of 15 worldwide. As the highest numbers of child marriage are in South Asia, the highest prevalence of child marriage is in Africa (UNICEF, 2013). In some countries, child marriage is a common practice. This can be seen in a statistic of child marriage from UNICEF (2019) reported that over 50 per cent of girls are married by the age of 18 in many countries, such as Bangladesh, Burkina Faso, Cameroon, Central African Republic, Chad, Guinea, Mali, Mozambique, Nepal, Niger, and Uganda. In Asia and Africa as a whole, the proportion of girls married by the age of 18 is more than 30%.

Under legal statutes declaring the legal age of marriage, all child marriage may be construed as forced marriage, with the absence of consent. However, there are discrepancies in applicable laws in Thailand. For instance, the minimum legal age of marriage is 20 years under the Civil and Commercial Code of Thailand 1985, but Thai law Code 1488 stipulates that a marriage can occur when either of the man and woman should not be less than age of 17, or even before that with permission of the Court. Child marriage is most common in the North and Northeast of Thailand, especially in rural areas (UNICEF Thailand, 2017). 23% of Thai women are married before the age of 18, and 4% were married before the age of 15 (UNICEF, 2019).

A final report by Thailand MICS (2016) presented that the percentage of young women aged 15-19 years who are married or cohabiting is about 14.1 per cent.

Regionally, the highest percentages of married women under the age of 19 are in the north. Almost half of this cohort aged 15-19 studied primary level education (46.6 per cent), while 15.7 percent had no formal education, 13.5 percent had secondary education, and just 1.4 per cent had tertiary education. Household economic status is one of factors related to young women aged 15-19 being, married which is shown almost one in four of such women being in the poorest households. Data also showed that 4.4 per cent of young women in the 15-19 age group married before the age of 15. Similar trends are observed for the percentage of women married before the age of 18.

The issue of child marriage is addressed in a number of international conventions and agreements. Thailand co-sponsored the 2017 Human Rights Council resolution on the need to address child early, and forced marriage, recognizing it in humanitarian contexts. The UN Sustainable Development Goals, adopted in 2015, include preventing child marriage as a key target for advancing the equality agenda by 2030, in order to help sustain international attention and enhance political intervention at the national level to address the high prevalence of child marriage (United Nation, 2015b). As a result of this, Thailand has committed to eliminate child early and forced marriage by 2030, in line with target 5.3 of the Sustainable Development Goals.

The current maternity service in Thailand

In Thailand, the health care system is established and provided by public and private hospitals under the management of government agencies, including the Ministry of Public Health, Ministry of Education, Ministry of Defense, and Ministry of Interior Affairs (Warakamin and Takrudtong, 1998). Currently, one

of the maternity service goals in Thailand is that all pregnant women should have to access antenatal care service at least four visits (World Health Organization, 2016b, Ministry of Public Health (MOPH), 2012). A pregnant woman should access the antenatal care service when she knows that she becomes pregnant in order to register her pregnancy and have an initial check-up. Subsequent visits are scheduled every four weeks until 28 weeks of gestation, then every two weeks from 28-36 weeks, and every week after 36 weeks. The pregnant women are assessed around twelve times until delivery following these services. They are also checked up, for example with a blood test for blood group, haematocrit, genetic disorders, and sexually transmitted diseases, and routine urine analysis.

Following (World Health Organization, 2016b) recommendations, pregnant women classified as having high-risk pregnancies according are categorised as such during the initial appointment, or during subsequent appointments if complications are identified later. For normal pregnancies, the women are will be screened for health problems affecting pregnancy and will be provided with curative care and health education, creating awareness and looking for emergency health problems during pregnancy, and solving health problems. A normal pregnancy will be provided care by nurses or midwives and obstetricians throughout the pregnancy journey. High-risk pregnant women will be specially cared for by obstetricians or gynaecologists (Hanvoravongchai et al., 2000).

Public health services provide free care to pregnant women to access antenatal care service until delivery. Women may, however, choose to have their own private obstetricians or gynaecologists, and hence have antenatal check-ups in

their doctor's private clinics or in the hospital where the physician is attached as a medical specialist; these can be public or private hospitals. Most births, however, occur in hospital or health-care settings. In general, women give birth where they receive their antenatal care. In the case of receiving antenatal care from a private doctor, the birth will take place in a hospital where the doctor works as a medical specialist.

Adolescent pregnancy in Thailand

The challenges of adolescent pregnancy can be better understood by looking at evidence from household surveys, such as the United Nations Population Fund (UNFPA), UNICEF, and the Ministry of Public Health, Thailand (MOPH) on the ratio and the percentage of women who had a live birth while aged 15-19. The birth rate of mothers aged 10-14 years old in Thailand increased from 1.4:1000 in 2010 to 1.5:1000 in 2017 (Ministry of Public Health (MOPH), 2017) (Table 1). This statistic varies between different provinces in Thailand.

Table 1: Number and rate distribution of all mothers aged 10-14 years in Thailand

Year	All women aged 10-14 years	All mothers aged 10-14 years	
		Number	**Rate: 1000**
2010	2,272,507	3,074	1.4
2011	2,196,350	3,417	1.6
2012	2,096,028	3,710	1.8
2013	2,024,332	3,415	1.7
2014	1,991,041	3,213	1.6
2015	1,963,728	2,988	1.5
2016	1,941,436	2,746	1.4

Source: Bureau of Policy and Strategy (Ministry of Public Health (MOPH),

2017)

Moreover, the birth rate of mothers aged 15-19 years old in Thailand decreased from 50.1:1000 in 2006 to 42.5:1000 in 2016 (Ministry of Public Health (MOPH), 2017) (Table 2). Although this rate of adolescent mothers declined from previous years, many of them also faced complications of pregnancy that caused the death of the mother and the child.

18

Table 2: Number and rate distribution of all mothers aged 15-19 years in Thailand

Year	All women aged 15-19 years	All mothers aged 15-19 years	
		Number	Rate: 1000
2010	2,399,446	120,115	50.1
2011	2,413,063	128,763	53.4
2012	2,404,152	128,493	53.4
2013	2,380,944	121,960	51.1
2014	2,342,738	112,278	47.9
2015	2,262,832	101,301	44.8
2016	2,162,983	91,838	42.5

Source: Bureau of Policy and Strategy (Ministry of Public Health (MOPH), 2017)

World Health Organization (2016a) reported that the adolescent birth rate in Thailand is the second-highest rate in the East Asia and the Pacific region, with 74 births per 1000 women 15-19 years of age. This rate is the same as in Malaysia. The highest rate of adolescent births is in Loas, at 94:1000. In the same year, 14.2 per cent of all pregnancies nationwide were among adolescents, with live births in this category coming in at just under 95,000 (World Health Organization, 2016a).

In 2017, there were 84,578 births to Thai adolescents aged 10-19 years, which is about 232 such births per day. Of adolescents aged 10-14, 2,559 gave birth, which is approximately seven of such births per day. 10.7% (n = 9,092) of these births were second-time births (Ministry of Public Health (MOPH), 2017).

Since 1997, Thailand's National Health Plan established the target of reducing the prevalence of adolescent pregnancy to less than 10% of all pregnancies, but the adolescent pregnancy and birth rates across the country indicate that this has not been achieved (Liabsuetrakul, 2012). The goal of this decrease was to identify variation in adolescent birth rates affecting a section of Thai society. Areemit et al. (2012) analysed the adolescent pregnancy situation in Thailand and pointed out that adolescent pregnancy is a major public health issue in Thai society, and that it was concerned with the effect on adolescent parents. Adolescent pregnancy and birth rates often vary within Thailand between regions, with economic, societal, and educational uptake impacts in these regions.

Figure 1: Map of Thailand and Kamphaeng Phet

Source: World (2018)

Area variations

According to the Ministry of Public Thai Health (Ministry of Public Health (MOPH), 2012), north-eastern Thailand has the highest rate of adolescent pregnancy, at approximately 19.6%, while the north and middle provinces have the second and third highest rates, at 18.1% and 17.98%, respectively. It is noticeable that Bangkok, the capital city, has the lowest adolescent pregnancy rate of 10.3% (Table 3). This underscores the pattern of adolescent pregnancy rates being higher in rural areas than in urban ones.

Table 3: Number and percentage distribution of adolescent mothers classified by regions in Thailand (2012)

Region	All mothers	Aged under 20 years	
		Number	Per cent
Bangkok	103,280	10,610	10.30
South	143,488	19,789	13.80
Central	211,742	38,062	17.98
North	116,014	20,956	18.10
North-eastern	227,213	44,476	19.60
Total	*801,737*	*133,027*	*16.59*

Source: Bureau of Policy and Strategy (Ministry of Public Health (MOPH), 2012)

Provincial variations

The proportion of adolescents giving birth varies according to economic, social, and behavioural conditions, which health providers have attempted to address via policies and other initiatives. From the top five provinces in Thailand, Kamphaengphet Province has consistently recorded the highest or second-highest adolescent birth rates in the country since 2009. In 2012, the prevalence of births among adolescents in Kamphaengphet Province was 24.78%, followed by Samut Songkharm (23.84%), Utaitani (22.46%), Nakhonsawan (22.21%), and Burirum (21.74%) (Bureau of Policy and Strategy, MoPH, 2012, 2013) (Table 4).

Table 4: Percentage distribution of adolescent mothers classified by province in Thailand (2012)

No.	Province	Region	Adolescent mothers aged 15-19 years (%)
1.	Kamphaengphet	North	24.78
2.	Samut Songkharm	Central	23.84
3.	Utaitani	Central	22.46
4.	Nakhonsawan	North	22.21
5.	Burirum	North-eastern	21.74

Source: Bureau of Policy and Strategy (Ministry of Public Health (MOPH), 2012)

Adolescent pregnancy issues comprise a global concern. WHO aims to reduce the adolescent birth rate among adolescents aged 15-19 years. It is also a target of the Sustainable Development Goals (SDGs) for 2030. In Thailand, the number of adolescent pregnancies has gradually increased, and has become a major social concern during 2010 – 2012, which were 50.1, 53.4 respectively. The percentage of mothers aged 15-19 increased from 15.7% in 2010 to 16.5% in 2012, while the worldwide figure is 11% (Ministry of Public Health (MOPH), 2012). Data on illegal terminations is impossible to collate. The risk of early pregnancy is further aggravated by poverty, interruption in schooling and education, and inadequate access to family planning services (UNICEF, 2015).

Rural adolescent girls are more likely to become pregnant, which is attributed to a lack of education relative to their richer urban peers. This is often associated with child marriage, which is committed to end by UNICEF (2005), but this was not an issue uncovered in my own primary research and experience. The UNFPA (2014) in Thailand is concerned with the issue of controlling the adolescent pregnancy rate, which is challenging due to the sensitivity around sexual issues, which overlap with political, cultural, and ethical issues. Consequently, the UNFPA offers support to sexual education programmes and reproductive health to address this issue in Thailand.

Rationale of the study

Adolescent pregnancy issues have been investigated by a large number of studies. However, although several qualitative research methods have been employed in the previous studies relating to pregnant adolescents and adolescent mothers, it seems that the knowledge about the phenomena of adolescent pregnancy and awareness of adolescents with regards to the implications, consequences of adolescent pregnancy, and prevention continues to rise knowledge of the causes of increasing adolescent pregnancy rates are inadequate and more detailed research is deemed necessary.

The alarming rate of adolescent pregnancy in Asia became a driving force for the researchers to explore this particular phenomenon. Numerous research studies and programmes have been developed and implemented to examine and address the issues of adolescent pregnancies in Thailand. Much effort has also been put into increasing sexual education and promotion of safer sex programmes to prevent adolescent pregnancies. However, it seems that despite these efforts, there is no indication of a reduction of adolescent pregnancy rates in Thailand. Even an insight into the circumstances of adolescent pregnancy has been examined, previous studies in the context of Thailand has not yet been fully investigated. Few studies have let woman adolescents to give their meanings and reflect their feelings to experience of adolescent pregnancy at the time of pregnancy. Therefore, this have contributed to improve understanding of the phenomenon of adolescent pregnancy and its challenges. Hence, it is my very intention to explore and conduct a study of Thai pregnant adolescents in Thailand.

This is why I decided to carry out a philosophical study in order to help fill the gap. Therefore, this study is likely to contribute to the perspective of pregnant adolescents' experiences where an improved understanding of the issues which the adolescents are confronted with is created. Obtaining insight and understanding adolescent pregnancy from the perspective of pregnant adolescents could assist the development of knowledge that may useful to the health care providers to provide improvements of health care service and support mechanisms.

The next chapter critically reviews current published literature to examine and identify successful approaches regarding intervention strategies.

CHAPTER 2: LITERATURE REVIEW

Introduction

This chapter presents a qualitative systematic review of studies concerning pregnant adolescents and their understandings and experiences during pregnancy, in order to identify the gaps in current healthcare service literature. The findings were used as a baseline to inform intervention strategies and support mechanisms, and to outline implications for future nursing services. Several reviews of the qualitative literature have been undertaken and they have contributed to illuminate pertinent issues and concepts. There is a need to conduct more in-depth and comprehensive reviews and analysis of qualitative studies to avoid unnecessary repetition, and to reveal areas that require additional exploration, particularly as research continues to advance.

Reviewing related literature enabled a comprehensive overview of the knowledge base on the topic and existing evidence, which was used as a basis to identify the research gap addressed by this study. Research literature about pregnant adolescents and adolescent mothers reveals some salient themes: the contexts of adolescent pregnancy and motherhood, negotiating the meanings of becoming pregnant, and the meanings of adolescent pregnancy itself.

A qualitative systematic review integrates research on a topic, systematically searching for research evidence from primary qualitative studies and drawing the integrate findings. Seers (2015) pointed out that a rigorous qualitative systematic review can enable appraisal of the evidence base to inform our own practice, increasing understanding of what works, as well as discovering new understandings. Undertaking a qualitative systematic review requires researchers to interpret concepts, and a process of collaborative interpretation of concepts among a team of experienced qualitative researchers grounded in the original studies can ensure individual interpretations have required rigour and transparency (Toye et al., 2013). A rigorous qualitative systematic review can also uncover new understandings and support understandings of 'why', and can help build theory. Seers (2015) concluded that evidence from qualitative systematic reviews has its place alongside or integrated with evidence from more quantitative approaches.

A review of related literature published from 2007 to 2017 was undertaken, considering the importance of exploration based on the most up-to-date knowledge. A systematic combination of search terms, using the Bolean operatives (e.g. '&') was used in database searching. The search terms for the literature review were *"Adolescent/ teenage/ young girl/ schoolgirl"*, to represent the population group, and associated terms that alluded to pregnant women's experiences, such as *"lived experience/ understanding/ perspective/ perception"*.

The inclusion criteria for publications were as follows: had an abstract, were available on-line in full, with free access; published in English language; study object consisted of the experiences of adolescent pregnancy. The exclusion criteria were review studies, editorials, opinions/ commentaries, and studies focused only on clinical problems.

Potential articles were obtained by assessing the following electronic databases, which are pertinent to healthcare, nursing and psychiatry research (Fink, 2010, p.19, Aveyard, 2014, p.83): Cumulative Index for Allied Health and Nursing (CINAHL), CINAHL Plus (EBSCO), Psychological Literature (PsycINFO), MEDLINE, PubMed, EMBASE: Excerpta Medica (Ovid), and Web of Science databases.

Methods

The purpose of this review is to explore what it can contribute to our understanding of adolescent pregnancy. A qualitative systematic review carries together research on a topic, systematically searching for research evidence from primary qualitative studies and drawing the findings together.

Typically, a qualitative systematic review contains seven different stages (Noblit and Hare, 1988):

1. *Identifying the subject* and undertaking a quality assessment of qualitative studies, as well as searching for the type of qualitative study.
2. *Deciding what is relevant*. Criteria are established to include and exclude studies. The inclusion criterion was as described previously: had an abstract, were available on-line in full, with free access; published in

English language; study object consisted of the experiences of adolescent pregnancy. The exclusion criteria were review studies, editorials, opinions/ commentaries, and studies focused only on clinical problems.

3. *Reading the studies*. The reading stage is important to realise what data to extract from the studies, and how this can be done effectively, identifying concepts and purely descriptive data. This data was extracted by means of creating an instrument to assay the study title, country and year of publication, objective, theoretical outline, references, participants, and main results.

4. *Determining how studies are related to each other*. This involves comparing and contrasting methodological features and findings of each study, clustering similar concepts into conceptual themes.

5. *Translating studies into each other*. This stage involves concepts in a reciprocal synthesis, by which the situational accounts agree with one another, and refutational synthesis, where the situational accounts of different studies conflict with one another. Developing conceptual categories involves optimally fitting concepts from one study that adequately reflect concepts emergence from others.

6. *Synthesising translations*. When the translations in the fifth stage are presented, these can be included from other study accounts to reach new interpretations.

7. *Expressing the synthesis*. The findings of the synthesis were conveyed in a form suitable for a particular audience.

Qualitative empirical studies from the databases were included, as well as book chapters, reports, conference abstracts, theses, dissertations, and unpublished

documents (grey literature), which enabled all data relating to the topic to identified, thus minimising bias. References and bibliographies were searched for key terms in order to identify other studies that could not to be accessed through databases. All papers were published in English and were qualitative studies, as described previously, the search process was guided by Preferred Reporting Items for Systematic Review (PRISMA) (Moher et al., 2010). The following flow diagram illustrates the path used to select the included studies.
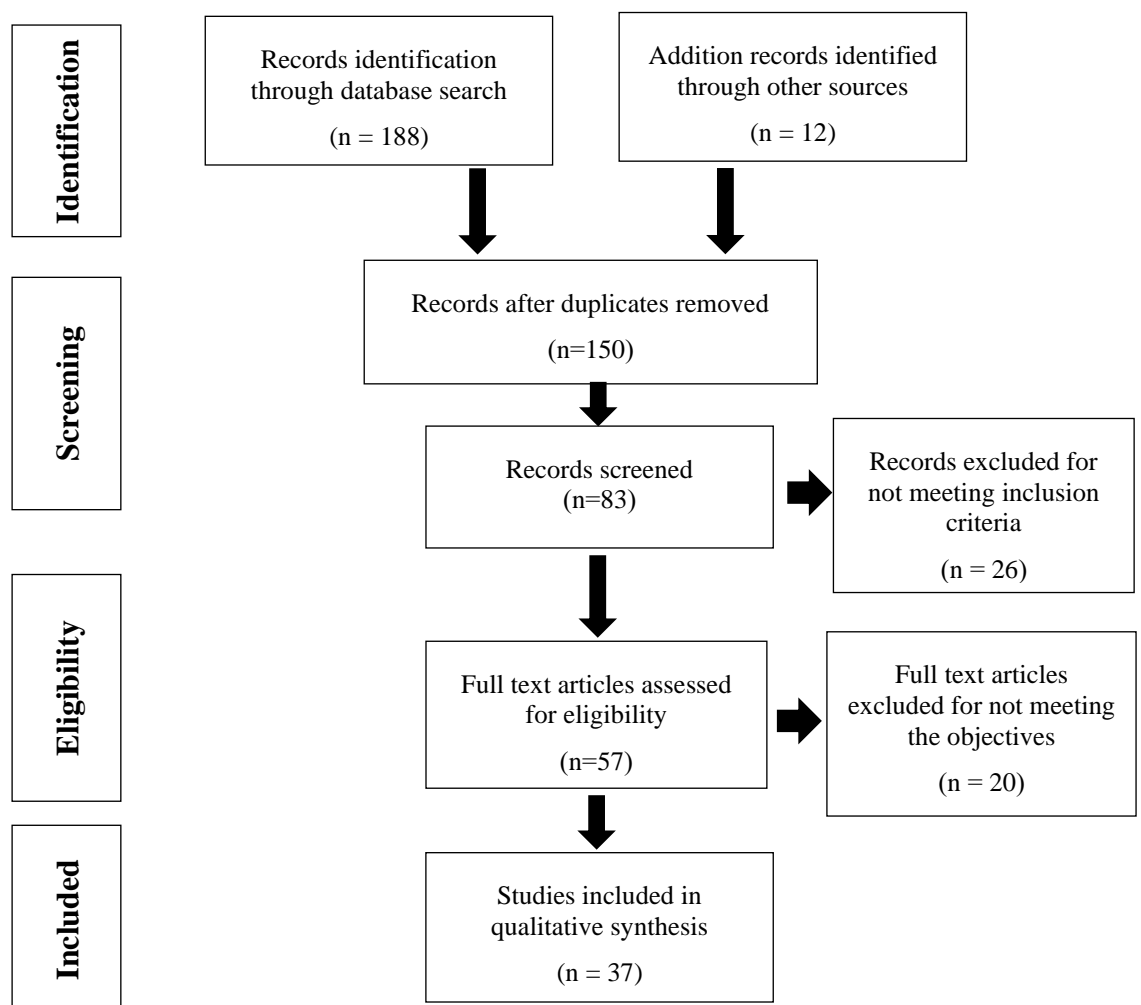
Figure 2: Schematic illustration of the selected studies

Result

A total of 37 studies were included in the review. Summary table of studies included in the literature review is shown in Table 5. There have been many studies about pregnant adolescents and adolescent mothers in a variety of countries and each study used a different collection method, for example focus group, Semi-structured interview, in-depth interview, and written journal.

Table 5: Summary table of studies included in the literature review

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Anwar, E., & Stanistreet, D. (2015). 'It has not ruined my life; it has made my life better': a qualitative investigation of the experiences and future aspirations of young mothers from the North West of England. *Journal of Public Health, 37*(2), 269-276. doi: pubmed/fdu045 : to explore the young mothers' experiences and perspectives	the North West of England, UK	A qualitative approach	A purposive sample of 10 young mothers, 16-19 years old	In-depth qualitative interviews	Thematic analysis	Approved	The young mothers felt motherhood was a positive experience, which provided them with a valued social role. Within the communities they lived, they felt well supported. For many of the young mothers, dislike of school had occurred pre-pregnancy and becoming a mother had led the young women to reassess the value of education and employment. However, in common with many older mothers, while their child is young, they choose to prioritize motherhood.
Arai, L. (2009). What a difference a decade makes: Rethinking teenage pregnancy as a problem. Social policy and society, 8(2), 171-183. : to explore diverse aspects of young motherhood but was focused primarily on exploring peer and wider influences on behaviour and included analysis of cohort data alongside qualitative data.	UK	A qualitative study	15 women who gave birth before age 21	Semi-structured interviews	Thematic analysis	Approved	In the first domain, at the individual level, findings are organised under the heading 'response and resolution'. At the second stage, 'acceptance and support', there is a moving out from the individual to the wider family, and a focus on the relationship between the young mother and family members. In the third, 'defence and coping', young women describe relationships in the wider community and attempts to defend themselves against prejudice

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Aziato, L., Hindin, M. J., Maya, E. T., Manu, A., Amuasi, S. A., Lawerh, R. M., & Ankomah, A. (2016). Adolescents' Responses to an Unintended Pregnancy in Ghana: A Qualitative Study. *J Pediatr Adolesc Gynecol, 29*(6), 653-658. doi: 10.1016/j.jpag.2016.06.005 :to investigate the experiences and perceptions of adolescents who have experienced a recent pregnancy and undergone a termination of pregnancy.	Accra, Kumasi, and Tamale, Ghana	A qualitative study	15 adolescents, aged 10-19 years, who had a recent termination of pregnancy	A vignette-based focus group	A participatory approach	Approved	Adolescents reported that the characters in the vignettes would feel sadness, depression, and regret from an unintended pregnancy and some male partners would "deny" the pregnancy or suggest an abortion. They suggested some parents would "be angry" and "sack" their children for becoming pregnant while others would "support" them. Parents might send the pregnant girl to a distant friend or grandparents until she delivers to avoid shame and gossip. Health professionals might encourage the pregnant girl or insult/gossip about the girl.
Azmawaty, M. N. (2015). Understanding adolescents' experience with an unwanted pregnancy/AzmawatyMohamad Nor (Doctoral dissertation, University of Malaya). : to explore the experiences of purposively sampled four unmarried adolescents between 16 to 18 years old.	Malaysia	A qualitative approach	Four unmarried adolescents between 16 to 18 years old	In-depth interviews with each participant focusing on the life history, current experience and reflection on the experience and observations and documents such as diaries, drawings, field notes.	The Interpretative Phenomenological Analysis (IPA)	Approved	The participants' journey with an unwanted pregnancy was an "experience" of importance, whence seven (7) themes emerged. The seven themes were: "search for fun, freedom and love", "abortion attempts", "emotional numbing", "spiritual strengthening", "transformation from unwanted to wanted pregnancy", "transformation of self" and "sexuality education". The themes uncovered that the participants have transformed from a sense of hopelessness to a hopeful future.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Brand, G., Morrison, P., & Down, B. (2015). "You don't know half the story": deepening the dialogue with young mothers in Australia. *Journal of Research in Nursing*, *20*(5), 353-369. : to enhance understandings by widening the lens to diverse realities that exist in young mothers' lives and present a strong case for using a narrative approach to research	Australia.	A qualitative study: a narrative approach	11 young mothers aged of 16 and 23 years	Observations and in-depth interviews	Qualitative analysis	Approved	These include: Picking up the Pieces; Walking a Narrow and Familiar Path; Jumping over Puddles; Riding the Rapids to Motherhood; Living with Dirty Looks; and Asking for Directions. Contrary to the wider community's deficit view and stereotypes of young mothers, what emerged from the narratives was quite a different story. Becoming a young mother meant taking a stand against stigma from the wider community; recognising motherhood as a significant and transformational turning point in their lives.
Dos Santos, C. C., Castiglione, C. M., Cremonese, L., Wilhelm, L. A., Alves, C. N., &Ressel, L. B. (2014). Expectations of pregnant teens for the future. *Revista de Pesquisa: Cuidado é Fundamental Online*, *6*(2), 759-766. : to know the expectations of adolescent mothers regarding their future	Santa Maria/RS	A qualitative study	eight pregnant teens, primipregnant or multipregnant, between 10 and 19 years old	The narrative interview technique	The thematic analysis.	Approved	Results: Adolescents construct their identity as a mother, from her experience of pregnancy and construction of an identity of woman-mother. In relation to the child aspired to achieve its good living conditions, through her work. Conclusion: The study demonstrates that society has undergone changes over time.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Cherry, C. O. B., Chumbler, N., Bute, J., & Huff, A. (2015). Building a "better life". *SAGE Open, 5*(1), 2158244015571638. :to compare the future aspirations of pregnant and parenting adolescents and identify social or structural barriers that they experience in their daily lives using journal entries from pregnant and parenting adolescents	Indiana,US	A qualitative study	52 multi-ethnic pregnant and parenting adolescents aged 15 to 19 years	Demographic information and the written journals.	A deductive analysis	Approved	Both pregnant and parenting adolescents aspired to provide a "better life" for their children that included finishing school and obtaining a career. However, social stigma and barriers exist that make achieving educational and employment opportunities difficult. The study findings indicate that pregnant and parenting adolescents need strong social support networks and practical tools to help harness their motivation and transcend social and material barriers to achieve their goals and aspirations.
Chohan, Z., & Langa, M. (2011). Teenage mothers talk about their experience of teenage motherhood. *Agenda, 25*(3), 87-95. : to explore how teenage mothers talk about their subjective experience of teenage motherhood and their motivation to complete schooling after their pregnancy	Johannesburg, South Africa	A qualitative study	Eight teenage mothers aged 15 to 19 years	Semi-structured individual interviews	Discursive analysis	Approved	The findings indicate that despite the challenges of being a teenage mother, the participants were able to persevere towards achieving their academic goals and future aspirations. This was due to a heightened sense of responsibility and maturity, as well as great motivation to continue schooling so as to be able to provide a better future for their children.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Dalton, E. D. (2014). Communication, Control, and Time: The Lived Experience of Uncertainty in Adolescent Pregnancy. University of Tennessee, Knoxville : to describe uncertainty as it emerges through symbolic communicative processes.	the Central or South Central regions of Appalachia	A phenomenol ogical study	10 pregnant adolescent women between the ages of 15 and 18 (Purposive sampling and snowball sampling)	Interviews, An open-ended, symbolic-interactionist approach	Groenewald's (2004) five-step simplified version of Hycner's (1999) explication process.	Approved	Findings can be summarized with eight themes that underlie the essence of uncertainty in adolescent pregnancy: suspicion and denial, disclosure and reactions, controlling the flow of information, relational renegotiation, the emerging reality of pregnancy, information behavior, encounters with doctors and other professionals, and the future. From these themes, it is evident that the lived experience of uncertainty is about loss of control.
DoNascimentoPaixão, G. P., Gomes, N. P., Morais, A. C., Morais, A. C., & Camargo, C. L. (2014). DISCOVERING PREGNANT: TEENAGE EXPERIENCES. DOI: 10.4025/cienccuidsaude. v13i3. 16611. *Ciência, Cuidado e Saúde*, *13*(3), 418-424. : to describing the experience of unplanned pregnancy for teenagers.	Bahia, Brazil.	A qualitative study	Six pregnant adolescents who attended at the Family Health Unit of the city of Juazeiro	Interview	Content analysis	Approved	The study shows that the experience of unplanned pregnancy is permeated by feelings of rejection and lack of support of the most significant figures for teenagers, parents and boyfriend. Given such circumstances, the teens decide to abort, even without knowing accomplishing it, as none of the interviewed succeeds in stopping. Health professionals need to be alert to the need to recognizing the group's vulnerability on unplanned pregnancy, for abortion complications and the risk of death. Nursing, especially, by acting in the Family Health Strategy, can perform actions and encourage health education.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Gyesaw, N. Y. K., &Ankomah, A. (2013). Experiences of pregnancy and motherhood among teenage mothers in a suburb of Accra, Ghana: a qualitative study. *International journal of women's health, 5*, 773. : to explore the experiences of adolescent mothers during pregnancy, childbirth, and care of their newborns.	A suburb of Accra, Ghana	A qualitative study	54 teenage mothers aged 14–19 years living alone or with their parents or guardians.	Two focus group discussions and in-depth interviews	Qualitative analysis	Approved	Results: Some of the participants became pregnant as a result of transactional sex in order to meet their basic needs, while others became pregnant as a result of sexual violence and exploitation. A few others wanted to become pregnant to command respect from people in society. In nearly all cases, parents and guardians of the adolescent mothers were upset in the initial stages when they heard the news of the pregnancy. One key finding, quite different from in other societies, was how often teenage pregnancies are eventually accepted, by both the young women and their families.
James, S., Van Rooyen, D., &Strümpher, D. J. (2012). Experiences of teenage pregnancy among Xhosa families. *Midwifery, 28*(2), 190-197. doi: 10.1016/j.midw.2011.04.003 : to explore and describe the experiences of teenage pregnancy among Xhosa families, and, depending on the results of the study.	Xhosa	A qualitative study	10 pregnant teenagers, eight mothers, two fathers, seven grandmothers and three grandfathers.	Interviews	Tesch (Creswell, 1994)	Approved	Findings: pregnant teenagers experienced emotional turmoil as they strived to cope with their pregnancy, and experienced a change in their relationships with significant others due to expectations that were not met and role confusion which led to crisis. Parents experienced overwhelming emotions due to the unexpected pregnancy of their child, and loss of control as the pregnancy could not be reversed.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Kaye, D. K. (2008). Negotiating the transition from adolescence to motherhood: Coping with prenatal and parenting stress in teenage mothers in Mulago hospital, Uganda. *BMC Public Health*, *8*(1), 83. : to explore what adolescents perceived as their struggles during the period of transition from childhood to parenthood and specifically, describe strategies employed in coping with stress of pregnancy, motherhood and parenthood.	Uganda	Grounded theory	22 pregnant adolescents aged of 14 to 19 years.	In-depth interviews and six focus group	Grounded theory	Approved	Overall, young adolescents reported more anxiety, loss of self- esteem (when they conceived), difficulty in accessing financial, moral and material support from parents or partners and stigmatization by health workers when they sought care from health facilities. Three strategies by which adolescent mothers cope with parenting and pregnancy stress that were described as utilizing opportunities (thriving), accommodating the challenges (bargaining and surviving), or failure (despairing), and varied in the extent to which they enabled adolescents to cope with the stress.
Klaw, E. (2008). Understanding urban adolescent mothers' visions of the future in terms of possible selves. *Journal of Human Behavior in the Social Environment, 18*(4), 441-462. : to explore the phenomenology of pregnant and parenting teens' aspirations and expectations using the construct, "possible selves."	Africa	A qualitative study	30 students, ranging in age from 14 to 19	Two semi-structured focus group discussions	Qualitative content analysis	Approved	African American pregnant and parenting youth develop self-representations related to future achievement in the context of interactions with neighbourhoods, health care systems, and adult support figures. Results related to teens' "ideal selves," "feared selves," and "who they might become" are presented.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Knight, C. C. (2013). Hard on your heart: A qualitative description of adolescent prenatal stress. University of Alabama at Birmingham. : to describe the adolescent's perception and experience of stress during pregnancy, and to illuminate which social, family, environmental, or any other experiences are deemed stressful to determine where interventions may be most needed and desired by the adolescent .	Alabama, US	A qualitative study	10-15 pregnant adolescents aged 15-19 years from different socioeconomic and geographic groups	Interviews	Qualitative content analysis	Approved	Pregnant teens reported stress related to responses to the pregnancy by family and others, changes in their relationships and future plans, and other fears and concerns regarding dependence and safety. Perceived disruptions and changes in family and social relationships was the most frequently discussed topic and impacted the remaining themes. Conclusions: The study findings indicated that much of the stress experienced by the teens was relational in nature. Support of the family and social intervention are possible avenues of intervention that may improve the experience of stress in pregnant adolescents.
Loke, A. Y., & Lam, P. L. (2014). Pregnancy resolutions among pregnant teens: termination, parenting or adoption? *BMC pregnancy and childbirth*, *14*(1), 421. :to seek to shed light on what pregnant adolescents consider when coming to a decision about what to do about their pregnancy.	Hong Kong	A qualitative study	Nine women aged of 19 years or younger	Face-to-face semi-structured interviews	Conventional content analysis of qualitative data	Approved	A total of nine women were interviewed. An analysis of the interview transcripts revealed that to arrive at a decision on what to do about their pregnancy, pregnant teens took into consideration their relationship with their boyfriend, their family advice or support, practical considerations, their personal values in life, and views on adoption.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Mangeli, M., Rayyani, M., Cheraghi, M. A., &Tirgari, B. (2017). Exploring the Challenges of Adolescent Mothers From Their Life Experiences in the Transition to Motherhood: A Qualitative Study. *Journal of Family & Reproductive Health*, *11*(3), 165. : to explore the challenges encountered by Iranian adolescent mothers during the transition to motherhood.	Iran	A qualitative study	16 Iranian teenage mothers in the Kerman province of Iran	Face to face in-depth semi-structured interviews	Inductive conventional content analysis	Approved	**Results**: Six main categories increasing burden of responsibility, experiencing physical problems, receiving insufficient support, inefficiency in maternal role, emotional and mental distress; and role conflict and 18 sub-categories were extracted from the data analysis. **Conclusion**: The findings of this study showed that adolescent mothers experience many physical, psychological, mental and social challenges. Therefore, it is expedient that special attention and care support is made available to them by health care providers.
Middleton, S. (2011). 'I Wouldn't Change Having the Children—Not at All' Young Women's Narratives of Maternal Timing: What the UK's Teenage Pregnancy Strategy Hasn't Heard. *Sexuality Research and Social Policy,* *8*(3), 227. : to listen to the experiences of a small group of young women within individual interviews, and to understand the meanings of pregnancy	A London borough and a shire town in southeast England, UK	Narrative research	23 participants (aged between 16 and 23) and had all been pregnant between the ages of 14 and 18	Individual interviews	the voice-centred method of analysis, developed by Brown and Gilligan (1992) and adapted by Mauthner and Doucet (1998).	Approved	Childhood experiences and individual adversity were found to be the structuring features of most of the narratives obtained from the young women. The narratives also revealed a highly restorative aspect to pregnancy and motherhood, connected to overcoming earlier experiences.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Mohammadi, N., Montazeri, S., Ardabili, H. E., & Gharacheh, M. (2016). Iranian pregnant teenage women tell the story of "fast development": A phenomenological study. *Women and Birth*, *29*(4), 303-309. : to explore the experience of pregnancy in Iranian teenage women.	Iran	An interpretive phenomenological study	11 married teenage women aged between 15 and 19 years old, primigravida with singleton pregnancy	Semi structured and in-depth interview	Thematic analysis	Approved	**Findings**: ''Fast development'' was the main theme that emerged from the participants' experiences. It refers to the unexpected development process that occurs simultaneously with other important development events. Fast development consists of three themes, 'unexpected development', 'development within development', and 'struggle with development'. **Conclusion**: Teenage pregnant women simultaneously encounter multiple developmental challenges related to adolescence period, marriage, pregnancy, and mothering responsibilities. According to the results, fast development concept should be considered by healthcare providers in order to offer comprehensive and age-appropriate health services to pregnant teenage women for successful transition from the multiple developmental stages. Moreover, this concept will help health care providers, especially midwives, to understand how to deal with pregnant teenagers

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Neamsakul, W. (2008). *Unintended Thai adolescent pregnancy: A grounded theory study.* University of California, San Francisco. : to discover the social processes used by Thai adolescents with unintended pregnancies throughout the childbearing year	Uttaradit Province, Thailand	Grounded theory	20 Thai adolescents with an unintended pregnancy, between 14-19 years old	Semi-structured interviews	The grounded theory technique of constant comparative analysis	Approved	"Kwajarudiangsa: A life journey of Thai adolescents from unintended pregnancy to motherhood" was identified as the basic social psychological process for adolescents who decided to carry an unintended pregnancy. The life journey began with "surrender (Yom jumnon) to an unintended pregnancy" and which reflected the causal conditions. It started in the chronological order of events during pregnancy. "Preparation to become a new mother" comprised the action/interaction strategies used to cope with changes during pregnancy. "Support from their close circle is like nourishment for their soul (Yadnam tip chalom jai) and which gets them through difficult time (Tee peung yam yak)," were the intervening conditions that helped facilitate and balance the strategies used to cope with changes during pregnancy on the journey to motherhood..

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Ngabaza, S. (2011). Positively pregnant: Teenage women's experiences of negotiating pregnancy with their families. Agenda, 25(3), 42-51. : to explore how this group of young women negotiated the experience of becoming pregnant and the pregnancy and impending parenthood with their family	Khayelitsha, Cape Town, South Africa	A qualitative study: a feminist framework and adopting a social constructionist theoretical base	15 teenage girls aged between 16 and 20 years over a period of four months.	Three to four interviews	A thematic narrative framework.	Approved	Findings revealed that experiences of being pregnant and becoming parents are mostly framed within relationships of control, regulation and power, especially in relation to parental authority. Ways in which this group of young women resisted being constructed negatively and punitively and displayed agentic and strategic creativity in negotiating acceptance and support for their pregnancy within their families are highlighted.
Watts, M. C. N. C., Liamputtong, P., & Mcmichael, C. (2015). Early motherhood: a qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. *BMC public health*, *15*(1), 1-11. : to solicit the lived experiences of African Australian young refugee women who have experienced early motherhood in Australia.	Australia	A qualitative study	16 young women (13–19 years of age) are a subset of the adolescent period (10–19 years of age)	In-depth interviews	A thematic analysis	Approved	Motherhood brings increased responsibilities, social recognition, and a sense of purpose for young mothers. Despite the positive aspects of motherhood, participants faced challenges that affected their lives. Most often, the challenges included coping with increased responsibilities following the birth of the baby, managing the competing demands of schooling, work and taking care of a baby in a site of settlement. The young mothers indicated they received good support from their mothers.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Parungao, C. R., Bautista, L. P., Mariano, R., Bonifacio, V. M., & Aguinaldo, M. V. (2014). Life Brought at a Tender Age: The Lived Experiences of Filipino Teenage Pregnant Women. Asia Pacific Journal of Multidisciplinary Research| Vol, 2(1). : to explore the lived experiences of the teenage pregnant women	Philippines	Husserl's descriptive phenomenological approach	Six adolescent female aged 12-19 years old who were pregnant with their first child	A self-report method specifically in depth, semi-structured, face-to-face interview	Colaizzi's method	Approved	Being pregnant at a young age did not mean that their life and future were all over. The women were optimistic about their futures. The findings of the study have vital implications in offering specific programs and services and in developing educational materials that focus on preventing teen pregnancy. While health nurse practitioners primarily provide services and education to teens and parents in various health care facilities, they also can be significant participants in prevention activities and coalitions that are based in a community.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Pogoy, A. M., Verzosa, R., Coming, N. S., &Agustino, R. G. (2014). Lived experiences of early pregnancy among teenagers: a phenomenological study. *European Scientific Journal, 10*(2). : to determine the lived experiences of early pregnancy among high and low performing students in terms of the causes, effects, challenges and their coping mechanisms.	Philippines	A phenomenological study	Ten (10) teenage mothers (14 to 19 years old):	Interviews and the focused group	The naturalistic paradigm	Approved	Results show that curiosity, lack of sexual knowledge, financial and family problems and uncontrolled emotions cause pregnancy among teenagers. Teenage mothers face a lot of challenges after pregnancy like providing proper care and needs of their child. High performing teenage mothers are college levels and work for a living to support the needs of their child. Low performing teenage mothers ended up as housewives. Teenage mothers have less possibility to finish their studies after engaging in early pregnancy.
Pungbangkadee, R., Parisunyakul, S., Kantaruksa, K., Sripichyakarn, K., &Kools, S. (2008). Experiences of early motherhood among Thai adolescents: perceiving conflict between needs as a mother and an adolescent. *Pacific Rim International Journal of Nursing Research, 12*(1), 70-82. : to understand the experiences of early motherhood among Thai adolescents who had a child ages less than 6 months	Thailand	Grounded theory	21 adolescent mothers	Multiple in-depth interviews and participant observation	The grounded theory analysis by Strauss and Corbinûs (1990)	Approved	The findings demonstrated that living with conflict between needs as a mother and an adolescent was a core category of the process in developing early motherhood. Four perceiving conflicting needs which included perceiving conflict between focusing on the child and the self, perceiving conflict between taking care of the child and desiring to go to school or work, perceiving conflict between concerning maternal images and self-images, and perceiving conflict between interdependence with family and independence from family.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Rangiah, J. (2012). *The experiences of pregnant teenagers about their pregnancy.* Stellenbosch: Stellenbosch University. : to explore and describe the experiences of pregnant teenagers about their pregnancy.	Chatsworth, Kwazulu Natal, South Africa	A phenomenological descriptive study	10 adolescents the ages of 15 and 19 years	Open-ended interview	The conceptual framework adapted from Maslow (1968)	Approved	The findings suggest that there is a need for parental intervention as far as teenage pregnancy is concerned, financial difficulties associated with poverty was identified as one of the majorcontributing factor to teenage pregnancy, and attitudes of providers of contraceptives led to teenagers, not using contraceptives in some cases
Sa-ngiamsak, P. (2016). The Life Experiences of Unmarried Teenage Mothers in Thailand. :to develop a better understanding of the experiences of Thai teenage mothers from these areas in order to inform the development of social policy and practice to meet their needs.	Buriram province, North-eastern Thailand	A qualitative study	A purposive sample of 17 unmarried Thai teenage mothers (aged 18 or less)	In-depth interviews	Thematic analysis	Approved	Participants in this research were found to be at the intersection between traditional Thai values and more modern values. Traditional values underpinned some policy and service responses, but theirinfluence was far less significant at the level of family and community. Tension occurred when family members found out about the pregnancy; however, the major concerns were about financial burden and an uncertain future for teenage mothers and their children rather than the culturalviolation of having a baby before marriage. The closing down of options to contribute to the financial well-being of their family was of greater concern than social stigma. A lack of access to social services was a major problem for teenage mothers in this research.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Sadler, L. S., Novick, G., & Meadows-Oliver, M. (2016). "Having a baby changes everything" reflective functioning in pregnant adolescents. *Journal of pediatric nursing, 31*(3), e219-e231. : to explore how RF was related to the emotional experience of adolescent pregnancy.	US	An Interpretive description qualitative study	30 Latina and African-American adolescents aged age 14–19 years	Semi-structured interview	Thematic analysis	Approved	These interviews provided an in-depth understanding of the complex adolescent emotional experiences of pregnancy. We identified five themes that create a picture of how the participants reflected upon their pregnancies, unborn babies, emerging parental roles, and complicated relationships with family and partners.
Saim, N. J., Dufåker, M., &Ghazinour, M. (2014). Teenagers' Experiences of Pregnancy and the Parents' and Partners' Reactions: A Malaysian Perspective. *Journal of Family Violence, 29*(4), 465-472. This study focuses on the experiences of unwed teenagemothers inMalaysia in respect to the reactions of their parents and the fathers of their babies and how the reactions from significant others influence these unwed teenage mothers	Malaysia	A qualitative study	17 unwed teenage mothers, aged 12 to18 years	The one-to-one interviews	Content analysis	Approved	The results show that most unwed teenage mothers became pregnant as a result of rape or statutory rape, and thus were at risk of developing mental health problems. Three themes were developed: secrecy, repression, and rejection. Four additional Themes-feeling detached, trapped, unworthy, and ambiguous-were developed to describe the teenagers' experiences of pregnancy.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Salvador, J. T., Sauce, B. R. J., Alvarez, M. O. C., & Rosario, A. B. (2016). The Phenomenon of Teenage Pregnancy in the Philippines. *European Scientific Journal, ESJ, 12*(32). : to explore the lived experiences of Filipino teenage mothers in their pre and post-natal stage on how they prepare and accept their new roles as mothers.	Philippines	A qualitative phenomenological research	16 teenage mothers aged 13-19 years old	Semi-structured in-depth interviews	Qualitative content analysisby Collaizi (1978)	Approved	Upon utilizing the intended data analysis approach, 4 emergent themes were generated: 'Period of Adolescence', 'Bearing a Child', 'The Mother and Child', and 'Building New Dreams'. Additionally, emergent themes will be discussed in relation to the lived experiences of participants supported through the review of literature.
SmithBattle, L. (2007). "I wanna have a good future": Teen mothers' rise in educational aspirations, competing demands, and limited school support. *Youth & Society, 38*(3), 348-371. : to examine teen mothers' descriptions of being students before and after giving birth and the impact of mothering on their educational goals and school progress.	US	The qualitative longitudinal study	19 pregnant teens aged of 15 to 18 years	In-depth tape-recorded interviews	Ethnograph (Seidel, 1998), a qualitative software package for qualitative analysis.	Approved	Regardless of their school status prior to pregnancy, the anticipation of motherhood led teens to re-evaluate their priorities and motivated them to remain in or return to school. The transformed meaning and significance of school in the lives of these teens was apparent in improved grades, in their resolve to graduate, and in their new interest in attending college. Their renewed commitment to school was often thwarted by competing work demands, family responsibilities, and school policies and practices. These findings suggest that professionals are missing a critical opportunity to promote teen mothers' educational goals and their long-term success.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Solivan, A. E., Wallace, M. E., Kaplan, K. C., &Harville, E. W. (2015). Use of a resiliency framework to examine pregnancy and birth outcomes among adolescents: A qualitative study. *Families, Systems, & Health, 33*(4), 349. : to explore experiences of resilience in a group of adolescent women who experienced healthy pregnancy and childbirth.	Southern Louisiana, US	A Qualitative Study	15 adolescent mothers (15 to 19 years of age)	Open-ended and qualitative techniques	Qualitative Data Analysis	Approved	A total of 15 mothers of multiple racial/ethnic identities were included in the analysis. Mothers discussed potential protective factors that we classified as either assets (internal factors) or resources (external factors). Mothers demonstrated strong assets including self-efficacy and self-acceptance and important resources including familial support and partner support during pregnancy which may have contributed to their resiliency.
Sriyasak, A., Almqvist, A.-L., Sridawruang, C., Neamsakul, W., &Häggström-Nordin, E. (2016). Struggling with motherhood and coping with fatherhood–A grounded theory study among Thai teenagers. Midwifery, 42, 1-9. : to gain a deeper understanding of Thai teenage parents' perspectives, experiences and reasoning about becoming and being a teenage parent from a gender perspective.	A province in the western part of Thailand, Thailand	Grounded theory	50 teenage parents-to-be aged of under 20 years	Semi-structured interviews	Data analysis followed the work of Strauss and Corbin (1990)	Approved	Findings: the core category 'struggling with motherhood and coping with fatherhood' comprises descriptions of the process from when the teenagers first learned about the pregnancy until the child was six months old. The teenagers had failed to use contraceptives which led to an unintended parenthood. Their parenthood became a turning point as the teenagers started to change their behaviours and lifestyle during pregnancy, and adapted their relationships to partner and family. Family commitments was a facilitator, through support given by their families.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
To, S. M., & Chu, F. (2009). An interpretative phenomenological analysis of the lived experiences of young Chinese females in the course of unintended pregnancy. International journal of adolescent medicine and health, 21(4), 531-544. : to investigate the experiences of 10 young pregnant Chinese females living in Hong Kong	Hong Kong	A Qualitative Study	10 young pregnant Chinese females living in Hong Kong	Individual interviews	Interpretive phenomenological analysis	Approved	The themes can be grouped into four categories, namely 1) pregnancy resolution: self-determination vs. significant others' influences; 2) emotional experiences after the termination of pregnancy: sense of relief vs. sense of guilt and sadness; 3) identity of young pregnant females: self-perception vs. others' perceptions and 4) pursuing an intimate relationship: love vs. sex. The findings provide a knowledge base for an understanding of the perspectives of young pregnant women and open up valuable reflections and discussions about adolescent pregnancy in Chinese societies. Implications can also be drawn for intervention, prevention, and research.
Van Zyl, L., van Der Merwe, M., &Chigeza, S. (2015). Adolescents' lived experiences of their pregnancy and parenting in a semi-rural community in the Western Cape. Social Work, 51(2), 151-173. : to understand the lived experiences of pregnancy and parenting of adolescents in a semi- rural Western Cape community by using a phenomenological design.	The Helderberg Basin	A qualitative approach and phenomenological design	six mothers and only one father from Sir Lowry's Pass Village between the ages of 18 and 22 (late adolescence)	two in-depth, unstructured interviews	the phenomenon and to delineate and cluster units of meaning into themes as suggested by Groenewald (2004:17).	Approved	Participants reported that they found pregnancy and parenting to be challenging. In theme 1 factors contributing to pregnancy are outlined, regarding their particular vulnerability and lack of sex education. Challenges relating to pregnancy and parenting as described in theme 2 include poverty, lack of support, lack of parenting skills, stigma and loss. In theme 3 the complexity of being a child in the house of parents, while having a child, is discussed with reference to powerlessness and the fact that the parental rights of adolescent parents are not always respected. Theme 4 outlines the positive aspects regarding parenting, namely support, the children as source of meaning and the aspirations of participants for their children.

STUDY	SETTING	STUDY DESIGN	SAMPLE	DATA COLLECTION	DATA ANALYSIS	ETHICAL APPROVAL	SUMMARY OF FINDINGS
Wilson-Mitchell, K., Bennett, J., &Stennett, R. (2014). Psychological health and life experiences of pregnant adolescent mothers in Jamaica. *International journal of environmental research and public health, 11*(5), 4729-4744. :to explore the experiences and the impact of pregnancy on pregnant adolescent psychological health	Jamaica	Mixed methodology	30 adolescents aged of 12–17 years	Individual interviews and focus groups	Descriptive statistics were used to describe the sample of 30 individual interview participants using SPSS. Thematic analysis using grounded theory methods	Approved	The following themes were identified: decision-making, resilience, social support, community support system, distress, and perceptions of service. Participants reported positively on the specific interventions tailored to their needs at the Teen Clinic. Although motherhood is valued, none of the pregnancies in this study were planned by the mother. Of the 30 adolescents interviewed, seven cases were referred for counselling due to their need for emotional and psychological support. One of the adolescents reported recent sexual violence and another reported having experienced childhood sexual abuse. Historically, Jamaican adolescent mothers faced barriers to education, self-determination, and family planning. Empowering, adolescent-centred healthcare and comprehensive reproductive health education may mitigate psychosocial distress.
Yardley, E. (2008). Teenage mothers' experiences of stigma. *Journal of youth studies, 11*(6), 671-684. : to explore the ways and contexts within which stigma is experienced and identifies differential effects and coping mechanisms reported by the participants.	UK	A Qualitative Study	20 teenage mothers aged of 16-19 years	In-depth semi-structured interviews	Analysed through meaning condensation	Approved	It is suggested that, within many teenage mothers' families of origin, there exists a value system within which young motherhood is worthy and esteemed, a tradition at odds with contemporary ideals for motherhood. The discussion then considers the disjunction between the problematical perception of teenage motherhood among policy-makers and the views of teenage mothers themselves.

According to the Critical Appraisal Skills Programme (CASP) (Table 6), most studies in this field used qualitative methodologies, as discussed in the following sections. The quality of the papers was assessed using the CASP (2017) assessment tool for qualitative research. 37 qualitative research papers were graded by the researcher using the CASP tool's 10 questions, designed to help systematic analysis. The first two questions are screening questions; if the answer is yes to both, it is worth proceeding with the remaining questions to assess the study. A number of italicised prompts are given with each question to remind the researcher why the question is crucial.

Once the study is deemed to be valid and important, one then considers how it applies to the research question. Critical appraisal provides a framework within which to consider the issues in an explicit and transparent way.

Table 6: Critical Appraisal (CASP) checklist for Qualitative research

	Anwar, E., & Stanistreet, D. (2015).	Arai, L. (2009)	Aziato, L et al. (2016)	Azmawaty, M. N. (2015).	Brand, G. et al. (2015)	Cherry, C. O. B. (2015).	Chohan, Z., & Langa, M. (2011)
1. Was there a clear statement of the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Is a qualitative methodology appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Was the research design appropriate to address the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. Was the recruitment strategy appropriate to the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Was the data collected in a way that addressed the research issue?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Has the relationship between researcher and participants been adequately considered?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7. Have ethical issues been taken into consideration?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8. Was the data analysis sufficiently rigorous?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Is there a clear statement of findings?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. How valuable is the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes

	Dalton, E. D. (2014)	do Nascimento Paixão, G. P. et al. (2014)	Dos Santos, C. C. et al. (2014)	Gyesaw, N. Y. K., & Ankomah, A. (2013)	James, S., Van Rooyen, D., & Strümpher, D. J. (2012)	Kaye, D. K. (2008)	Klaw, E. (2008)
1. Was there a clear statement of the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Is a qualitative methodology appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Was the research design appropriate to address the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. Was the recruitment strategy appropriate to the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Was the data collected in a way that addressed the research issue?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Has the relationship between researcher and participants been adequately considered?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7. Have ethical issues been taken into consideration?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8. Was the data analysis sufficiently rigorous?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Is there a clear statement of findings?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. How valuable is the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes

	Knight, C. C. (2013)	Loke, A. Y., & Lam, P. L. (2014)	Middleton, S. (2011)	Mohammadi, N. et al. (2016)	Neamsakul, W. (2008)	Ngabaza, S. (2011)	Watts, et al. (2015)
1. Was there a clear statement of the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Is a qualitative methodology appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Was the research design appropriate to address the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. Was the recruitment strategy appropriate to the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Was the data collected in a way that addressed the research issue?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Has the relationship between researcher and participants been adequately considered?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7. Have ethical issues been taken into consideration?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8. Was the data analysis sufficiently rigorous?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Is there a clear statement of findings?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. How valuable is the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes

	Osuchowski-Sanchez, M. A. et al. (2013)	Parungao, C. R. et al. (2014)	Pogoy, A. M., et al. (2014)	Pungbangkadee, R. et al. (2008)	Rangiah, J. (2012)	Sa-ngiamsak, P. (2016)	Sadler, L. S., Novick, G., & Meadows-Oliver, M. (2016)
1. Was there a clear statement of the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Is a qualitative methodology appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Was the research design appropriate to address the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. Was the recruitment strategy appropriate to the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Was the data collected in a way that addressed the research issue?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Has the relationship between researcher and participants been adequately considered?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7. Have ethical issues been taken into consideration?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8. Was the data analysis sufficiently rigorous?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Is there a clear statement of findings?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. How valuable is the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes

	Saim, N. J., Dufåker, M., & Ghazinour, M. (2014).	Salvador, J et al. (2016)	SmithBattle, L. (2007)	Solivan, A. E. et al. (2015)	Sriyasak, A. et al. (2016)	To, S. M., & Chu, F. (2009)	Van Zyl, L., van Der Merwe, M., & Chigeza, S. (2015).
1. Was there a clear statement of the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Is a qualitative methodology appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Was the research design appropriate to address the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. Was the recruitment strategy appropriate to the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Was the data collected in a way that addressed the research issue?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Has the relationship between researcher and participants been adequately considered?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7. Have ethical issues been taken into consideration?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8. Was the data analysis sufficiently rigorous?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Is there a clear statement of findings?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. How valuable is the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes

	Wilson-Mitchell, K., Bennett, J., & Stennett, R. (2014)	Yardley, E. (2008)
1. Was there a clear statement of the aims of the research?	Yes	Yes
2. Is a qualitative methodology appropriate?	Yes	Yes
3. Was the research design appropriate to address the aims of the research?	Yes	Yes
4. Was the recruitment strategy appropriate to the aims of the research?	Yes	Yes
5. Was the data collected in a way that addressed the research issue?	Yes	Yes
6. Has the relationship between researcher and participants been adequately considered?	Yes	Yes
7. Have ethical issues been taken into consideration?	Yes	Yes
8. Was the data analysis sufficiently rigorous?	Yes	Yes
9. Is there a clear statement of findings?	Yes	Yes
10. How valuable is the research?	Yes	Yes

Aveyard and Bradbury-Jones (2019) analysed qualitative literature reviews and concluded that the review needs to be explicit about the method used, and ensuring that the processes can be traced back to a well-described, original primary source. Therefore, a scrupulous literature review drives up the quality of the study. The 37 papers analysed using the search strategy described above that addressed the research question are listed below:

Contexts of adolescent pregnancy and motherhood

Personal experiences

Confirming studies elsewhere, several adolescent mothers mentioned that the results of transactional sex shaped their reproductive behavior and led them to become pregnant (Azmawaty, 2015, Gyesaw and Ankomah, 2013) . Gyesaw and Ankomah (2013) conducted a qualitative study among 54 adolescent mothers aged 14-19 in Ghana to explore the experiences of adolescent mothers during pregnancy, childbirth, and care of their newborns. They noted that a common reason for becoming pregnant was the result of transactional sex in order to meet material needs. Many participants experienced financial challenges and were not provided with basic needs from their parents. Therefore, some felt they could exchange sex for material gains. In other words, adolescent mothers sought ways to satisfy their own needs as adolescents. There is a growing literature on transactional sex and its role as a factor influencing adolescent pregnancy. This seems to be related to both survival and gaining basic needs.

Curiosity refers to the romantic and physical sexual drive that ultimately causes adolescent pregnancy in a functional sense (Pogoy et al., 2014). A phenomenological study in the Philippines by Pogoy et al. (2014) explored the

experiences of 54 adolescent mothers in detail with regard to their pregnancy and revealed that curiosity concerning sexuality is one cause of adolescent pregnancy. Some adolescent mothers in their study reflected that they embarked on a course of sexual experimentation by engaging in sex (Pogoy et al., 2014). Similarly, Azmawaty (2015) studied the experiences of four unmarried adolescents aged 16-18 with unwanted pregnancies in Malaysia and supported that the journey of unwanted pregnancy for an adolescent was caused by premarital sex, ultimately leading to a pregnancy crisis.

In adolescence, the desire for closeness drives the search for romantic relationships with partners. As a result of the sexual drive, adolescents can be willing to give everything to their partners with love (Pogoy et al., 2014). An interpretive phenomenological study in Hong Kong by To and Chu (2009) explored the lived experiences of 10 Chinese pregnant adolescents with unwanted pregnancies. They revealed that the adolescents often achieve emotional closeness through sexual behavior. In other words, they would have sexual relationships when they felt a sense of intimacy in their relationships. However, in that study adolescents considered sexual relationships to be closer without contraception use, thus they believed that unprotected sex served the function of building intimacy and maintaining a loving relationship. This is supported by several studies showing that curiosity causes adolescents to engage in sexual relationships, which might be among the range of drivers of early pregnancy in adolescents. In other words, the beginning of sexual relations was motivated by curiosity.

Several previous studies reported that adolescents were curious about sexuality but they lacked sexual education (Gyesaw and Ankomah, 2013). Young adolescents are often naïve and lack knowledge about the implications of sexual intercourse, which can result in becoming pregnant (Gyesaw and Ankomah, 2013). This is in a line with a qualitative study by van Zyl et al. (2015), which reported that some adolescents became pregnant and subsequently parents due to a lack of knowledge of sex education. A lack of adequate knowledge about sex can increase the chance of girls to be sexually active and subsequently lead to pregnancy.

Discussion pertaining to sexuality is a sensitive issue in most cultures, but possible consequences are also a great concern for many families. Findings demonstrate that sexual education is vital to engaging in sexual relationships related to adolescent pregnancy. Azmawaty (2015) found that in Malaysian culture the traditional taboo of discussing matters pertaining to sexuality with children in a family context results in a lack of parental guidance and family cohesion, which can exacerbate adolescent rebellious behaviors often associated with defying parents, going against conventions, breaking rules and regulations, and engaging in thrill-seeking activities that go beyond social norms. Consequently, adolescents are prone to engage in sexual initiation acts in their quest for loving relationships. The absence of parental guidance in discussing issues of sexuality combined with obtaining uninformed decisions from peers also led adolescents towards the experience of unwanted pregnancy (Azmawaty, 2015). This is in line with a phenomenological study of van Zyl et al. (2015), who studied late adolescent parents who were willing to share their pregnancy experience. They presented that a lack of sexual education and family's

suggestions was a factor that led adolescents to become pregnant. As a result, children received very basic information about puberty, and sexually active adolescent girls were left to figure out how to prevent conception without guidance from their parents.

It is generally expected that the role of parents includes guiding, nurturing, and supporting their children through various stages of physiological, cognitive, and emotional development (UNICEF, 2006). Adolescents who obtain a strong sense of supervision from their parents are more likely to delay their first sexual relationship and avoid pregnancy (Pogoy et al., 2014). Conversely, limited parental guidance is associated with providing false information in the hopes of discouraging offspring from engaging in premarital sex. Additionally, a lack of education in sexual matters from parents can lead adolescents to sexual ignorance, and consequently to adolescent pregnancy.

Another factor contributing to adolescent pregnancy comprises barriers to contraceptive use. Most adolescent pregnancies occurred as part of a more extensive pattern of sexual intercourse, with many adolescents reasoning that because they had not conceived while having unprotected sex previously they would not get pregnant; additionally, some used contraception intermittently or occasionally (Sriyasak et al., 2016). This was because they were unconcerned about the risk of becoming pregnant as a result of unintended pregnancy (Rangiah, 2012). Lack of education concerning safe sex and information or access to conventional methods of preventing pregnancy is the most commonly cited as a perceived causal factor for adolescent women becoming pregnant.

Unsatisfying family relationships are also a cause of initial sex among adolescents according to a study of adolescent mothers by Azmawaty (2015). Strict family discipline, house rules, lack of effective communication, and dysfunctional families were identified as drivers of seeking fun, love, and freedom, which subsequently resulted in unwanted pregnancy. It was also concluded that a reason for the initiation of sexual activity was to express (or simulate) love. Similarly, Pogoy et al. (2014) found that the notion of misunderstanding between family members caused adolescent mothers to seek to escape problems within their families by engaging in sexual relationships with the partners, thus being away (or emotionally distanced) from parents and family is a cause of sexual initiation (Pogoy et al., 2014). It is possible that the quality of adolescents' relationships with their parents within the family causes the pressure of looking for love relationship outside the family, which can be with sexual partners, thus leading to pregnancy.

Being sexually abused or exploited and coerced into sex by people in authority are often causes of adolescent pregnancy. Gyesaw and Ankomah (2013) conducted a qualitative study to explore the experiences of pregnancy and motherhood among 54 adolescent mothers aged 14-19 in Ghana. They reported that pregnancy was an impact of violence and exploitation. A similar finding was made by Saim et al. (2014) based on their exploration of the experiences of 17 Malaysian unmarried adolescent mothers aged 12-18 in sheltered accommodation. They reported that most of the participants were seduced and raped by their partners, which they attempted to repress in order to avoid stigmatization and regression. They were also at greater risk of mental health problems. Sexual abuse of adolescent girls is one of the most egregious ways in

which adolescents are exposed to pregnancy, requiring more extensive psycho-social care.

Social effects of adolescent pregnancy

The most fundamental social effect of adolescent pregnancy is that adolescent mothers have less possibility to achieve in education after becoming pregnant, and as mothers after giving birth (Pogoy et al., 2014). Most pregnant adolescents quit school earlier because of pregnancy. Being pregnant and having a baby at an early age obstructs many life opportunities for many participants, especially incomplete education, which results in difficulty in getting a job and turning to the trap cycle of poverty (van Zyl et al., 2015). Generally, women are expected to undertake household tasks and childcare roles in households, particularly with regard to their own progeny. Some adolescent mothers were not in a position to return to study because of looking after their children. Sriyasak et al. (2016) noted that when adolescents became pregnant, parenting, housework, and childcare become their main responsibilities in family units. However, some adolescent mothers had no interest in returning to school because they thought that they could excel in childcare rather than going back to school and lacking financial support during their studies (Pogoy et al., 2014). Dropping out of school has been documented within the context of adolescent pregnancy. Becoming a mother leads adolescent to simply stay at home and rest as well as start working. This leads to vocational expulsion from school and low re-enrollment, which can hinder future development opportunities.

The termination of pregnancy was discussed as a way out for some pregnant adolescents (Azmawaty, 2015, Gyesaw and Ankomah, 2013). However, it is

also illegal or restricted in many countries. For example, in Malaysia, it is sanctioned to save the life of the mother, to preserve physical health, and to preserve mental health; otherwise, it is prohibited in the case of rape or incest, fetal impairment, or social or economic choices (UNDESA, 2014). This can lead to backstreet abortions or personal attempts. All participants in a study by Azmawaty (2015) who felt unready for the role of a parent, in terms of physical and emotional health, maturity, and finance, attempted to hide and terminate pregnancy in various ways, for example taking herbal medicines, eating unripe pineapples, consuming paracetamol with Coca-Cola, and taking some medicines purchased online. This was because of their experience of the negative impacts of pregnancy, and their apprehension of a miserable life. Similarly, Saim et al. (2014) presented how unmarried adolescent mothers in Malaysia were pressured to terminate their pregnancy either by medicinal or traditional methods, without any concern for their safety. This can lead to the feelings of a sense of alienation by family, community, and religion. However, in Ghana, Gyesaw and Ankomah (2013) discovered that most participants' parents did not consider the termination of pregnancy; a few others mentioned it, but these participants were not successful in their informal attempts termination, as a result of which they had to carry their pregnancies to term. From these findings, the result of attempting to terminate pregnancy affected emotion turmoil, and adversely exaggerated the physical health of the adolescents.

The stigma associated with adolescent pregnancy can play an important role in decision-making for adolescents who disproportionately experience unintended pregnancies, and who are not unready to take responsibility to be a parent at a young age, resulting in having termination of pregnancy. Adolescents receive

social rewards for conformity to pregnancy and parenting expectations and may be stigmatized for transgression of norms.

Financial difficulties were the most prevalent effects for pregnant adolescents, because they did not have jobs and could not finish schooling (Gyesaw and Ankomah, 2013, Rangiah, 2012, Sa-ngiamsak, 2016, van Zyl et al., 2015). Sa-ngiamsak (2016) explored the experiences of 17 unmarried Thai adolescent mothers aged 18 or less in order to inform the development of social policy and practice to meet their needs. The findings indicated that once some adolescents became pregnant and stopped their schooling, their roles transitioned from students to workers. They were faced with unstable jobs and struggled to find employment as pregnant adolescents, with particular physiological needs rendering it difficult to find conventional employment, particularly that which is safe for their condition. Consequently, they had to depend on their families and their partners, corroborating the findings of Gyesaw and Ankomah (2013). Financial problems seem to be more acute in rural areas.

In terms of access to services, Kaye (2008) studied 22 pregnant adolescents in Uganda in order to explore how pregnant adolescents negotiate the transition from childhood to parenthood, and found that some pregnant adolescents face difficulty in accessing social services, and that available services do not meet their needs, such as quality of life support. Although there is a campaign to support studying during pregnancy in school, many pregnant women feel uncomfortable going to school due to practical issues (i.e. being cramped in normal desks), or social stigmatization as "bad girls" due to being pregnant.

Such situations tend to make them withdraw from hostile environments in society.

Negotiating the meanings of becoming pregnant

Once adolescents learn they are pregnant, they typically keep this a secret as long as possible due to their fear of censure from their families (Azmawaty, 2015). Previous research reported that many pregnant adolescents and adolescent mothers disclosed their pregnancies to their families in the second trimester, having previously managed to conceal and disguise their development (Azmawaty, 2015, Dalton, 2014, Neamsakul, 2008, Saim et al., 2014).

Studies found that unwed pregnant girls tried to conceal their pregnancies from their families, friends, and teachers in several ways, such as wearing loose clothes, avoiding directing notice to their body changes, or refusing to answer questions related to be pregnancy (Neamsakul, 2008, Saim et al., 2014). Dalton (2014) conducted a qualitative study to explore the lived experience of uncertainty among 10 pregnant adolescents and noted that all participants wanted to keep the pregnancy secret for as long as possible from specific people around them, such as peers at school and the general public.

The disclosure of an unplanned pregnancy during adolescence is characterized by the challenge faced by adolescent mothers of breaking the news to their families and considering the best way to communicate their pregnancies to parents and partners (Ngabaza, 2011). It signifies an unforeseen event, implying the loss of youth and integration of larger responsibilities (do Nascimento Paixão et al., 2014). Once pregnant adolescents can no longer maintain secrecy, they have to disclose their condition to other people around them, and the initial

responses are inevitably shock and disbelief, leading to the women feeling unaccepted, rejected, and repressed (Neamsakul, 2008, Sa-ngiamsak, 2016). The excessive fear related to pregnancy disclosure created a distance between the women and their parents. This is in line with the scene of disclosing the pregnancy, which is very daunting in most cases, with pregnant adolescents commonly being worried that their parents might disown them (Sadler et al., 2016). Telling their partners was the easiest for some participants, while some confided in other relatives rather than their parents in order to ensure positive support for difficulties that may lie ahead, including disclosing to people who they anticipated would be less supportive and more upset. This illustrates a managed negotiation of acceptance within contexts of fear and anxiety.

Protective disclosure is planned and carefully controlled, with the intention of preventing or reducing shock arising from learning of the pregnancy through hearsay. Participants in Dalton (2014)'s study had to make decisions surrounding disclosure, in terms of whether, when, to whom, and how they should disclose. They also overwhelmingly specified protective disclosure, with a few exceptions. Some pregnant adolescents from the Central and South-Central regions of Appalachia in the US in Dalton's study were sent to sheltered accommodation in order to hide their pregnancies from the society. Such facilitates are considered places for concealment of pregnancy and for repentance and/ or punishment. All pregnant adolescents experience both positive and negative feelings, which are expected reactions in such important life events and associated situations. The adolescents seem to be locked into a silence of fear and shame about their pregnancies to people around them, who could otherwise potentially help and support them. However, they eventually

disclosed the situation and enlisted the help of others in the process, as well as managing the emotional reaction of others.

Meanings of adolescent pregnancy

<u>Negative attitudes toward adolescent pregnancy</u>

Adolescent pregnancy is a challenge which leads to both difficulties and rewarding experiences, which help many adolescents reinforce their personalities (Gyesaw and Ankomah, 2013, Mollborn, 2017, Neamsakul, 2008, Ngum Chi Watts et al., 2015, Pogoy et al., 2014, van Zyl et al., 2015). The initial pregnancy diagnosis often brings a complete surprise or shock. It is a particularly emotional moment in which an adolescent struggles to process her thoughts and feelings (Sadler et al., 2016). Initially, it is not easy to process the emotions of being shocked or stunned at the pregnancy diagnosis, but this experience is recalled vividly at later stages (Sadler et al., 2016). Saim et al. (2014) reported that their participants were stunned by their unplanned pregnancies and the prospect of becoming mothers at an early age, while still attending school, with obligations to follow school regulations.

Generally, adolescent pregnancy has negative connotations. Pregnant adolescents illustrated an extreme emotional experience of being overwhelmed by the reality they faced (James et al., 2012). Several research studies contained findings pertaining to various emotions that were expressed by both pregnant adolescents and adolescent mothers, such as feelings of fear, excitement, worry, anger, and pride (Azmawaty, 2015, Watts et al., 2015, Sadler et al., 2016, Salvador et al., 2016). Sadler et al. (2016) reinforced that many pregnant adolescents experienced a range of emotions, from ecstasy to despair.

Feelings of despair were also reflected by participants in a study by James et al. (2012) . Their participants felt hurt, stupid, and in despair due to the stigma of adolescent pregnancy. As a result, the participants also felt oversensitive to their families' reactions to the pregnancy, occasioned in overwhelming emotions, even though they were generally coping well with their feelings (James et al., 2012). This is in line with Kaye (2008), who reported that such adolescent mothers plunged into despair when they realized that they had become pregnant and would become mothers. They felt overwhelmed by the heavy burden of stigma regarding to adolescent pregnancy and regretted that their pregnancies could reduce their opportunities in life. Gyesaw and Ankomah (2013) also revealed that some participants regretted being pregnant due to the fact that their pregnancies interrupted their education. Adolescents in Aziato et al. (2016)'s study reflected their feelings in the vignette of Mary's story, where the character expressed sadness, depression, and regret due to unintended pregnancy. It was explained that due to feeling unready to be pregnant, the fear of parenting responsibilities, and coping with studying, Mary viewed her pregnancy very negatively.

Depression was found to be a concern amongst adolescent mothers (Sadler et al., 2016). This may occur during the pregnancy, in postnatal depression, or within three years of childbirth (Yardley, 2008). To understand the causes that might lead to depressive symptoms in adolescent mothers, Wilson-Mitchell et al. (2014) studied the experiences and the impacts of psychological health of pregnant adolescents and found that seven participants (23%) were reported to have psychological distress or suicidal ideation due to feeling unprepared for pregnancy. Their study also recorded that the feeling of depression can lead to

emotional distress after childbirth (Wilson-Mitchell et al., 2014). Interestingly, a lack of support from family can provoke psychological health problems, including a sense of isolation and increased risk of emotional distress (van Zyl et al., 2015).

Such reactions from parents to pregnancy can be seen with anxiety associated to parental aspiration (Salvador et al., 2016). For some participants in Knight (2013) study, their anxiety was related to an ability to provide the best care for the baby. Similarly, adolescent mothers in a study of   had anxiety and were concerned about how to manage their maternal role and responsibilities. They then reflected that they did not feel they were mature enough to be pregnant and to become mothers. They had to face several developmental stages at the same time, including puberty, marriage, and pregnancy. Anxiety is more likely related to an ability to provide the best care or raise the baby for the baby.

The feeling of powerlessness is a complex dynamic for adolescent parents. Some pregnant adolescents are often treated as a child within their own families, and they do not obtain respect. Their parents do not allow them to make decisions, or to deny choices that their parents make for them (van Zyl et al., 2015). Having been threatened and pressured, many adolescents are forced to terminate their pregnancies either by medical or traditional methods, without any concern for their rights or safety. Some of them were sent to shelter homes to hide their pregnancy as an interim solution, and as a place for punishment, as reported by Saim et al. (2014). They also noted that many of the participants were rejected by their partners, which resulted in a relationship breakdown. Humiliation and

threats from the partners can be seen as ways of rejection the pregnancies as well as the adolescent mothers themselves.

The guilt of being pregnant makes pregnant adolescents suffer with their lives (do Nascimento Paixão et al., 2014). This feeling also causes emotional distress and, as a result, many of them exhibit self-neglect. Guilt also occurs when their parents express disappointment with them. Guilt is an overarching reflection of how pregnant adolescents feel during pregnancy, and how they cope with this situation (Dalton, 2014). Feeling guilty further complicates emotions and relationships with others. Similarly, the guilt that pregnant adolescents carried causes insensible conflicts with regard to the acceptance of the child (do Nascimento Paixão et al., 2014). The feeling of guilt about unmarried pregnancy is also seen as a punishment for breaking religious and cultural rules, and as a punitive lesson doe the mothers (Saim et al., 2014). Prevailing modern, global mores (associated with neoliberal political economy and Western cultural hegemony) view adolescent pregnancy with disapprobation, and as evidence of the irresponsibility of the pregnant woman; this is compounded in traditional cultures by pre-marital sex and pregnancy being seen as cultural violations associated with social stigma. Consequently, pregnant adolescents are universally blamed for being irresponsible and immoral (To and Chu, 2009).

This cultural violation affects pregnant adolescents and their families (Cherry et al., 2015). The stigma of pregnancy makes some pregnant adolescents feel hurt, stupid, and despairing (James et al., 2012). Many adolescents feel isolated and dissatisfied from rejection. As a result, they face tension and uncertain future of becoming a mother. Several research studies reported the relationship between

social stigma and adolescent pregnancy and parenting (Azaito et al., 2016, Cherry et al., 2015, Kaye, 2008, Moss- Knight, 2010, Saim et al., 2014, van Zyl et al., 2015). Saim et al. (2014) found that any unwed pregnancy is considered dishonorable and shameful in the Malaysian society. As a result, an unwed pregnancy is not welcome in the family, and a pregnant adolescent is sent to a shelter home because of the attached stigma. According to the adolescent mothers of the wider African community in a study of Watts et al. (2015) they shared the feelings of shame and embarrassment that emerged through wider communication disapproval. They were also blamed as a bad model for other adolescent women. Particularly, single adolescent mothers felt more stigmatized than those with partners, and those on state benefits felt more stigmatized than those who were financially supported by their families or partners (Yardley, 2008).

Adolescent pregnancy is also viewed as an embarrassment to the family, and a concrete sign of the disreputable nature of the family and its social value, creating disrespect towards them (Hoga et al., 2009, To and Chu, 2009). The feeling of rejection from parents and partners, including society, makes pregnant adolescents feel individual adversity and disappointment (Saim et al., 2014). Some participants in To and Chu (2009)'s study described that they were advised to terminate pregnancy by their parents in order to prevent the family from losing face and to avoid having obstacles in their future caused by their babies.

Social pressure and social stigma are outcomes caused by unexpected adolescent pregnancy. Although adolescent pregnancy is usually unplanned, it is often

subsequently desired by some adolescents and their partners to fulfill their dream of unity with their partners, and can form the basis of matrimony (do Nascimento Paixão et al., 2014). Likewise, parents often believe that marriage is the best way to ease the plight of their daughters and access social resources. Some adolescent partners might be forced to marry by their families. Sriyasak et al. (2016) reported a tradition in Thailand whereby a wedding ceremony is organized for pregnant adolescents and their partners to help these adolescents and their families maintain their status in society, to comply with social norms and expectations, and to avert social stigmatization of themselves and their families, enabling the community/ society to accept their pregnancy and (subsequently) their child.

Stigmatisation is also a barrier to obstruct educational achievement and employment opportunities. Pregnant and parenting adolescents are concerned about stigma and demands that may ultimately hinder their goals (Cherry et al., 2015). Many pregnant adolescents quit school earlier because of social stigma, and subsequently experience difficulty in achievement in education and in their careers. This was expressed by most adolescents who had to stop studying during pregnancy.

Although perceiving stigmatisation was universally reported by pregnant adolescents and adolescent mothers, these adolescents generally refused to allow the wider community's stigma to play a prescriptive and undermining role in their lives (Brand et al., 2015). This finding is similar to a study of Yardley (2008), in which adolescent women did not believe that they were less competent than older women to be pregnant mothers. In other words, adolescent

mothers rejected stigmatisation as deviant and claimed an alternative, more positive view of motherhood (Brand et al., 2015). To and Chu (2009) supported that even though the pregnant adolescents and adolescent mothers had experienced negative reactions from others, the stigma made them become more responsible for their unintended pregnancy and it reinforced their maternal identity (Anwar and Stanistreet, 2015).

Yardley (2008) indicated that the effects of stigma range from the negative to positive, and some adolescent mothers believed that belonging to a stigmatised group had positive effects on them. To and Chu (2009) noted that many participants revealed that the dominant social discourse on adolescent pregnancy has changed as a result of the dynamic social environment. They believed that society would accept them rather than making judgments on irresponsibility and immorality. More pragmatically, the financial well-being of the family is often a greater concern than social stigma. Sa-ngiamsak (2016) indicated that some adolescents were concerned about being a financial burden and the unclear future for themselves and their children, rather than the cultural violation of having a baby before marriage.

Limited social support networks and insufficient welfare support made life even more difficult and uncertain for many adolescents (Watts et al., 2015, Sa-ngiamsak, 2016). van Zyl et al. (2015) revealed that most pregnant adolescents in their study felt unsupported in various ways from families and institutions. Some pregnant adolescents were rejected by their families and had to leave home. They had to move to live with their grandparents, and some of them turned to their partners' families for survival. This is problematic, and increased

the risk of emotional distress, as well as leading to struggle and floundering for those who had inadequate support. The lack of emotion capacity to deal with life and interpersonal relationships is a major issue affecting the quality of life of adolescents, especially those with an unwanted pregnancy (Azmawaty, 2015).

The main thrust of the biomedical establishment is to view adolescent pregnancy as inherently negative, and pregnancy itself is still widely conceptualised as an illness in the medicalization of pregnancy (Neiterman, 2013). Consequently, healthcare services and government policy can contribute to the stigmatisation and suffering of pregnant adolescents, rather than serving the needs of these vulnerable women. While many empirical studies have demonstrated existent negative impacts of adolescent pregnancy, the literature also reports positive implications and ideation toward adolescent pregnancy and motherhood, as noted previously with regard to stigmatisation, and discussed in the following section.

Positive attitudes toward adolescent pregnancy and motherhood

Positive psychology

Generally, the experiences of adolescent pregnancy and satisfaction with pregnancy have been allied to several aspects of emotional dimensions. Motherhood is a positive experience for some younger and older adolescents, manifest in feelings of pride, joy, and happiness (Hoga et al., 2009). Kaye (2008) found that most focus group participants reflected feelings of pride and joy, and partly achieving "what their hearts desired". The sense of pride is indicative of a sense of achievement, as their children are developing and growing into happiness. Their experience of happiness challenges the societal

77

stereotype of adolescent mothers failing to meet the physical and emotional needs of themselves and their children (Chohan and Langa, 2011).

Pregnancy and parenting adolescents express numerous positive effects of their new maternal roles, including an increased positive self-image and confidence in their abilities (Cherry et al., 2015). For adolescent mothers, pregnancy is accompanied with the experience of intensified egocentric perception, and duality in self-perception (Mohammadi et al., 2016) This means that although pregnancy leads to a feeling of more responsibility, empowerment, and appreciation for adolescent mothers, they also have doubts in their abilities to manage their own responsibilities regarding pregnancy and becoming mothers. Motherhood can convey an increased sense of self-worth for some adolescent mothers, and acceptance and recognition from partners' families can result in refining their self-worth and self-esteem (Kaye, 2008, Watts et al., 2015). While conventional societal expectations typically venerate academic achievement, viewing pregnancy as a negative barrier to this, pregnancy itself (i.e. the responsibility to care for children) can also be viewed as equally worthy of celebration, which can enable pregnant adolescents to regain a sense of self-worth and power (Chohan and Langa, 2011).

Positive life changes

Pregnancy can motivate positive life changes (Sadler et al., 2016). Sadler et al. (2016) supported that having an incentive to change and an understanding that pregnant adolescents might not be able to do all the things that other adolescents do triggered a shift from being more self-centered to more child-focused, which was experienced as a positive life change. Motherhood and parenthood are

78

inherently positive forces, which enabled adolescent mothers to activate a positive change in their lives, becoming more productive and hopeful about the future (Kaye, 2008). The primary participants in Osuchowski-Sanchez et al. (2013)'s study stated that a positive life change illustrated a definition of experience in the adolescent's lives, galvanizing career choices as well as promoting self-identification as mothers and as women. Being pregnant and parenting can offer meaningful experiences in the context of great changes in life (Brand et al., 2015)

Positive transformation

Pregnancy and parenting are (or ought to be) areas of positive transformation (Cherry et al., 2015). The transition from a child to a mother was the catalyst for a positive change for many participants, who shared stories of growing up, becoming more independent and responsible since becoming mothers (Brand et al., 2015). The experience of pregnancy also caused an acceleration of the development to adulthood, as Mohammadi et al., (2016) based on their phenomenological investigation to explore the experience of pregnancy in 11 Iranian adolescent women aged 15-19. They reported that the experience helped participants to have more roles and responsibilities, leading them to be more independent and to become mature. The participants revealed that although becoming pregnant and being a mother early was an unforeseen event, with simultaneous experiences, their pregnancies led them to achieve the next developmental stage. It is possible that gaining a new social identity as a mother can promote the social role and independence, relative to the maternal role. The

positive transformation, which was a turning point for many young mothers, can help them cope with negative stigmatization and barriers (Cherry et al., 2015).

Many qualitative studies revealed that the participants' journey with an unwanted pregnancy was a transformation from unwanted to wanted pregnancy (Azmawaty, 2015, Middleton, 2011). The turning point in the journey of unwanted adolescent pregnancy assisted adolescents in making an informed decision on their unwanted pregnancy, causing a transformation in self based on conscious self-evaluation (Azmawaty, 2015). Likewise, this study recorded that the participants also transformed from a sense of hopelessness to a future hope.

Heightened sense of responsibility and maturity

Being a parent is a positive change which includes personal growth in maturity and responsibility, as reported by (Cherry et al., 2015). They studied 52 multi-ethnic pregnant and parenting adolescents aged between 15-19 years in Indiana to compare the future aspirations of pregnant and parenting adolescents. Both pregnant and parenting adolescents in this study noted the aspiration for a better life, and they were motivated to seek academic and career goals. In this sense, having a new maternal role was important in their sense of responsibility in caring for their children. In the same vein, for some adolescent mothers in late adolescence stage expressed their appreciation for their pregnancies, because of their maturity and willingness to have children (Gyesaw and Ankomah, 2013). Kaye (2008) reported that some adolescent mothers stated that after they became pregnant, they learnt lessons, became more mature, and had a better understanding of the world. They used this opportunity for changes. Such adolescent mothers uttered that their family relationships were strong and stable,

and they stated the positive attributes of adolescent pregnancy and motherhood. To such mothers, adolescent pregnancy and motherhood was a major but manageable burden, and they were willing to make sacrifices to succeed in their new roles (Kaye, 2008).

Although adolescent mothers described their experiences as challenging, they were unanimous that it was a huge responsibility to do well in their schooling (Chohan and Langa, 2011). The importance of being more responsible is a way for adolescent mothers to reclaim a position in society, and to transcend what they lost through negative discourses associated with adolescent pregnancy and motherhood. The adolescent mothers highlighted their perception of accelerated maturity and growth (Chohan and Langa, 2011). They also rejected and challenged all the negative discourses of being an adolescent mother that were reflected in their academic area, resulting in higher levels of motivation and aspiration.

Watts et al. (2015) found that motherhood led adolescent participants to a sense of maturity, elevated responsibility and mission. Becoming a mother caused these young women to regard themselves as being adult and more mature. The positive experience from parenthood allowed adolescent mothers to adopt huge responsibilities, like providing proper care and attending to the needs of their children. Having a baby provided adolescents with the chance to carry out the duties and responsibilities of childcare as a result of the maternal role (To and Chu, 2009).

Many research studies have addressed how best to enhance the typical sources of support to pregnant adolescents and adolescent parents that positively affect the adolescents'own psychosocial growth, as both adolescents and parents, while meeting the developmental needs of the infant (Aziato et al., 2016; Brand et al., 2015; Loke and Lam, 2014; Solivan et al., 2015; Sriyasak et al., 2016; Wilson-Mitchell et al., 2014). Family furnishes a variety of forms of extensive support for adolescents to cope with pregnancy (Arai, 2009). It is also concrete proof of acceptance of the pregnant adolescent daughter's pregnancy by her own family (Arai, 2009).

This common source of social support came from their own parents and family members, who also contributed to physical, emotional, financial, material, and practical support (Brand et al., 2015, Sriyasak et al., 2016). A study in a Western country by Arai (2009) reported that pregnant girls who lived with their families gained more family support in acceptance of being mothers and assistance to go through the transition to motherhood. Similarly, social support from families helped pregnant adolescents to smoothly make the transition to being an adolescent mother (Sriyasak et al., 2016). Adolescent mothers who lived with their extended families received financial support and childcare support during the baby's first month from family members. Gaining these supports made these adolescent mothers feel more satisfied with their new roles (Sriyasak et al., 2016).

Obtaining family support was an effective way for pregnant adolescents to develop a positive attitude towards their lifestyles, especially relating to

parenthood (van Zyl et al., 2015). However, Pungbangkadee et al. (2008) argued that while Thai adolescent mothers in their study needed help with caring for their babies from their parents, they found it was difficult to ask for such help. This was because they did not want to be controlled by their parents, and some adolescent mothers in this study perceived that asking for help from the family meant that they were a burden to the family, and they would rather depend on themselves.

Normally, the adolescent's own mother is central to the well-being of an adolescent mother and her child (DeVito, 2010, Wilson-Mitchell et al., 2014). Support from their own mothers was also a resource of emotional support that positively influenced adolescent mothers' self-perceptions of parenting and increased their self-evaluation of personal parenting skills (DeVito, 2010). All participants in Wilson-Mitchell et al. (2014)'s research identified their mothers as important sources of social support. Getting support from their own mothers was particularly important in increasing the likelihood of pregnant adolescents to return (or want to return) to school. Adolescent mothers expressing a coaching ethos echoed the support their received from supporting people, especially their own mothers. As a result, the family came to accept their pregnancies and provided tangible and emotion support to pregnant adolescents (Sadler et al., 2016). This increased their confidence about parenthood.

In terms of the baby's father, often their current partner, some pregnant adolescents who chose to co-parent with their partners obtained financial and childcare support from the latter and their families (Ngabaza, 2011). However, other adolescent mothers did not get support from their partners because their

relationship had broken down before childbirth. Watts et al. (2015) supported that while some fathers provided financial or emotional support for adolescent mothers, this was often inadequate. Single mothers received most child support from their own families, and financial assistance from the government. Obtaining financial assistance was also a challenge for many adolescent mothers who attempted to cope with childcare on their own (Pogoy et al., 2014).

Empirical research studies on adolescent pregnancy in Thailand

There are several studies in Thailand related to pregnant adolescents and adolescent mothers, but the reported experiences vary depending on socio-cultural contexts, including their socio-economic background, culture, social support, and access to appropriate welfare. Many of them focused on the experiences of Thai teenage mothers, particular social contexts, and social support. These studies are divided into three groups, analysed in the following sections: the influence of socio-cultural contexts; developing parenthood; and social support system. The identified gap in existing knowledge is discussed at the end of this chapter.

The influence of socio-cultural contexts

Neamsakul (2008) conducted a grounded theory study in order to expose the social process of coping with intended adolescent pregnancy. This study reflected a life of journey of Thai adolescents related to their socio-cultural contexts, from unintended pregnancy through to motherhood. In rural areas, getting pregnant before marriage was a taboo issue according to traditional Thai mores, causing difficulties for pregnant adolescents in the community. The pregnant adolescents suffered from the violation of social norms and culture of

the unintended pregnancy. Unintended pregnancy was initially associated with an inevitable lack of acceptance and rejection from people around them. But with the passage of time they found acceptance and support in their communities.

The final decision on marriage for pregnant adolescent women in Thailand might be controlled by their parents, related to financial and childcare considerations (Sa-ngiamsak, 2016). Furthermore, having a traditional Thai wedding ceremony could also save face for the family, and help adolescents and their families to receive acceptance the pregnancy from their community (Neamsakul, 2008).

Thai society is nowadays increasingly open and accepting of adolescent pregnancy, and many adolescent mothers reflected that they were not being stigmatized, punished, or excluded by their communities. This became the accepted view in the traditional areas of the north-eastern region. Rather than social stigma about having a baby prior to marriage, financial well-being within the family was the most critical concern. It was commonly reported that the future for teenage mothers and their children would be unstable and possibly hazardous if they lacked welfare support (Sa-ngiamsak, 2016).

Sriyasak et al. (2013) conducted a grounded theory investigation among 50 teenage parents aged of under 20 years in order to gain a deeper understanding of Thai teenage parents' perspectives, experiences, and reasoning about becoming and being teenage parents from a gender perspective. This study found that the cause of becoming an unintended parent was not using contraceptive methods and ignoring the risks of unprotected sexual relationships

(Sriyasak et al., 2016). This study also found that illegal abortions, considered a serious sin ("bap") by Buddhists, were not widely considered among participants, who continued their pregnancies. Addionally, receiving the acceptance of family and family support were also significant in encouraging them to maintain their pregnancy (Sriyasak et al., 2016).

Although the teenagers accepted equality of rights and status between men and women in society, in practice, the traditional gender roles of male and female in parenthood displayed a maternal role in caring for children and household tasks, and the role of father in being a breadwinner, providing financial support (Sriyasak et al., 2016). Similarly, Thai family assumes female roles as a caregiver, a housewife, and a manager of family expenditure, whereas male roles include working to provide financial support (Neamsakul, 2008).

Developing parenthood

Pungbangkadee et al. (2008) studied 21 Thai adolescent mothers using grounded theory to understand the experiences of early motherhood among Thai adolescents who had a child aged less than 6 months. This study illustrated living with conflict between needs as mothers and needs as adolescents as a core category of the process in developing early motherhood. The adolescent mother was in the center of development of both adolescence and motherhood. This was presented in terms of the possible problems of parenthood arising simultaneously with adolescence, which led adolescent mothers to use strategies for living with conflicting needs as mothers and adolescents.

A study by Sa-ngiamsak (2016) used ecological systems theory to present the complexity of Thai society in terms of creating contradictions and tensions in

the lives of teenage mothers. Poverty not only created high expectations, but also limited options in their lives. High expectations pressured teenage mothers to work hard in order to receive academic and financial rewards. They faced limited opportunities for success in life, including in terms of access to education, employment, and safe abortions.

Although the pregnant adolescents suffered from the violation of social norms and culture of the unintended pregnancy, a mature process could stimulate them to engage in maternal roles and to cope with changes during pregnancy (Neamsakul, 2008). The changes of behaviours and lifestyle during pregnancy and adapting their relationship to partners and families was a turning point to develop parental roles. This was the transition process to be a parent, taking responsibility and coping with changes during pregnancy, as well as recreating new goals in life, such as working, studying, and childrearing (Sriyasak et al., 2016). Thai teenage mothers accepted childrearing as a main their responsibility. This is in line with Pungbangkadee et al. (2008)'s study, which revealed that rather than working or studying, mothers preferred to care for their children. However, the adolescent mothers in this study were concerned about the body image after giving birth associate with childcare, which could cause the failure of breastfeeding. Participants perceived a conflict between taking care of their children and desiring to go to school or work. They pointed out the difficulty of performing the tasks of motherhood in caring for their children and their desire to complete their academic education and pursue employment (Pungbangkadee et al., 2008).

<u>Social support</u>

The social support during pregnancy and throughout the postpartum period was generally a positive experience and intervention to get pregnant adolescents through difficult times. The family was a great source of all types of support. Consequently, they achieved in a maternal role (Neamsakul, 2008). Families provided financial support during pregnancy, and childcare support after giving birth. Some practical assistance in childcare from grandparents abetted the teenage mothers to manage their childcare duties (Sriyasak et al., 2016). This is in line with several studies which revealed that social support was a crucial support source for transition to be a mother (Neamsakul, 2008, Pungbangkadee et al., 2008).

Perceiving conflict between interdependence with family and independence from family was identified. Thai adolescent mothers did not want to depend on their parents when they had a baby, but engagement into adulthood prior to mature adolescent tasks may lead adolescent mothers to prolong dependency upon parents (Pungbangkadee et al., 2008).

Financial burden and uncertain future were the major concerns identified for teenage mothers by Sa-ngiamsak (2016). Therefore, welfare support was an important for teenage mothers to pass through crisis and uncertain life events.

Discussion

The literature review in this chapter illustrates the current experience of pregnant adolescents and adolescent mothers general and Thailand. Both negative and positive experiences were reported in the literature, relative to socio-cultural contexts and support. Adolescent pregnancy affected both physical and psychological health and influenced the socio-economic burden of families and the public. The Thai studies analyzed above provided a description of pregnant teenagers and teenage mothers who live in both urban and rural areas.

Thai studies reviewed the experience of pregnant adolescents and adolescent mothers in terms of several dimensions, however the complete picture of the experience of adolescents during pregnancy was not exposed. They are relatively limited, and knowledge is still lacking as regards several significant perspectives of adolescents during pregnancy. For instance, little is known of the experience of Thai pregnant adolescents in their own words; few investigations allowed adolescents to tell their accounts, reflect their feelings, and give their own meanings to their pregnancies.

The principal support the pregnant adolescents and adolescent mothers received was from their own families and those of their partners, alongside any material support received from social welfare.

This study undertakes to fill the identified research gap to allow Thai pregnant adolescents to express their own stories. It aims to improve understanding with a view of findings being used to inform healthcare policy throughout identifying the need for support mechanisms and strategies from the perspectives of pregnant adolescent women in Thailand themselves.

Research on how pregnant adolescents experience their first pregnancy would make a valuable contribution to the perspective of pregnant adolescents' experiences and a better understanding of the issues confronting them. This review showed the gap of knowledge in the research area of adolescent pregnancy, as there were very few studies aiming to understand adolescent pregnancy *per se*, despite it being universally recognized as a fundamental feature of care and support. Therefore, the results of a study targeted to address this research gap could assist healthcare providers to provide improvements of healthcare service and support mechanisms.

The next chapter describes the reasons why the hermeneutic phenomenology was chosen as the methodology for this study, where this study was undertaken, and how it was carried out.

CHAPTER 3: METHODOLOGY

Introduction

This section focuses on the methodology that underpins the proposed research. It provides an overview and rationale for using an interpretive phenomenological approach and determines how the methodology influences the proposed research methods and how the theoretical position and philosophical principles are applied to conducting the research. The research approach selected depends on the research question (Streubert and Carpenter, 2011) so that it can assist in designing the most appropriate research in order to answer the research question, that is "*How do pregnant adolescents experience their first pregnancy?"* Therefore, the selection of methodology matched to the research question can strengthen the credibility of the research (Sikes, 2004). Additionally, the awareness of the philosophical assumption can secure the quality of the research produced (Snape and Spencer, 2003, p.1).

The researcher's position is to rationalise the research process and defend the outcomes, creating use of various philosophical tools to help clarify the process of inquiry and provide insight into the assumptions on which it conceptually rests. This can be strengthened in the rationale for the methodological decision-making within the research (Hanushek and Jackson, 2013).

Methodological approaches

Methodology is the strategy or plan of action which lies behind the choice and use of particular methods (Crotty, 1998, p.3). Therefore, methodology is concerned with why, what, from where, when and how data is collected and analysed, which form the choice of research methods employed (for example, questionnaires or interviews). Quantitative research methodologies are used to seek explanations, look for causes and effects and develop predictions of "*the truth*" of a phenomenon, and contribute to theory. In quantitative research, the problem can be measured by the way of producing numerical data (Aliaga and Gunderson, 2002). Conversely, qualitative research methodologies use different realities to explore a phenomenon: they employ terms such as understanding, meaning, beliefs and experiences of humans, for example by interpreting a text from their experiences (van Manen, 1995). Hewitt-Taylor (2001) indicated that qualitative methodologies stress the value of individual experiences and views, as encountered in real-life situations.

Qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. (Denzin and Lincoln, 2011, p.3). This seems appropriate for the proposed research including the pregnancy and adolescent experience of being pregnant. In the qualitative paradigm, there are many different qualitative research methodologies used by researchers relating to the different types of research question: ethnography, grounded theory, case study, narrative research, and phenomenology (Burns and Grove, 2009, Crotty, 1996, Silverman, 2011).

In terms of Creswell's view, Ethnography is based on describing and interpreting a culture-sharing group and classical ethnography has origins in anthropology (Creswell, 2007). Case study involves developing an in-depth description and analysis of one case or multiple cases and is very often used for studies related to psychology, law, and political science (Creswell, 2007). Grounded theory leads the researcher to develop a theory grounded in the gathered interview data and is used widely in sociology (Creswell, 2007, Strauss and Corbin, 1994). Narrative research explores the life of a single individual and draws from the humanities (Andrews et al., 2013, Creswell, 2007). After review of these various research methodologies, the approach that seems to best serve the proposed adolescent pregnancy study would seem to be the phenomenological approach. The purposes of the phenomenological study are to gather narrative material to help understand the human phenomenon and to develop a relationship with the interviewee about the meaning of an experience (van Manen, 1990).

Since the phenomenological approach seeks to understand the essence of an experience, in this case the event of *"adolescent pregnancy"* it seeks to understand the adolescents' perspectives and perceptions of the event. I ultimately decided upon phenomenology to adopt a qualitative research approach because I needed to improve my understanding of the phenomenon of adolescent pregnancy from the perspectives of their experiences which helps to create a clearer, multi-dimensional picture of what it is to be a pregnant adolescent. Hence, qualitative research using a phenomenological approach was best suited to exploring and understanding ~~of~~ the adolescent pregnancy experience in order to realise how adolescents experience their pregnancies.

Phenomenology

Phenomenology is a form of qualitative research that seeks the meaning in individual's lived experiences. Its aim is to improve new understanding of the lived experiences obtained from participants' interviews (Patton, 2002). In other words, the phenomenological approach is grounded on exploring and understanding the lived experiences of human beings. A phenomenological study is used to emphasise uncovering and interpreting the inner essence of the participants' perceptive processing in their experience (Patton, 1990). Generally, "*a phenomenological study is suitable for studying affective, emotional, and often intense human experiences*" (Merriam, 2009, p. 26). Patton (2002) supported that the findings derived from phenomenology are an understanding of a phenomenon as seen through the eyes of those who have experienced it. This can be achieved by figuring-out the meaning of the experiences and human's lived experiences' essence (Creswell, 2012). Therefore, meaning is central to the experience.

Phenomenology is the study of a phenomenon (something people experience) and includes the analysis of phenomena, that is what people say about their experience of a phenomenon (Greatrex-White, 2004, Salvador et al., 2016). It also focuses on individuals' meaning making as the quintessential element of the human experience (Patton, 2002). Therefore, a person gains new perceptions and insights in each situation through new experiences (Crotty, 1998). The insights from this study may be valuable to others and is considered as the principal goal of research (Bryman, 2012).

Crotty (1996) argued that phenomenology is a study of the objects of people's experiences and is not the subjective reactions per se. This makes it different to other qualitative methodologies. The importance in going beyond subjectivity to understand the nature of a phenomenon is stressed by Heidegger (Crotty, 1996). The goal of phenomenology is to gain access to the phenomenon by studying phenomena (what people say they experience) on their own ground, achieving experiential understanding and full elaboration of a phenomenon, and making its meaning clear (Ritchie et al., 2013). The objective of phenomenology is the in-depth exploration of phenomena as intentionally experienced, without causal explanations on theory development, or by searching "*the truth*".

There are two main phenomenological approaches in nursing research literature: Husserlian descriptive phenomenology and Heideggerian interpretive phenomenology (Lopez and Willis, 2004, Mackey, 2005). I will discuss the two different philosophical traditions in phenomenology and then defend the particular interpretive phenomenology I eventually employed.

Husserlian descriptive phenomenology

Edmund Husserl first proposed that our experience of the world was mediated by our relationship with the phenomenon encountered (Husserl, 1963). Husserl elaborated on phenomenology as a methodology and described its aim as explaining how the world is continued and experienced through "*consciousness*" (Husserl, 1963). For Husserl phenomenology is dominated by three crucial notions: intentionality, essences and phenomenological reduction (bracketing or Epoche) (Greatrex-White, 2004, Koch, 1995) which I now explicate further.

Husserl investigated the critical structures of human consciousness (the mind) which are directed towards objects and called this "*intentionality*" (Koch, 1995). According to Crotty (1996), intentionality is an epistemological concept or an ontological concept and not a psychological one. This is an important point because phenomenology has been linked in North America to symbolic interactionism where it takes on a whole new meaning (see Crotty, 1996 for example). Intentionality in Husserl's thought is purely an epistemological term, whilst Heidegger's conception of intentionality is ontological. Describing a phenomenon in its purity is Husserl's goal, whilst Heidegger uses intentionality to describe how we understand a phenomenon from our being-in–the world.

In Husserl's phenomenology, essence constitutes what appears to consciousness: the object (Greatrex-White, 2007). The object can be real (e.g. a person), imaginary (e.g. a dream or imagined entity), or conceptual (e.g. justice) (Koch, 1995). As a result, phenomenology in the Husserlian sense is to take the term as including the phenomenon itself, rather than the subject's perception and experience of the phenomenon (Crotty, 1996).

Husserl asserts that phenomenological epoche (bracketing) is necessary to arrive at the pure description of an object and this means putting aside pre-existing ontological assumptions, understandings and theory (Husserl, 1963). It is used in phenomenology to regain the investigator's original perception of a phenomenon (Wojnar and Swanson, 2007). Lopez and Willis (2004) indicated that bracketing comprises the researcher holding in abeyance ideas, preconceptions, and personal knowledge when listening to and reflecting on the experiences of participants.

In this study, using a Husserlian descriptive phenomenology I had to bracket (or hold in abeyance) all my experience and advance knowledge about the phenomenon during interviewing. I questioned whether it is in fact possible to bracket myself, my knowledge, and my mind if I attempted to understand how adolescents experience a phenomenon. Koch (1995) pointed out that we are powerless to completely bracket ourselves because we are embedded in a historical context. Bracketing is one way to maintain objectivity of the researcher (Chan et al., 2013, Greatrex-White, 2007). Yet I was not a complete stranger to the phenomenon due to the fact that I cannot separate history from the notion of that which I am investigating. Koch (1995) and LeVasseur (2003) pointed out that we are unable to bracket our particular historical context, our conception and knowledge completely.

<u>Heideggerian interpretive phenomenology</u>

Heidegger (1962, 2010) revealed that the philosophical analytic focuses on the human being's existence in their world as an individual and within their social context. Therefore, the meanings from this perspective represent the co-constitution of being with others in the world, in shared humanness, and in shared interactions in the world. The everyday regular existence provides the interpretive phenomenological researcher with the opportunity to inductively reveal meaning from the emic perspective (Heidegger, 2010). This attention must be paid to Heidegger's view of interpretation and his argument against a presupposed approach to phenomenology. As a result of this, the role of reflexivity throughout the researcher's endeavour remains to the forefront in an attempt to interpret the meaning of the phenomenon being explored.

Heideggerian phenomenology is grounded in the belief that 'a' truth (not 'the' truth) can be found in our experience of the world. Heidegger focused on the meaning of being; both of which are concerned with the conditions of the possibility of meaning and the disclosure of phenomenon. Meaning has to be understood as essentially intentional, the experience of something as something (and how it appears to someone). Koch (1995) argued that the inquirer using Heideggerian phenomenology always asks about the meaning of human experience. At the same time the term essence for Heidegger does not describe the *"whatness"* of a phenomenon, but it defines the meaningful relationships maintained with the world (Greatrex-White, 2004, van Manen, 1990).

According to Heidegger (1962), a phenomenon is that which is essentially withdrawn, forgotten, covered up, and even concealed. Phenomena are constantly covered over and can never be completely uncovered. They are taken-for granted in the everyday familiar backgrounds that are pre-reflective and often unnoticed. Heidegger (1962) defined the way of humans who relate to others in the world as "*being-in-the-world*". The things humans encounter in the world do not simply exist "out there" in a detached manner and waiting to be investigated. They are all part of an interconnected world of human investigation and interest and Heidegger argued that "*being*" is time. That is our temporal way of being in our world and the way we come to understand our own ontology. "Being is a basic condition which allows everything else to come to existence" (Greatrex-White, 2004, p.121).

'Intentionality' is the important assumption of the phenomenological method. Heidegger's notion of intentionality is presented not only in the realm of

consciousness but is understood in terms of a person's cognitive and theoretical relation to the world. It is possible that we are all in the world not of our own making thus we see things differently. The focus is on the object (s) of experience and not merely the subjective experience. Arguably, this is what makes phenomenology different from other qualitative approaches.

'*Essence*' in Heideggerian phenomenology means precisely the opposite of that which can be achieved by an analysis of daily world-usage. Rather it is that "…analysis by which the meaning of the various ways in which we come to exist can be translated from the vague language of everyday existence into the understandable and explicit language of ontology, *without destroying the way in which these meanings manifest themselves to us in our everyday lives*" (Gelven, 1989, p. 42). It means 'to be' rather than 'what is' a human being. Essence is thus seen in an ontology sense. Heidegger's idea of essence had been subjected to expose how the phenomenon in this case 'adolescent pregnancy' comes to exist as interpreted by the participants and myself as the researcher. The emphasis is on growth and understanding spiraling upwards as we learn more about the phenomenon) rather than description and making a phenomenon fixed or static. From Heidegger's point of view, consciousness cannot be detached from "Being-in-the world". I chose to focus on the experience of pregnant adolescents because of my personal experience with pregnant adolescents; this is part of my 'Being in the world'. Heidegger (1962, p. 191) argued that interpretation is based on a fore-structure of understanding that is a fore-having, fore-sight, and fore-concept. I understand that this means we are in a world related to our past, present and future possibilities: this is how we come to understand phenomena.

In Hermeneutic phenomenology, maintaining understanding in analysing the individuals' interviews requires forward and back ward connections between the part and the whole of the text. *"The hermeneutic circle"* is understanding the nurture of the connections requires continual dichotomy and continually connect the part and the whole together, in which individuals' social and cultural background should not be excluded from this understanding, in which pre-understanding of these norms is required (Howell, 2009)

The term of '*double hermeneutic*' is used to emphasise the two interpretations involved in the process; interpreting their own experience which is participant's meaning-making (Smith and Osborn, 2009); interpreting the participant's account which is the researcher's sense-making (Smith et al., 2009). This circularity of the process consists of questioning, uncovering meaning, and further questioning involved in interpreting and understanding a phenomenon is called *'the hermeneutic circle'* (Smith, 2007, Smith et al., 2009). The journey round the hermeneutic circle is driven by evolving hermeneutic questions.

To elaborate this more, this require me to concentrate more in understanding part of the experience and understand its' relationship to the whole. Indeed, this will highlight the whole (in this case I mean the phenomenon of adolescent pregnancy). Then, I have to return to either the same part or another part of the experience that is under analysis and repeat the process. The interchanges in this process develop deeper and richer understanding of the phenomena under investigation. These new understandings then develop their own circle of understanding between the part and the whole based on both pre-understanding and the new understanding, which will co-create a new level of understanding.

Structured pre-understanding based on my initial understanding which was personal history, pregnant adolescents' experiences, nursing forums, nursing educational conferences, checking literature, and conducting this study, in addition to studying about adolescent pregnancy, led to an understanding of pregnant adolescents-of-being, and from this to interpretation. Interpretation presented itself as possibilities of new horizons generating new understanding adolescent pregnancy.

The phenomenological methodology informed by the philosophy of Heidegger (1962) is adopted in this study in order to uncover and to increase understanding of the phenomenon of adolescent pregnancy. I started this research from my personal background and past experiences of interacting with pregnant adolescents during my time as a nurse on a postnatal ward for many years and also as a nursing lecturer, practicing study with nursing students in both prenatal care service and on postnatal ward by addressing my ontological position. I had to take into account my background as a nursing lecturer and Thai person, born and raised within the same culture as the participants. Thus, I could understand some of the context of the participants. Therefore, what I anticipate findings through this research is a real, honest and correct account that will help to give more meaning to the experience of being a pregnant adolescent.

I chose to use an interpretive phenomenology; the aim is to improve understanding of the multiple social realities, the experiences, beliefs and practices associated with the experience of pregnant adolescents. I interpreted pregnant adolescents' accounts and constructed the uncovering of their experiences from my own fore-structure of understanding: this is not a final

understanding but one of many understandings. Thus, pregnancy as a human phenomenon remains in a constant state of becoming and understanding grows (development as my understanding grows). The findings can be understood in terms of the adolescents' being in the world as they experience pregnancy and as interpreted by myself as researcher. Employing interpretive phenomenology necessitates not only making my ontological positioning clear but also leaving a clear decision trail throughout the research processes. A reflexive attitude is an essential aspect of Heideggerian phenomenology and adds to the trustworthiness of the finished work.

In the end, I believe that Heideggerian interpretive phenomenology led to a new understanding of the phenomenon, '*Thai adolescent pregnancy*' due to the fact that it is recognised that we all live (we all live life with our own interpretation) in interpretation and as such might see and experience things differently. Phenomenology requires a specific mode of data collection and analysis that illuminates the phenomenon from the participants' individual perspectives. Although, the idea of generalisation makes no sense within phenomenology, rather, phenomenology can provide in-depth understanding of individual phenomena and rich data from personal experiences which have a variety of perspectives, both different and similar.

The methodological processes outlined above are tried and tested approaches to conducting qualitative research. This study therefore has created a sound foundation. Basing research on well-established methodological approaches is crucial in establishing "*credibility*" within a study (Guba, 1981).

Conclusion

This chapter discussed the reason why Heideggerian interpretive phenomenology was chosen as the research methodology for this study. The study was based upon developing a phenomenological investigation to explore adolescents' experiences of pregnancy. In order to understand the intrinsic complexities of the experience of being pregnant, a pregnant adolescent's experience must be examined within her specific context. This understanding depends upon concepts such as knowledge and how we understand mental processes such as thinking and feeling. These epistemological enquiries and ontological enquiries are core components of philosophy. Developing my understanding of Heideggerian interpretive phenomenology has underpinned and informed this research. Hence, the final product of a phenomenological inquiry is a description that presents the essence of the phenomenon. This may encourage a reader of a phenomenological study to develop a strong sense of, "now *I understand what it is like to have experienced that particular phenomenon*."

The next chapter takes this philosophical principle along with the practical approaches in describing the, "*how to*" of the research process in the methods that I applied.

CHAPTER 4: METHODS

Introduction

This chapter gives details of how the research was actually conducted. It is crucial to note that the following methods were underpinned by the Heideggerian ontology and interpretive phenomenological epistemology (Heidegger, 1962, 2010), as stated earlier in this thesis. According to the principles of this philosophical tradition, an understanding of interpretive or hermeneutic phenomenology can only be obtained by actually *"doing it"* with the tradition of this philosophy providing the principle (Koch, 1995, van Manen, 2007).

The methods are the specific techniques and procedures used to collect and analyse data related to research question (Crotty, 1998, p.3). In this study, the methods underpinned by the philosophical principles of Heideggerian interpretive phenomenology (Koch, 1995, 1999) were informed by the processes outlined by Greatrex-White (2004), Smith et al. (2009) and van Manen (1990). My reading of Heidegger hermeneutic phenomenology continued throughout the interpretive process in order to identify notions that resonate with the emerging findings and provide assistance to inform the analysis. I began by establishing my research question before moving to the actual methods used in order to design for answering the research question. This section includes sections on the study setting, recruitment strategy, participants and sample size, and data collection strategy as well as ethical consideration and approval issues.

The study setting

Thailand is the third largest country in the Southeast Asia and the Pacific, with approximately 514,000 km^2. Buddhism is the official religion, professed by 94.6 percent of the population. Thai language is the official national language to be universally spoken and written. Thailand is a tropical country where there are four geographical regions: the central region (including the capital city of Bangkok), the north (including the country's second city Chiang Mai), the north-eastern and the southern regions (National Statistical Office, 2011).

This study was conducted in Kamphaengphet province in the southern part of northern Thailand and includes 12 districts. Kamphaengphet province is one of the most populated provinces in the North. The main occupation is agriculture. The average GPP (Gross Regional and Provincial Product) per capita in 2013 was 159,906 Baht (3,198 GBP), which ranks 35 of 77 provinces in Thailand (Office of The National Economic and Social Development Council, 2015).

Kamphaengphet province has the highest prevalence of adolescent births in the country, above the national controlled figure was 10% (Ministry of social Development and Human Security Thailand (MSDHS), 2012). Its high rate of adolescent pregnancy and adolescent mothers increased continuously between 2010 and 2012 and are likely to increase over time. Kamphaengphet Provincial Health Office (2012) also reported that the proportion of pregnant adolescents in three districts (PhranKratai, SaiNgam, and LanKrabue) was the highest in the province. Consequently, these districts are viewed as the main areas reflecting the severity of the problem regarding the bio-medical view of pregnancy in the health care context which is relevance to prevent and control illness. Social,

cultural, and economic scopes of health can become obstacles for the development of healthy pregnancy in adolescence, for example the impact on the society related a prominent social stigma and a life of economic insecurity.

Recruitment strategy

A purposive sampling technique was used to recruit participants because they had direct experiences of the phenomenon and were voluntarily willing to talk about it (Greatrex-White, 2008, Tanyi et al., 2006). Since the purpose of this study was to understand how pregnant adolescents experience their first pregnancy, adolescents who were pregnant were suitable, potential participants for this study. Participants were subject to the following inclusion and exclusion criteria.

Inclusion criteria

- Thai pregnant women aged 15-19 years
- The first pregnancy at any stage of pregnancy prior to delivery
- Planned and unplanned pregnancy
- Ability to communicate, read and write in Thai language

Exclusion criteria

- Physical problems include complicated pregnancy or history of any diseases (e.g. diabetes mellitus, hypertension or heart diseases)
- Psychological problems with a history or diagnosis with depression, anxiety, or taking any psychiatric drugs or alcohol dependency.
- Second or subsequent pregnancy

- Women aged under 15 years and over 19 years at the time of recruitment

Recruitment process

Eligible participants were recruited from the three hospitals in Kamphaengphet Province: Kamphaengphet Hospital, PhranKratai Hospital and SaiNgam Hospital. Subsequent to obtaining ethical approval, I contacted the directors of the three hospitals in order to provide information about the research project and explain the purpose, procedure, inclusion and exclusion criteria for participants as well as the time period for collecting data.

A range of the following strategies was applied to approach participants. Initially, an advertisement (flyer) was put out in the antenatal care service, and recruitment was achieved directly through nurses of antenatal care services in each hospital. I contacted with nurses to introduce the study and gave a brief synopsis of its intent. Nurses helped identify suitable participants following inclusion and exclusion criteria and gave an information sheet for participants and an information sheet for parents or guardians to indicate consent (Appendix 1), and a consent form for participants and a consent form for parents or guardians to indicate consent (Appendix 2).

Eligible participants who agreed to take part in the study were asked to complete contact detail slip and to place it in a collection box for the researcher to retrieve in the antenatal care clinic. I collected the contact detail slips from the collection boxes on a daily basis and contacted participants 24 hours later by phone to confirm their willingness and arrange interviews. If they declined to take part in the study, no further contact was made with them. Subsequently, among the

25 potential participants from the first setting study, 12 replied, of whom two later withdrew. Out of the other group of 10 potential participants from the second setting study, 10 pregnant adolescents replied. Ten of them agreed to participate and 5 withdrew from the third setting. On reflection, it would have been useful to follow up those who did not participate, but no such steps were taken in order to avoid any element of compulsion.

Potential participants were reminded to bring the consent form for participants and for parents/ guardians to arrange interviews. The researcher conducted interviews at a time preferred by participants after assessing the Antenatal care service, at their next clinical appointments. The recruitment process was described in the following flowchart.

```
┌─────────────────────────────────────────────────────────────────────┐
│  Ethical approval from Faculty of Medicine and Health Sciences        │
│  Research Ethics Committees, University of Nottingham (UK)             │
└─────────────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────────────┐
│  Ethical approval from Human Ethics Committee, University of           │
│  Phayao (Thailand)                                                     │
└─────────────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────────────┐
│  Hospital directors contacted and comprehensively informed about       │
│  the research project                                                  │
└─────────────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────────────┐
│  Antenatal care nurses met in each hospital to explain the study        │
│  and their involvement                                                 │
└─────────────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────────────┐
│  Nurses identified service users meeting the inclusion criteria        │
└─────────────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────────────┐
│  Nurses administered the information sheet and consent form for         │
│  interested patients and their guardians asking for contact details    │
└─────────────────────────────────────────────────────────────────────┘
            ↓                                          ↓
┌───────────────────────────┐          ┌───────────────────────────────┐
│  Willing to take part      │          │  Not willing to participate;   │
│                            │          │  thanked and no further contact │
└───────────────────────────┘          └───────────────────────────────┘
            ↓
┌─────────────────────────────────────────────────────────────────────┐
│  Participants completed contact details slips and placed them in       │
│  the collection boxes placed in antenatal clinics                      │
└─────────────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────────────┐
│  The researcher collected contact details slips from the collection    │
│  box daily                                                             │
└─────────────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────────────┐
│  The researcher contacted the women 24 hours later to check their      │
│  willingness to participate and to arrange an interview. The           │
│  researcher reminded potential participants to bring the consent        │
│  form, for both participants and one of parents/ guardians.            │
└─────────────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────────────┐
│  The researcher conducted interviews at participants' convenience,     │
│  when attending their next clinical appointment                        │
└─────────────────────────────────────────────────────────────────────┘
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Figure 3: The recruitment process

Participants

In this study, the sampling must enable proper access to the lived experiences of people who are involved with adolescent pregnancy, in line with phenomenological study. Potential participants were subject to the inclusion criteria of being adolescent women aged 15-19 years.

Adolescents younger than 15 years were excluded because that age is typically defined as early adolescence and has been associated with poorer obstetric outcomes than the older group (Phipps et al., 2008, Phipps and Sowers, 2002). Also, adolescents considered to be in middle and late adolescence (ages 15-19 years) are targeted because of the likelihood that they have increased cognitive ability and psychological development that allows clearer decision-making regarding participation and discussion of sensitive topics (Petersen et al., 1995). While individuals between 17 and 20 years of age are often considered to be in late adolescence (Drake, 1996), those greater than 19 years old were excluded because that age group is typically included in research with pregnant adults. Additionally, the CDC reports adolescent pregnancy statistics among those less than 20 years of age (Hamilton et al., 2010, Pazol et al., 2014).

Sample size

Although qualitative approaches are usually characterized by working with a small sample size, this is not always the case, particularly when wide categories are under investigation or researchers need to work with larger samples (Mason, 2002). The type of sampling in qualitative study is not about being statistically representative of a total population but about providing enough data to answer the research question; adjustments might be made during the research process

and data collection itself to ensure that methods are calibrated to answering the research questions, which may involve changing the sample by including additional participants (Marshall and Rossman, 2016, Mason and Smith, 2000, Patton, 2002).

Paley (2005) noted that the sample size of interviewees in phenomenological studies is usually small (with 6 to 12 participants), very often from a single institute and such limited samples cannot be representative of any population at all. Sample size depends on the qualitative design being used (Creswell, 2014). As a result of this, Creswell (2014) supported that phenomenology examines three to ten; narrative studies include one or two individuals; grounded theory requires twenty to thirty interviews; ethnographic research requires one single culture-sharing group with numerous artifacts, interview, and observations; and case studies examine about four to five cases.

On the other hand, Sandelowski (1995) revealed that an adequate sample size is generally a matter of judgment in terms of how useful the information is. If the sample size is too large, they allowed depth and richness understanding of experience in analysis. Similarly, Braun and Clarke (2013) recommended that the numbers of participants needed for qualitative interviews range from 12 to 101, with some suggesting a mean or 30 or 40. Benner (1994) argued that a large number of texts is more reliable than a small number and provide clarity as well as confidence. Therefore, the justifications often focused on resources available and the depth of analysis desired.

Although the logic of a small sample interview is based on a qualitative approach, not all qualitative studies have a small number of participants. For

example, Benner (1994) included 23 participants in her study. Greatrex-White (2004) recruited 26 students in a study of phenomena related to studying abroad. Similarly, Sadler et al. (2016) studied 30 pregnant adolescents who were in the third trimester of pregnancy.

In interpretative phenomenology, the methodological requirement is for detailed contextual information concerning the research phenomena, with commensurate complexity, depth and variation of data (Greatrex-White, 2004, Tanyi et al., 2006, van Manen, 1990).Various researchers, like Ashworth (1997), Greatrex-White (2004) and van Manen (1995), view that the number of participants in a phenomenological study is therefore insignificant in itself, as long as the pragmatic aims of data collection are satisfied. Participants in interpretive phenomenological studies are chosen because of their knowledge and experience of the phenomena under the study as well as their capability of communicating those phenomena to the outside world, in order to contribute to an interpretation of that experience. Patton (1990) supported that the quality of the gained information in qualitative study is more important than the size of the sample.

In my study, I interviewed 30 participants for this study based on my analysis of phenomenological study (Greatrex-White, 2004, Smith et al., 2009, van Manen, 1990) that I found particularly meaningful. Additionally, the number of participants is inevitably influenced by the practicalities of time constraints and accessibility relative to the (likely) quality of resultant data. I anticipated a large volume of rich data from the interviews. The amount of collected data needs to fall within my personal capacity to analyse, discuss, evaluate and reflect upon. Following limits of time period of PhD studies, it was decided a maximum of 30

participants, which I believed would produce sufficient data to answer the research question and complete the study. Therefore, ten participants were recruited from the three included antenatal care services in three different hospitals: one has high incident of adolescent pregnancy and is urban; the other two are in rural areas with low income and the highest rates of adolescent pregnancy in the province.

Data collection

In phenomenology, data collection methods aim to elicit phenomena concerning participants' experiences regarding the phenomenon under study (Greatrex-White, 2004). Some qualitative researchers suggest that observational data should be gathered before direct engagement in interviews (Dingwall, 1997). However, observation is extremely time-consuming in terms of gaining access, conducting field work and any consolidation that might be required (Green and Thorogood, 2004). Furthermore, observation by the primary researcher can induce a monolithic perspective that can exclude valuable insights from other stakeholders, contrary to the central assumptions of hermeneutic phenomenology (Häggman-Laitila, 1999), in which the one who experiences a certain event has the most understanding of that phenomenon. Additionally, the data collection cannot be built merely on observation, because this does not involve an interactive formation of a new understanding.

Using diaries or interviews would need to be unstructured, leaving the participants free to express the sense they made of the world. Asking adolescents to write an unstructured diary or their experiences was a huge expectation. Writing a diary can be resource intensive, offering limited returns for

participants. Studies that utilize written diaries often report an overwhelming volume of resultant data that impairs the efficacy of data analysis (Day and Thatcher, 2009, Greatrex-White, 2008). These issues were discounted as viable options for data collection in this study. Similarly, phenomenological approach requires an individual to describe their experiences in a relatively uncontaminated way (Webb and Kevern, 2001), whilst the focus group allows many participants to interact as a result the data can be contaminated. Clearly, the focus group method is not congruent with phenomenological study.

The process of phenomenological research is centered on capturing rich descriptions of the phenomena of interest. The researcher therefore must take care to allow data to emerge through the interview process (Groenewald, 2004). Patton (2015) pointed out that the creating of meaning through interaction with others and with self is the major assumption symbolic interactionism and an approach to interviewing. Consequently, qualitative researchers selected interviewing to collect data in order to get greater flexibility and responsiveness in the interaction between researcher and participants and approach to philosophically align with phenomenology. Most phenomenological published research utilises interviews to collect participants' experiences. In order to give voice to participants' genuine views, opinions and feelings without constraint, an open-ended question, flexible approach to data collection allows the researcher to add or change questions based on ongoing and emergent findings (Wright and Schmelzer, 1997).

Typically, if participants are to open up within the research setting, they need to be as comfortable as possible with the situation to be feel natural by informal

question. Face-to-face interviews enable the researcher to include subtle nonverbal aspects of communication (Silverman, 2011, Tanyi et al., 2006, van Manen, 1990, 1995). In-depth interviews allow the participants to decide for themselves the direction of their stories, enabling their voices for their genuine views, feelings and options (Taylor, 2005).

Ironside (2005, p.226) observed that *'...a shared dialogue focused on reflections of both interviewer and the interviewee as they share ideas, listen, and reflect together, thus forming an inter-view'*. This approach occurred during two individual experiences of pregnancy interviews where the participant and I had conversations and reflected on their experiences of being pregnant. Having co-creation between researcher and the participants improves understanding of the phenomenon (van Manen, 1990, 1995). Essentially, each interview was unique and the most vital, had '...openness to what "is"– to the play of conversation' (Smythe et al., 2008, p. 1392).

In phenomenological research, van Manen (1990) and Bradshaw et al. (2017) concurred that the questions posed to the participants were open-ended and non-directive. Guided by my reading of these works, the participants in this study described their accounts in whichever way they wished. Therefore, the interviews were open-ended and in-depth.

Most of the qualitative researchers interviewed their participants only once before conducting the data analysis. Multiple interviews are desirable to ensure that understanding has occurred following understanding in the goal of phenomenological study (Crist and Tanner, 2003). These allowed the researcher and participant to ensure that understanding has occurred. One interview is

enough to capture distinct events, whilst if there is more than once to interview, this may have had some influence upon the participants' experience and depend upon their willingness to share more experiences (Ashworth, 1997, Smythe et al., 2008). Although it is good to have permission to go back to clarify details, a second interview is likely to obtain more information and provide a conversation in which the participants can offer a further description of the experience under inquiry (Crist and Tanner, 2003). Indeed, one in-depth interview with each adolescent was undertaken in order to avoid some impacts regarding their feelings at different times and to make it easier for the participants to speak openly about their experience during pregnancy, including both positive and negative aspects.

In traditional research, the roles of researcher and subject are mutually exclusive: the researcher alone contributes the thinking that goes into the project, and the subjects contribute the action or contents to be studied (Karnieli-Miller et al., 2009). Aluwihare-Samaranayake (2012) encouraged that the researcher should consider the balance of power between the position of the researcher and the researched. The development of the relationship between the researcher and the participants during in the interview can be seen in the participant's willingness to participate in the research and the participants' sharing their accounts with the researcher. It is worth thinking about the moment of empowerment provided for the research participants within the research process. In this sense, the consideration of choices about when and where interview should take place enables empowerment for participants. Therefore, in this study, participants can make decisions about timing. Opportunities to reflect their feelings from the perspectives of the experiences of being pregnant adolescents can be seen by

participants, the overarching questions and designs is still controlled by the researcher.

Using various rapport-building tactics (e.g. self-disclosure, running errands, or sharing a meal) can be interpreted as a mask for some types of handling or exploitation carried out to obtain the data needed for the study (Dickson-Swift et al., 2007). This is also the researcher's capability in achieving, recovering, and obtaining the participants' stories and permission to use them in the research which is to reach heightened empathy and gain informed consent (Karnieli-Miller et al., 2009). Enhancing the sense of rapport between the researcher and the participants and establishing a considerate and sympathetic relationship, including a sense of mutual trust can increase the participants' private and intimate experiences and help to obtain the stories. This can deal with imbalance power and control of the account during data collecting. Therefore, in my study, the majority of the interviews were held at a private room in the hospital, which appeared to improve the participants' sense of openheartedness and comfort, as well as privacy.

The interviews began with the general questions and easy questions were covered. I launched into unstructured in-depth interviews to ensure that while the interviews were participants-led and in-depth, any emergent themes from previous interviews could potentially be explored. The interview method enabled me to obtain an in-depth understanding of the participants' thoughts and feelings; it allowed the participants to use their unique ways of defining the world (Silverman, 2011). In adherence with the interpretative phenomenological

approach, I reminded participants that they were required to share their own experiences of pregnancy.

Following an initial rapport building time, I asked the open-ended question: "*Could you tell me about your experiences since you become pregnant?*" I employed prompts in order to encourage participants to talk more and to gain great depth regarding the phenomenon, such as: *"Could you tell me more about…?"*, *"How did that make you feel?"* Additionally, to elicit participants'personal experiences of the phenomenon itself, explanatory probing questions may also be asked, such as *"You just mentioned [insert quote from participant], can you explain what you mean by that?"*The questions imitated the flow of natural conversation, beginning with the easiest and least threatening questions and moving into more complex and potentially sensitive issues as the interviews progressed.

Data was collected from January to May 2016. Pregnant adolescents who met the inclusion criteria and who agreed to take part were invited to be interviewed. Prior to starting each face-to-face interview. I obtained informed consent from either the participants themselves and their parents or legal guardians (Appendix 2). I also explained my personal background and that the aim of the study was to establish rapport and enhance the comfort of participants. The purpose and nature of the study was re-stated, and participants were reminded of their right to withdraw from the study at any time without giving a reason, and without their statutory rights being affected.

The interview took approximately 90 minutes and was performed in the Thai language, which was suitable for participants. All interviews were audio-

recorded and field notes were written following the interviews, which are structured into four parts, including observational notes (what happened), theoretical notes (deriving meaning as the researcher reflected), methodological notes (critiques, instructions, or remainders to oneself about the research process), and personal notes (summary analytical memos) in order to record description and reflect on the interviews. At the end of interviews, I thanked participants and asked if they had any further questions, comments or concerns. Recordings were then reviewed and transcribed by the researcher.

Ethical consideration

Ethics are an important consideration in conducting this study. As the researcher is dealing with participants classified as a '*vulnerable group of women*' (Reichert, 2006), it is important to consider specific ethical issues pertinent to these participants. Vulnerable groups are people at risk of psychological and physical harm such as children, prisoners and pregnant women, preservation of whose rights is essential (Polit and Beck, 2012, p.172). I intentionally abstained from any risk of harm to participants, particularly pregnant adolescents, during data collection and all other phases of this study. Consequently, ethical considerations were addressed, namely ethical approval, informed consent, data protection and confidentiality, privacy, solving emotional distress, and specific issues pertaining to young people involved in research, as discussed below.

Ethical approval

Ethical approval acts like a wall to provide protection for participants before fieldwork can begin. In this study, two requests for ethical approval were sent to the Faculty of Medicine and Health Sciences Research Ethics Committees,

University of Nottingham and Human Ethics Committee, University of Phayao, prior to the data collection. All details involving subjects'information was presented, including their rights, the purpose of the study, the procedures involved and the potential risk and benefit for participants.

The ethical approval certificates (Appendix 5) were obtained from the Faculty of Medicine and Health Sciences Research Ethics Committees, University of Nottingham (UK) on 2[nd] November, 2015, and from the University of PhayaoHuman Ethics Committee, University of Phayao (Thailand) on 2[nd]December, 2015.

<u>Informed consent</u>

Informed consent is the supremely essential component of research ethics in studies involving human subjects. It is also an expression of respect regarding the autonomy of the person who participates in the study. The goal of the informed consent process is to provide sufficient information so that a participant can make an informed decision about whether to enroll in a study or to continue participation. The informed consent documents were written in easily understood general language, without complex medical or legal terminology, for participants' comfort, convenience and safety, minimizing the possibility of coercion or undue influence; they were also given sufficient time to consider participation and multiple chances to decline to participate, as explained previously.

The ethical aspect in this study was to solicit informed consent from all participants, based on the aims and purpose. The issue of consent was applied to the study utilising human subjects, including minors. All participants must freely

and voluntarily consent to participate in the study (Kvale and Brinkmen, 2009). This consent includes information in their rights to withdraw at any time without any implied penalties or repercussions, and they must be informed of the nature of the study and why they are being interviewed (Gerrish and Lacey, 2010). By doing this, obtaining consent from the participants involved explaining the study to them, telling them there was no penalty for choosing not to participate, and that they may stop being interviewed at any time. They were also informed from the outset that taking part was completely optional and would no way affect any service provided to them by the antenatal care service. They could also ask any questions if they were concerned about participating in this study during the interviews.

For the current study, I secured approval to protect all minor participants prior to conducting the study and needed to secure each adolescent's assent as well. They were verbally restated prior to conducting the interviews. I explained the details of the study and provided a participant information sheet, ensuring that the participants had sufficient time to consider whether to participate. All participants and (where relevant) one of their parents or guardians provided written, informed consent in order to participate (see Appendix 2).

This allowed participants to understand what they would be doing and informed them of their rights. Participants, parents and guardians received a copy of the signed and dated forms. A second copy was securely archived in the researcher's office.

Data protection

The audio recordings of the interviews are inaccessible to anyone except the researcher, and the transcripts and informed consent were kept in a secure place. Participants' names and identities were applied to alias names as a result the identity of participants was not exposed during the research process. All source data and documents were stored securely, in a locked cabinet within the researcher's office, and will be destroyed five years after completion of the study in compliance with the ICH/GCP guidelines and in accordance with the University of Nottingham Code of Research Conduct and Research Ethics. Access to general data and information was limited to the immediate research team.

Computer held data was held securely and password protected. All data was stored on a secure University of Nottingham server. Access was restricted by user identifiers and passwords (encrypted using a one-way encryption method). Electronic data was also backed up every 24 hours to both local and remote media in encrypted format, in case of technology failure.

Confidentiality and privacy

Confidentiality is an important ethical issue that affects all interviews, especially with adolescents. Kvale and Brinkmen (2009) revealed that adherence to confidentially can be linked to covering the participants' accounts related to private data. Once the current study can potentially be published, the identities and information of the participants were carefully protected. All participants' real names were replaced with pseudonyms to correspond the data analysis and with identification code numbers to correspond to treatment data in the computer

files; there is no possibility of identifying actual participants (personally) from the data reported in this study. Therefore, the participants were assured that their anonymity would always be protected throughout this study, and of who might later have access to the data.

Prior to beginning the interview, I was aware of the importance of protection the privacy, consent and confidentiality of those were interviewed. I also provided participants with the opportunity to discuss and to ask questions before starting an interview. If participants were unwilling to be interviewed, I would stop interview. Notwithstanding, the information that had been already collected could not be erase and that this information was still used in the project analysis by maintain anonymity.

As the goals of research include obtaining information from participants or observed areas, the value attached to individual privacy should be consciously considered. Researchers should be consciously concerned that participants' privacy is maintained continuously (Polit and Beck, 2012). The value attached to individual privacy was consciously considered. Privacy is threatened when the interviewer probes into areas that at least one interviewee would prefer to keep private (Allmark et al., 2009). Consequently, the interviews were held in a safe and private environment in a private room at the antenatal care service in the hospital at the next attended clinic appointment day and convenient time for the interviewees.

During interviewing, the researcher can learn of mistreatment, malpractice, child abuse, drug use, or other criminal behaviors. Although the data from the interview is confidential, pregnant adolescents at risk of psychological distress

may require a referral by researcher to appropriate health professionals in order to help them manage their issues or obtain appropriate care. Additionally, if some of them notify a researcher that they are being abused, the researcher must report this issue to health providers (with their consent).

<u>Emotional distress</u>

Silverman (2014, p.114) suggested that during carrying out research involving vulnerable populations (e.g. children, pregnant women, older people and so on), every effort should be made to secure and protect the safety of participants from harm. As a result of this, the major potentially risks, which might cause the participants were psychological or emotional distress, were considered during an interview. Moreover, adolescent pregnancy is a sensitive issue, and it was natural to expect that participants may find certain conversations uncomfortable or distressing. Therefore, I observed for signs of participants' discomfort, anxiety or distress and considered an appropriate response if participants had experienced rape or sexual abuse.

It is incumbent upon researchers to protect participants from harm, hence any participants who were stressed relating to this study were asked if they would like to suspend or terminate the interviews until they felt ready to continue. However, if some participants faced with a severe situation, I would refer all to other professionals in order to receive assistance with the participants' permission. Moreover, they were informed that they could withdraw from the study at any point without having to provide an explanation.

It is essential in research than concerns young people to be led by their voices, thoughts and perspectives rather than solely relying on the perceptions of gatekeepers (Roberts and Jackson, 2008). When children and pregnant women are subjects and vulnerable groups, they should be considered in terms of appropriate consent forms for those the aged of 7-18. Parental permission is legally pertinent as a result parents or guardians should be given information and provided with informed consent form before beginning of the study (Phuphaibul, 2016). Additionally, in this study, the basis for participant selection is reflected the category protected by the Thai Child Protection Law and the Thai Age of Consent. Relating to young people in research raised important considerations in terms of how to do this ethically and appropriately.

The research focused on a vulnerable group and the interviews were about very sensitive issues. Therefore, I had carefully considered any risk of harm to participants following these strategies:

1) Potential participants and their parents/ guardians were given a clear verbal explanation of the nature, aim, procedures and benefits of the research. Informed consent was a key issue, and gaining parental consent was discussed prior to interviews to ensure pregnant adolescents' permission, and they were repeatedly reminded of their right to withdraw should they wish. However, parents or guidance would not be allowed to participate during interview in order to protect participants from a violation of privacy and confidentiality. However, if the participants may feel uncomfortable discussing sensitive issues, personal

information and trauma incidents, they were informed that they could refuse to answer any question and withdraw from the study any time.

2) The interviews might cause the participants embarrassment or upset with the personal nature of the questions. As a result of this, I used softener or implied words in the same meaning, rather than the direct questions related to the sensitive issues.

Conclusion

This chapter presented how I conducted this study and critically examined the methodological choices made. The study setting, recruitment strategies, participants and sample size, and data collection illustrated as well as processes inspected. A purposive sample of pregnant adolescents was provided with information about the study and in-depth, face-to-face interviews were undertaken. I also described the nature of philosophical interviewing, crafting stories and interpretations, leading to the identification of themes. Ethical considerations were discussed the reasons why they were important and were presented how this study was conducted regarding ethics. In the next chapter, the data analysis will be described.

CHAPTER 5: THE DATA ANALYSIS

Introduction

The chapter presents the data analysis of pregnant adolescents' experience of their first pregnancy in Northern Thailand. In this chapter, I map the theoretical perspectives associated with the analysis and phenomenological data. I also applied the theoretical principles to this study utilising the perspectives of van Manen (1990) and Smith et al. (2009), and I began analysing and grouping my data from the first interview, made connections in the field notes, and made relationships between different variables in each individual, including continued during transcribing and translating, with cross-cultural translation technique being deployed for final illustration of general structures.

Data analysis

Having gathered data from the interviews, this phase of the study required a method of analysis that involved an interpretative process consistent with the original research questions and congruent with my chosen methodology. Phenomenological interpretations obtain continuously from human experience, including that of the researcher, who develops a continued engagement and interpretative relationship with the texts and transcripts, taking into account any relevant additional information recorded in reflective diaries and field notes (van (van Manen, 2007, Smith and Osborn, 2009).

According to van Manen (1990, p.180-181)'s vision, interpretation methodology is part of hermeneutic phenomenology due to the fact that once all the perspectives of lived experience already have meaning attached to them, these

different aspects need to be interpreted in order for the meaning of the experience of the phenomenon to be accurately captured in words. Working with experiences contains multi-layered meanings and provides challenges to the researcher, who then comes to be involved in self-reflection, not seeking to transcend their inherent biases and assumptions, but rather acknowledging and dealing with the impact of their own experience in understanding the phenomena under investigation. Kafle (2011) supported that hermeneutic phenomenology is determined by the subjective experience of individuals and groups, and it is intrinsically an attempt to uncover the world as experienced by the subjects through their life-world stories, thus interpretations are all we have, and description itself is an interpretive process. As a result, an interpretation methodology in hermeneutic phenomenology was reasoned to be particularly suitable for the current study since it would allow the researcher to understand the experience of adolescent pregnancy from the perspective given voice by the pregnant adolescent themselves, with the aim of producing richer and deeper texts in the accounts of the research phenomena (Hein and Austin, 2001).

As a result, an interpretive phenomenology analysis was selected as human experience is interpreted as though a text in the hermeneutic phenomenology (van Manen, 1990), with the aim of producing texts that are rich and deep accounts of the research phenomena (Hein and Austin, 2001). Furthermore, van Manen (1990, p.8) noted that *"a real understanding of phenomenology can only be accomplished by 'actively doing it"*. The researcher then comes to be involved in self-reflection, not seeking to transcend their inherent biases and assumptions, but rather acknowledging and dealing with the impact of their own experience in understanding the phenomena under investigation. Kafle (2011) supported

that hermeneutic phenomenology is determined by the subjective experience of individuals and groups, and it is intrinsically an attempt to uncover the world as experienced by the subjects through their life-world stories, thus interpretations are all we have, and description itself is an interpretive process.

Similarly, Smith et al. (2009, p. 80) observed that the research methodology is designed for "producing rich textual descriptions of the experiencing of selected phenomena in the life world of individuals that are able to connect with the experience of all of us collectively". This means that wherever there is more than a single case involved, interpretive phenomenology analysis can also draw out a sense of sharing experience with others, of being part of something greater than the individual (Smith et al., 2009). Therefore, it involves in-depth analysis in order to understand the meaning of experiences as understood from the perspectives of particular people in particular contexts. This occurs through increasingly deeper and layered reflection by the use of rich descriptive language. For the major goal of phenomenological interpretation, the researchers examine how individuals understand their experiences, relationships and processes in the context of their particular life worlds (Pietkiewicz and Smith, 2014).

Taylor (2005) supposed that people are "self-interpreting beings", which means they are enthusiastically involved with interpreting the events, objects and other people in their life experience. In terms of the "double hermeneutic", Smith et al. (2009) highlighted the two interpretations: one from the participants' explaining and interpreting own experience that they make sense of the phenomenon their experience; another one from the researcher's interpreting the

meaning of participants' experiences. Pietkiewicz and Smith (2014) supported that the phenomenological interpretation process is explained in a double hermeneutic or dual interpretation process, whereby participants give meaning to their world and researchers try to understand what experiences (objects or events) are like from participants' perspectives.

In accordance with Heideggerian (interpretive) phenomenological philosophy, it is used when the research question asks for the meaning of the phenomenon and the researcher does not bracket their biases engagement with the question under study. In other words, researchers cannot remove themselves from the meanings extracted from the text, hence they become an inherent part of the phenomenon itself. This makes clear that the essence of human understanding is hermeneutic; our understanding of everyday world is derived from our interpretation of it. Once the researcher chooses to use interpretive phenomenological research, the focus shifts to 'how' to interpret an event.

Nursing research involves a variety of analytical methods, with several prominent methodological commentaries, for example Colaizzi (1978), Giorgi (1985), Smith et al. (2009), Todres and Galvin (2005), Van Kaam (1966). Three Husserlian phenomenological analysis methods were identified from the literature, namely those of Van Kaam (1966), Colaizzi (1978), and Giorgi (1985), whilst Colaizzi (1978) claimed that his framework derived Heideggerian phenomenology. A rebuttal from Koch (1995) stated that such structured approaches were anathema to Heidegger's interpretive approach (Bedwell, 2012, p.81). As these were not essentially hermeneutic phenomenology, they were unsuitable for this study because of differential philosophical assumptions, thus

to select a suitable analysis method for data analysis the hermeneutic phenomenology framework shown in Figure 4 was deployed, guided by Heidegger (1962) and van Manen (1990):
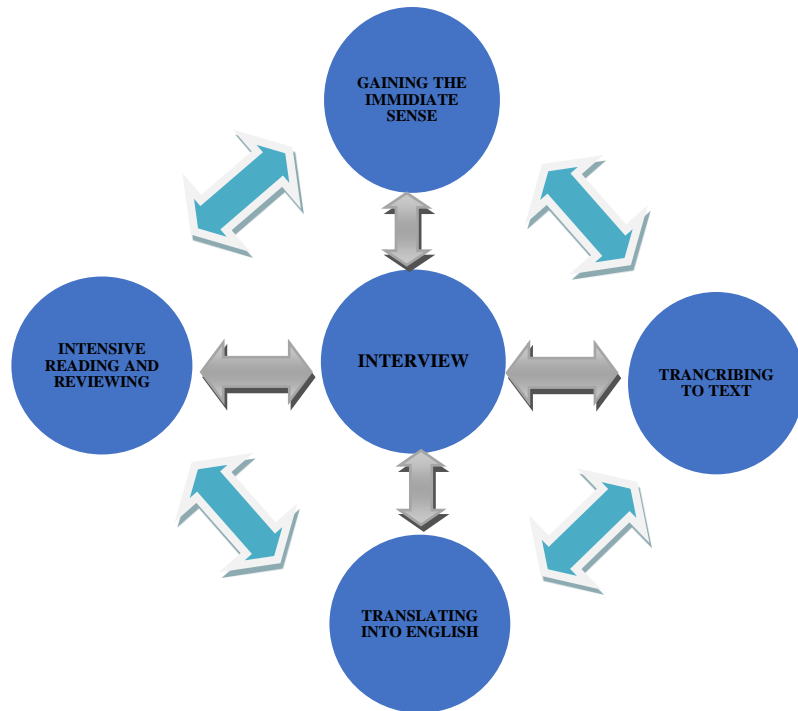
Figure 4: The process of data analysis
Sources: Heidegger (1962); van Manen (1990)

Novice phenomenological researchers should conduct certain steps to guide the data analysis process (Heidegger, 1962, van Manen, 1990, 1995). The data analysis in this study applied the following steps:

Gaining the immediate sense. While conducting interviews I found I was obtaining an immediate understanding of the phenomenon of adolescent pregnancy in northern Thailand and its cultural milieu. For example, I was interpreting individual experiences from what the participants said about their pregnancies, which appeared to be important to them. I started to interpret data

from the minute I asked the questions and wrote some key reflections in my diary during the interviews while being keen to maintain rapport and engagement with interviewees. I kept a reflexive diary in which I recorded overall understanding for each interview upon completion in order to preserve the immediate sense of the experience of pregnant adolescents.

Next, I listened to the audio recordings of each interview approximately three times each, initially after the interview, in order to achieve familiarisation, and I wrote my reflexive diary in order to re-call and recollect inaccuracy; these practices greatly contributed to data immersion and enabled me to subsequently identify emergent themes with a comprehensive sense of the whole.

Transcribing verbatim. All interviews were collected in Thai and transcribed verbatim, including pauses, emotional intonations and expressions. I decided to transcribe the interview data myself in order to keep this personal information private (e.g. in terms of the names and other identifying information pertaining to participants and their associates) and to immerse myself in the interviews and thought process deeply. I listened to the audio recordings of each interview approximately three times each, with the first time being initially after the interview, in order to achieve familiarisation, and I wrote my reflexive diary in order to improve recall and reduce recollection inaccuracies; these practices greatly contributed to data immersion and enabled me to subsequently identify emergent themes with a comprehensive sense of the whole. My interpretation and understanding of pregnant adolescents' experiences was derived from the process of constructing the transcripts by listening and re-listening to the interviews.

Translating into English. Translation is a process of replacing or complementing the words or meanings of one language with those of another, and it also helps to set the context in which cross-cultural translation can be better understood; according to Regmi et al. (2010), the aim of translation is essentially to achieve equivalence of meanings between two different languages. In order to ensure the quality of the translating process, at least two bilingual independent reviewers are normally recruited to translate using forward-translation and back-ward translation of the research text (e.g. transcripts), and finally both versions are compared to check accuracy and similarity (Birsline, 1970, Brislin, 1980) .

All interview data was translated into English using Brislin's cross-cultural translation model in order to avoid losses of meaning that appear in everyday language and to ensure that all participants' experiences were accurate, fully capturing the translation process (as explained in chapter 3). Two bilingual translators reviewed: one to translate from Thai into English and the other to provide a back-translation that was checked against the meanings of the original Thai version, and a native English speaker proofread the resultant final English transcription. This thorough process of data treatment assisted in articulating correctly the voices of participants and increased my self-confidence in translating from Thai to English. Finally, I conducted a check to see whether the participants' views had been accurately represented.

Intensive reading and reviewing. This included listening to and transcribing each interview. I listened to and recorded each individual account in order to get a sense of the whole of what was being said. Following this individual recording, I read at a much deeper level, keeping in mind the phenomenon. I quizzed the

accounts with the question in mind of *"How is the experience of adolescent pregnancy?"* I was interested in each participant interview, and I read transcripts and notes as early as a possible following the actual interviews. This helped me achieve and maintain immersion in the data. At this stage, wide-ranging and unfocused were reflected any primary thoughts which had risen in response to the text.

Accordingly, 30 in-depth interviews were conducted with 30 adolescents concerning their experiences of pregnancy according to the principles of life experience as elucidated by van Manen (1990). The purpose of the analysis was to search for "*uncovering*" and "*understanding*" (Heidegger, 1962, 2010) of the experience of pregnancy from adolescents' perspective. Though the stages of analysis were structured to help reduce a vast amount of data to manageable codes and themes, it must be said that many of the processes and concepts encountered were overlapping. The aim of this study is to improve an understanding of the multiple social realities (i.e. the lived experiences, beliefs and practices associated with the experience of pregnant adolescents). Additionally, "lived experience" is intended to encompass the interpreted and meaningfully lived aspect of our being-in-the-world. Employing interpretive phenomenology not only necessitates my ontological positioning, but also leaves a clear decision trail throughout the research process.

For example, the prior stage was reading and rereading, which was on-going throughout the whole analysis processes. While reading, coding and interpreting data I continually referred back to the original texts and interrogated myself asking *"What is this saying about the phenomenon? How does this relate to*

adolescent pregnancy?" This is an interpretive phenomenology procedure recommended by previous researchers to increase the quality of data and thus the research itself, and to show the audit trail (Greatrex-White, 2004, Smith et al., 2009, van Manen, 1990, 1995). As a novice phenomenological researcher, I modified interpretive phenomenological analysis methods outlined by Greatrex-White (2004), Smith et al. (2009), and van Manen (1990, 1997) involving the following steps.

Identifying meaning units. I started the process of identify 'meaning units' (van Manen, 1997) for each interview transcript by reading and rereading the transcripts and began the process of arranging the data into meaningful units (sections of the text where participants were saying something about the phenomena). Sections could be sentences, paragraphs or even whole pages as well as identifying keywords and concepts. These appeared in particular sentences or groups of sentences and the grouping these together was the first method of analysis. During this process, I look at each sentence or group of sentences and asked a question "*What does this sentence, or sentence cluster, reveal about the phenomenology?*" I used the computer software program ATLAS.ti 7 to assist in organising the large volumes of meaning units and in order for the coding process to begin (de Casterlé et al., 2012, Miles et al., 2014). This enabled me to easily list quotations according to given codes with the data at the start of the data analysis process, saving significant time and effort.

All text was used in this way for each individual participant, to help identify what the individual was saying about the phenomenon and how they were interpreting their experience. Each meaning unit described a change in what was

being said. Some meaning units are just a few words long, whilst one paragraph may convey multiple meaning units. The data enabled me to discover that a huge number of meaning units were emerging from the first interview, where 114 meaning units were exposed.

Coding the meaning units. This stage was to code the data with descriptive labels (e.g. words, sentences or paraphrase, line-by-line) (de Casterlé et al., 2012) throughout the text the participants' voices were selected or highlighted, while asking "*Which statement is most revealing about phenomenon?*" It is essential that each code is defined and later combined to form abstractions, categories, themes or domains (Higginbottom and Liamputtong, 2015). This stage consists of interpreting what each person was saying about the phenomenon and was given a code or phrase. Therefore, the coded data is examined in order that phenomena hidden or embedded in the data become more explicit (Flick, 2011). During the coding process, the funneling process may be used to reduce a large amount of codes and classify in unrelated and meaningless codes may be rejected at a later time (Friese, 2014). Memos captured my thoughts recalled from my field notes and reflexive diary in each interview from the day the interviews were written in order to gain a sense of each pregnant adolescent's experience as a whole.

Developing and merging situated structures. At the stage of developing situated structure, I collected all the coding meaning units that appeared to be saying the same thing about particular phenomena. Once these coding meaning units were developed to become situated in structure, I returned to the text as a whole and considered notable phrases that captured the fundamental meanings of the texts.

This process involved a number of iterations. Although the accounts were highly individual at different levels, the adolescents were making sense of similar phenomena. I began the task of going back to all the participants' data (reading and re-reading) in order to discover similar themes within an individual experience. This was demonstrating situated ideas and thoughts.

In order to assist to move insight into the data, and gain more insight and understanding of the experience, I queried each account with regard to the fundamental research focus on adolescent pregnancy, asking what the data said about the experience and being alert to emergent phenomena identified from the data. With this preliminary and dynamic understanding, I began asking more informed questions of the text. Querying, uncovering meaning and additional querying comprise the circular hermeneutic process of understanding and interpreting a phenomenon (Smith et al., 2009). As a result, my fore-structure of understanding of the topic was conducted during this process. It was significant for maintaining openness towards the meanings within the data regarded to Heideggerian phenomenology. I attempted to understand this by means of data immersion in each adolescent's account of her pregnancy experience and linking between accounts and their reflection as verification in its own right. This was related to a crucial stage of discussion with my supervisors.

The coding meaning units from the stage of developing situation structure were grouped under certain categories based on the importance of aim and objectives. *A priori* categories were identified through an extensive literature review, which included the science and art of nursing, caring, presence and being. At this point, principle analysis of participants' patterns began to emerge. I then categorised

codes with shared meanings into "code families", whereby I consolidated codes with extracts from participants' narrations concerning the identified phenomena. During this stage I kept reorganising those units whenever another layer of understanding the phenomenon of adolescent pregnancy was disclosed.

This seemed to me to reflect the existence of different adolescent pregnancy phenomena. This process is supported by Greatrex-White (2008) who noted that the general structure or theme might be displayed in each interview, whilst they will almost certainly be experienced differently. Hence, I accomplished this and formulated them into numerous merging structures.

Developing general structure. This stage was sought by links and relationships in order to capture the essential meanings of the phenomena, which provided an organized interpretation of participants' experiences. I utilised network view from ATLAS.ti computer software program to assist me in organising a number of codes and code families in order to establish themes and sub-themes. During this stage, I kept reorganising those units whenever another layer of understanding the phenomenon of adolescent pregnancy was disclosed.

Through this process, tentative themes and natural variation across participants were discovered. In other words, similar ideas from all participants were grouped together before identifying passage that gave an overall impression of the interviews. In this process, the analysis was undertaken using all interview transcripts and identified a number of key concepts which were then used as the basis of development of subsequent sub-themes and themes. At this stage, the sub-themes and themes were by no mean concrete; changing many times before those presented became clarified.

This stage helped me to perfect and sharpen each structure within its own meaning units, illuminating numerous thoughts and opinions and questioning the way it was structured. By reorganizing and merging the analyses and interpretations of participants' narratives, four general structures emerged. A summary table of situated structures and general structures, together with coding meaning units illustrating each one, is shown in table 7. Hence, four general structures reflected how adolescent pregnancy was interpreted and understood from my interpretations of pregnant adolescents' reflections. This is unfolded in a co-creation of new ways of understanding the phenomena. This process is illustrated in Table 7 below:

Table 7: Identifying meaning units, coded for meaning units, developed and merged situated structures, and general structures

Identifying Meaning Units	Coded for Meaning Units	Developed and Merged Situated Structure	General Structures
"Initially, I didn't know that I was pregnant because my tummy wasn't very big. I craved sour food and I sometimes felt dizzy. The morning sickness just started after I saw the doctor and I learned that I was pregnant. I had nausea and I vomited every morning. I couldn't eat much. When I drank milk, I vomited. I wanted to sleep all day. So, I couldn't go to school and I decided to stop studying"	Changes in physiological health	Facing changes	Hardship
"When I found out that I was pregnant, I was so worried. I cried a lot. I told my friend about it"	Being worried	Negative feelings during pregnancy	
"My partner and I had been in a relationship for about one year before I got pregnant. I didn't think that I would be pregnant. We never used any contraceptive methods when we had sex and I never got pregnancy So, I thought it would be fine"	Never use contraception	Precursor of pregnancy	A sense of becoming pregnant
"I wasn't close to my parents before I was pregnant. I used to hang out with my friends and my boyfriend. Now, I am closer to my parents. I realised who loves me the most and who is prepared to stay by my side when I'm in trouble"	The perception of being loved by family	Strengthened intimacy in relationship	The value of a family

These processes helped me to reduce the vast amount of data into a coherent whole, which showed how the participants interpreted their experiences of the phenomenon as interpreted by me as the researcher. Particularly, it is one way of seeing adolescent pregnancy, which is the crux of interpretive phenomenology; it is concerned with developing greater understanding and new ways of seeing.

The hermeneutic interpretive phenomenology I undertook for the individual interviews was guided by the nonlinear approach proposed by Crist and Tanner (2003). The process of interpretative phonological analysis is iterative and non-linear (Diekelmann and Magnussen Ironside, 1998). Broad and sweeping themes were initially identified across interviews with aid of ATLAS.ti, a data management computer software package.

Crist and Tanner (2003) highlighted a number of potentially overlapping procedures that may assist in approaching the interpretive process as systematically as possible, as described below. They also advocated that having a team approach, with debate, brainstorming, and discussion, can enhance depth and insight on the interpretative journey. The specific analytical approach used for the individual interviews followed the methods proposed by Crist and Tanner (2003):

Phase 1: Early focus and lines of inquiry. A critical evaluation of the interview and field notes within the transcripts were discussed in the interpretive process. Subsequent interviews were conducted as informed by initial interpretations and direct future sampling, to provide deeper, richer understanding.

Phase 2: Central concerns, exemplars, and paradigm cases. The interpretive team identified central concerns (e.g. based on the research question), important themes or meanings that specific informants described, or the way the person was oriented meaningfully in the situation (Benner, 1994, p.105). This process began with interpretative writing of summaries of approximately 3-5 pages in length dealing with central concerns, as evinced by salient excerpts. The interpretative team began discussing and reviewing the summaries of central concerns, whereby exemplar and paradigm cases emerged. Exemplars were excerpted that defined common themes or meaning across informants, whereas paradigm cases were vibrant stories or strong instances of particular patterns of meaning.

Phase 3: Shared meanings. The interpretive team (the researcher and two supervisors) observed shared meanings within and across stories by comparing and identifying the identified central concerns of informants. The summaries were written to illustrate connections between meanings found within and across stories. The interpretive team discussed the material and created multiple redrafts, resulting in the emergence of a rich interpretation. I and my supervisory team brainstormed, debated, and further discussed the interpretations, going back and forth to cross-check with transcripts and my interpretative summaries.

Phase 4: Final interpretations. The interpretative summaries continued to provide a line of inquiry for current narrative and future sampling. In-depth interpretations were developed and the final interview, pending lines of inquiry.

Phase 5: Dissemination of the interpretations. This phase of the interpretive team continued to be an iterative process between the narratives, field notes, and team input, as interpretations were refined for publication.

Conclusion

This chapter has provided some of the explorations behind the choice of research framework and methodology. The details of how I conducted this study were illustrated and the processes critically analysed. Reflexivity has been identified as congruent with the HP research process, and in line with this I have presented my thoughts and activities with regard to a detailed audit trail representing the process of my research. The vital issue of the rigour of the study in the main study was comprehensively addressed and potential theoretical frameworks were highlighted and explored.

The rigour of the study

In qualitative research, the concept of rigour related to legitimate knowledge claims is reliant on demonstrating that the study is trustworthy and credible (Koch, 1995). The criteria of rigour are also necessary to ensure accountable, systematic, and quality research methodologies are determined in each inquiry (Meyrick, 2006). Denzin and Lincoln (2011) supported a robust methodological layout and rigorous interpretations of results, which are considered to be good quality in interpretivist studies. Koch (1994) described hermeneutics as a dialogue between the researcher and the text, and between the reader and the interpretations. It is also comprehended that the researcher and the reader approach the material with unique personal experiences, preconceptions, and prejudices, therefore their analyses (and thus their conclusions) may vary (Koch, 1994).

Rigorous qualitative research must show the process by which researchers develop their interpretations, so that readers can grasp how those interpretations were derived (Koch, 1994). Sandelowski (1993) pointed out that rather than to be singular and tangible truths, the truth and reality are presumed to be multiple and are created in the naturalistic/ interpretive paradigm in phenomenological research. As a result of this, researchers are not seeking an absolute truth or value, but rather trustworthiness in reflecting interpretive realities; in this paradigm, knowledge is never separate from interpretation (Heidegger, 1962). In hermeneutic phenomenology, enhancing understanding of multiple interpretations of the meaning of human experience is an ambition whereby an

identical issue may be interpreted in different ways by each individual (Sandelowski, 1993).

The common criteria for establishing the rigour of this qualitative study are informed by Sandelowski (1996), relating to credibility, fittingness, auditability and confirmability, as described below.

Credibility is the counterpart of internal validity in quantitative research and may be conducted using member checks by which data, findings, interpretations, and conclusions illustrate the accuracy of participants' accounts (Koch, 1994). Guba and Lincoln (1989, p.239) affirmed that member checks such as returning to participants following data analysis comprise the single most critical technique for establishing credibility, to ensure the validity of the outputs of data analysis. Sandelowski (1986, p.3) reasoned that repeatability is not an essential (or necessary or sufficient) property of the things themselves, and researchers should not expect either expert researchers or respondents to arrive at the same themes and categories as the researcher. Therefore, reliability is excluded in qualitative research in favor of validity or trustworthiness (Sandelowski, 1993).

The "*phenomenological nod*" refers to recognising the experiences of participants such that the interpretations genuinely reflect their meanings and are considered meaningful to practitioners (Cutcliffe and McKenna, 1999). It is also measured as the method of constructing credibility (Koch, 1994). I discussed (with other PhD. students) concept labelling, selective coding, and the emerging situated structure in order to provide an external checking on the inquiry process, and I shared ideas about the concepts and experiences regarding data collection with a colleague from Thailand studying for a PhD, who shared her insights and

perspectives with regard to Thai culture. Additionally, the findings will be discussed and disseminated to health care professionals within the local antenatal care services.

Credibility was established by prolonged engagement, wherein the researcher spent time with each pregnant adolescent during the antenatal visit to establish rapport and build a trusting relationship. The adolescents were further visited at the hospitals for data collection. Referential adequacy through the use of audio to record the findings provided a good record. Phenomenology does not seek to uncover cause-and-effect relationships therefore, researchers must understand how their interactions with and reactions to events affect the subsequent analysis of the data. Gathering the information provided a rationale for the qualitative hermeneutic phenomenological research design, the data sources used and the process for collecting as well as analysing data.

Fittingness refers to the findings can be understood outside the context of the current study (Koch, 1994, Sandelowski, 1986). In other words, the reader should be able to transfer the information gleaned from the study and find it meaningful and applicable to their own experience. Therefore, this is intrinsically not transferable. As Heidegger (1962, p.155) pointed out, "*being-in is Being-with others, the world is always the one that I share with others*". He also explained that each person is just *one* of *others*, relating to the term *"Das Man"*, which is relationship between the individual and others. Ashworth (2003) and van Manen (2007) supported that the meaning of one's own experiences are the possible experiences of others; therefore, they may be recognisable by others and there may be a possibility of existing generously. While conducting this

study I found that some experiences shared with me by participants were similar to those I had encountered from other pregnant adolescents before I began my research. This similarity was justified, and I believe that the experience shared by participants with me may apply to other pregnant adolescents.

Audibility refers to a decision trail whereby the research process could be verified and tracked by the reader (Sandelowski, 1986). The consistency of the data is ensured when another researcher can follow the decision trail in the study and interpret the data in a similar manner; the interpretation does not have to be exact, but it should not be contradictory (Sandelowski, 1993, Koch, 1994). This enables other researchers and readers to consider, discuss, and develop theoretical, methodological and analytical choices made during the course of the study.

Confirmability is established when credibility, audibility, and fittingness can be illustrated (Guba and Lincoln, 1989, Koch, 1994). Confirmability in a study by Sandelowski (1993) refers to the finding themselves without subjective and objective stance of the researcher. In this study, confirmability was examined from my collected recordings, including raw data, field notes, data reduction, data analysis, data synthesis, and relevant literature. As a result, the participants'quotations were illustrated to be appropriate and adequate to affirm the findings.

In hermeneutic phenomenological study, although the findings are not neutral and value-free, the researcher's fore-structure of understanding is clarified and becomes an integral part of the study findings. Hence, the philosophical inconsistencies show confirmability and credibility to be inappropriate generic

qualitative criteria of rigour. Although the quality of research findings and the data can be identified through different criteria, it is evident in the literature that the validation of interpretation by participants is incompatible in phenomenology (Pringle et al., 2011a). The main criterion of judgement in phenomenological study is by representative trustworthiness (van Manen, 1990, Greatrex-White, 2008). In addition, Koch (1995) indicated that this can be achieved by recording an audit trial over the entire research process.

A significant aspect of ensuring the trustworthiness of a study is the sampling technique used to recruit key informants. The participants in my study were pregnant adolescents from three hospitals in different areas in Thailand, from different educational backgrounds, with different economic status. Therefore, although this generated data from various sources, it focuses on similar phenomena, thus increasing trustworthiness.

In order to enhance trustworthiness, I took steps to ensure that the rationale and analysis were uncovered, for reader reflexivity. Readers were shown how themes emerge and are developed, with evidential examples. Using reflexivity might assist the researcher to eliminate many preconceptions (Pringle et al., 2011a). Field notes and research diary were used to reflect on research reviews and on the research process.

The use of a reflexive diary is recommended by various authors (Greatrex-White, 2008, Lambert et al., 2010). It is also principally important during hermeneutic phenomenological research and is considered as a part of the criteria of rigour (Bégat and Severinsson, 2006, Whitehead, 2004, Koch, 2006). Reflexivity is an investigation of the filters and lenses through which a

researcher views the world. Using reflexivity in this study enables careful and critical reflection on my own impact and decision making at every stage of the research process.

For example, the following extract is taken from an early stage in the research process following initial interview with a pregnant adolescent. During the interview, she cried many times and we had to stop every time that she cried. I often stopped and asked her whether she wanted to continue to share her story. She was willing to continue the interview. Her deep pain made me submerge into her account. In this process, I raised my awareness early in the research process of the need for a supplementary type of analysis which would adequately reflect the uniqueness of each case. Her feelings were picked up as a common theme. Perhaps reflection on her feeling is similar to that of other participants, but it does not do justice to compare and contrast her account with others as the related circumstances were not identical. I expressed my thoughts in my diary as follows:

> *I felt really hurt, as well as uncomfortable… like a girl who is being pregnant told me that she is a small girl who lives in a big big world!!! Likes the sound of her own voice. All her adolescent journey has been a long time and she was recruited through word of mouth.*

This experience highlighted the need to be aware of how my feelings and thoughts might affect the interpretation of her transcript and those of other participants. The incident led me to reflect on the power dynamics of the interview situation and my role within that. This initially led me to question what

I would do if it happened again, and whether I had a right to do that. Implicit collusion is signalled by remaining both silent and passive.

This was further reinforced when transcribing the interview, vividly bringing back the whole experience, eliciting similar feelings of hardship and emotional pain. We need to take into account the wider context of human actions in order to gain a full understanding. This is equally applicable to the research situation as it is to everyday life. I hope that not being attached to the interviewees' feelings would somehow limit the potential for biased interpretations of the transcript, with the transparency offered ultimately resulting in a more "valid" account.

A reflexive diary captures my thoughts, feelings and ideas during the study process, which can be used to inform the development of the research process and allow the reader to critically appraise the quality of the study. As you are reading this thesis, the phenomenon of being pregnant adolescent will allow you to decide upon your own interpretation of what I have revealed, and then apply fore-structure of understanding of this study.

The findings from this study were presented at a postgraduate research showcase held at the University of Nottingham. These were opportunities to disseminate findings and under the scrutiny of the audience (comprising postgraduate researchers and academics), and publication in peer-reviewed journals has been planned.

In the following chapter, the participants' experiences of being pregnant adolescents are defined.

CHAPTER 6: INTRODUCTION TO THE FINDINGS CHAPTERS

Introduction

This chapter provides the introduction before presenting the study findings in more detail in the following chapters. The chapter explains the demographic characteristics of participants and reviews the fundamental research question of *'How do pregnant adolescents experience their first pregnancy?'* before presenting the four main emergent general structures, which form the basis for the subsequent chapters. This is the account of the experiences developed from an understanding of the perspective of adolescents who were pregnant through phenomenological query.

These chapters depict, through phenomenological interpretation of participants' experiences of '*Hardship*', '*Becoming pregnant*', '*A sense of becoming a mother*', and '*The value of a family*'. The emerging general structures present positive as well as negative feelings and experiences, both of which emerged from the data. Hearing participants' accounts further motivated me in my mission to explore the phenomena of adolescent pregnancy and to improve understanding and interpret pregnant adolescents' perspectives associated with first time pregnant experiences by discovering how pregnant adolescents experience their first pregnancy.

From four general structures across the data set, they were captured the main component of the way in which participants reflected on their experiences. These chapters offer my interpretations of the findings that emerged from adolescents'

experiences of pregnancy. Hence, the study leads to a new understanding of the phenomenon adolescent pregnancy due to the fact that it is recognised that we all form our own interpretations in life, and as such might see and present several means in which a structure might become manifest in an individual account. My own interpretations are inevitably influenced by numerous factors and meanings I bring to the context (e.g. being a woman, a nurse, and an academic), thus I have assiduously endeavored to be open to adolescents' expressions and the meanings they attribute to their experiences.

Demographic details of participants

The demographic details findings of the participants (n=30) are arranged for ease of reference in Table 8 and 9. Name of the participants and setting study where the participants were recruited were given pseudonyms in the first column. For example, Young is a pseudonym and KH08 represents the interview conducted of K Hospital with the code of 08 given to this participant. It can be seen that they were aged between 15 and 19 years at the time of interview and were in their first pregnancy; 17 participants were aged 15-16 years whilst 13 participants were 17-19 years old; 15 pregnant adolescents were in the second trimester of pregnancy (14 to 26 weeks), nine participants were in the third trimester of pregnancy (27 to 40 weeks), and six participants were in the first trimester of pregnancy (one to 13 weeks) at the time of interview.

In terms of marital status, two participants were single and 14 were married, of whom two were married before becoming pregnant. 10 participants were married at 15-16 years of age. 14 participants lived with their partners and were unmarried. 15 participants were studying, either formally or informally. For

those who were attending the formal educational system, one participant was in Grade 8; four participants were in Grade 11; three participants were in Grade 9; three participants were in Grade 10; and two participants were attending the non-formal educational system. Ten participants were in work, whilst five participants were unemployed.

Only two of the participants described their pregnancies as advanced planned/ intended pregnancy; 28 were unplanned/ unintended pregnancy; two participants did not want to continue with the pregnancy but failed in attempts at termination, thus they decided to continue with the pregnancy in the end.

Table 8: Demographic details of participants

PARTICIPANT	AGE (YEARS)	GA (WKS.)	MARITAL STATUS	OCCUPATION	PREGNANCY ADVANCED PLANNED/ INTENDED	ACCEPTED	
1.Young (KH 08)	16 Y	12	Single	Unemployed	No	Yes	
2.Jee (KH 09)	16 Y 2 M	9+2	Married	Student (Non-formal education)	No	Yes	
3.Da (KH 16)	18 Y 11 M	12+3	Cohabiting	Employed	No	Yes	
4.JJ (KH 17)	16 Y 8 M	8+5	Cohabiting	Student (Year 9)	No	Yes	
5.Tae (KH 15)	17 Y 10 M	11+2	Cohabiting	Unemployed	No	Yes	
6.Prae (KH 07)	17 Y	20	Married	Student (Non-formal Education)	No	Yes	
7.Far (KH 19)	15 Y 7 M	15+6	Cohabiting	Employed	No	Yes	
8.Ja (KH 10)	17 Y 10 M	21	Married	Student (Vocational Certificate)	No	No & Yes	Failed termination of pregnancy
9.Pu (KH 11)	16 Y 5 M	15+6	Single	Student (High Vocational Certificate)	No	Yes	
10.Jun (KH20)	18 Y 7 M	22+3	Cohabiting	Employed	No	Yes	
11.Fa (SH 03)	15 Y	15+5	Cohabiting	Employed	No	Yes	
12.Min (SH 05)	17 Y	16	Cohabiting	Employed	No	Yes	
13.Jay (SH 08)	17 Y 8 M	5+2	Cohabiting	Student (Year 11)	No	Yes	
14.Aim (SH02)	19 Y	21+6	Cohabiting	Employed	No	Yes	
15.Mine(SH 07)	16 Y 2 M	27+2	Married	Student (Year 9)	No	Yes	

154

PARTICIPANT	AGE (YEARS)	GA (WEEKS)	MARITAL STATUS	OCCUPATION	PREGNANCY		
					ADVANCED PLANNED/ INTENDED	ACCEPTED	
16. San (SH 06)	15 Y 10 M	32^{+5}	Single	Employed	No	Yes	
17.Wawa (SH 04)	15 Y 6 M	35^{+6}	Married	Student (Year 9)	No	Yes	
18.Ann (SH 09)	16 Y 7 M	21^{+4}	Married	Employed	No	Yes	
19.Ju (SH 10)	18 Y 6 M	26	Married	Employed	Yes	Yes	
20.Boo (SH 11)	16 Y 6 M	36^{+5}	Married	Employed	No	Yes	
21.Fae (PH 04)	15 Y	36^{+5}	Married	Student (Year 8)	No	Yes	
22.Im (PH 03)	17 Y 10 M	34^{+6}	Married	Student (Year 11)	No	Yes	
23.Nan (PH 01)	17 Y 10 M	36^{+3}	Cohabiting	Student (Year 10)	No	Yes	
24.Fafa (PH 10)	17 Y 3 M	26^{+3}	Cohabiting	Employed	No	Yes	
25.Yam (PH 06)	17 Y 6 M	18	Cohabiting	Employed	No	Yes	
26.Gib (PH 08)	16 Y	38^{+1}	Cohabiting	Employed	Yes	Yes	
27.Meen (PH 11)	16 Y 9 M	32^{+4}	Married	Student (Year 10)	No	No & Yes	Failed termination of pregnancy
28.Boom (PH 12)	16 Y 6 M	22^{+2}	Married	Student (Year 10)	No	Yes	
29.Puy (PH 07)	15 Y 3 M	26	Married	Student (Year 11)	No	Yes	
30.Bee (PH 14)	16 Y 10 M	18	Married	Student (Year 11)	No	Yes	

Table 9: Demographic details explained

Characteristics		Number of participants
AGE	15-16 years	17
	17-19 years	13
STAGES OF PREGNANCY	First trimester (1-13 weeks)	6
	Second trimester (14-26 weeks)	15
	Third trimester (27-40weeks)	9
MARITAL STATUS	Single	2
	Cohabiting	14
	Married	14
OCCUPATION	Student	15
	Unemployed	5
	Employed	10
PREGNANCY		
	Advance planned/intended	2
	Unplanned/ Unintended	28
	Accepted	30
	Unaccepted	0

General structure and situated structures

Four main general structures reflected how adolescent pregnancy was interpreted and understood from my interpretations of pregnant adolescents' reflections: *hardship*; *becoming pregnant; a sense of becoming a mother*; *the value of a family*. These general structures will be presented in separate chapters and will be discussed and interpreted with references.

The first general structure of ***'Hardship'***discloses the difficult experiences of participants, with five situated structures comprising the main factors: 'lack of readiness for being pregnant', 'unrealistic expectations', 'facing changes', 'negative feelings during pregnancy', and 'decision-making', as illustrated in Figure 5 below.
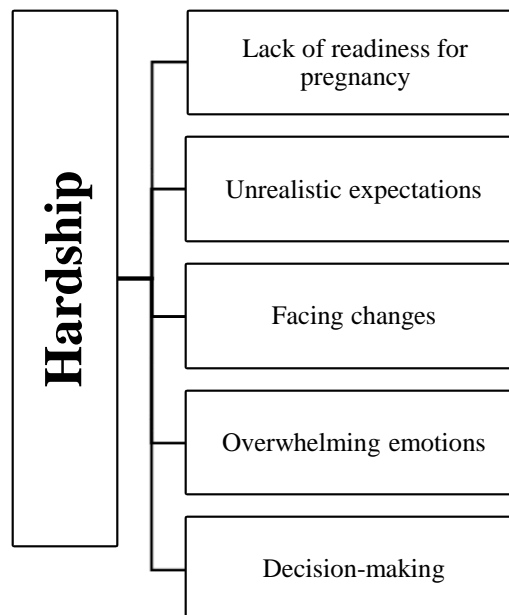
Figure 5: Main 'Hardship' general structure and situated structures

The second general structure of **_'Becoming pregnant'_**manifests the narratives about the reasons of pregnancy, with one situated structure: 'precursor of pregnancy'as illustrated in Figure 6 below.
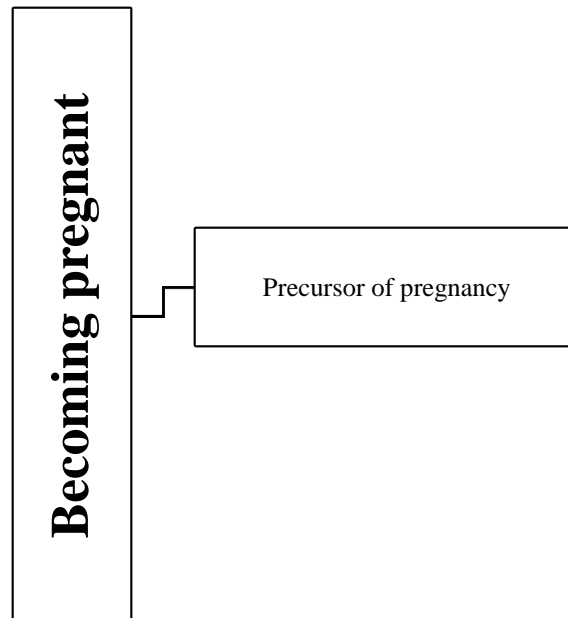
Figure 6: Main 'Becoming pregnant' general structure and situated structures

The third general structure of **'A sense of becoming a mother'** surfaces the stories about embracing and engaging in maternal role, with two situated structures: 'a sense of becoming a mother' and 'a perception of maturity and growing mentally', as illustrated in Figure 7 below.
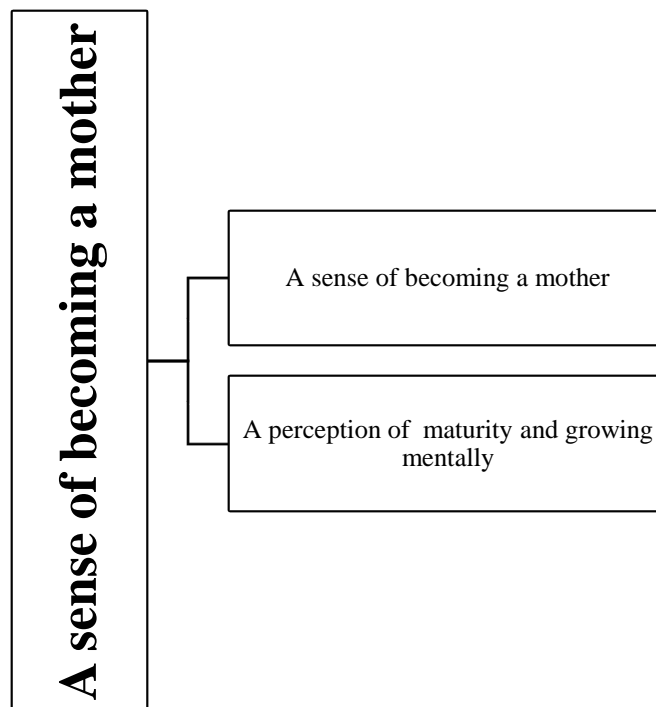
Figure 7: Main 'A sense of becoming a mother' general structure and situated structures

The last general structure of *'the value of a family'* captures the positive aspects of understanding adolescent pregnancy, which participants cited as a consequence of family relationships they obtained from the latent predominant features of Thai family life and culture. Two situated structures were 'strengthening intimate relationships', and 'family support', as illustrated in Figure 8 below.
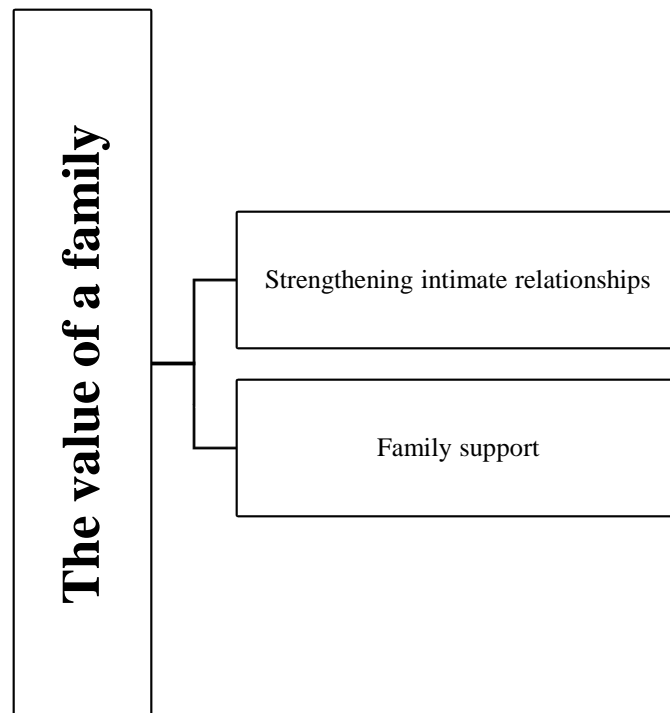
Figure 8: Main 'The value of a family' general structure and situated structures

The four general structures that developed from the meaning units and situated structures are the experience of adolescent pregnancy or are appearances. Here, although the general structures are presented in a discrete and order manner to assist reading, the linearity should not be implied that such a neat division is without problems. I have made assumption that the plurality of though and perspective and challenging those aspects of reality which are taken for granted, is to be valued. Therefore, the general structures should not be seen by way of representing a hierarchy; they are not independent categories. Rather they are mutually entailed with interpenetrating meanings. There was a great deal of overlap between the different general structures and consequently it is possible to locate some of the exemplars within two or more different structures. Having illustration of general structures, each of which is linked back to the overall research question: How do pregnant adolescents experience their first pregnancy?

Conventions adopted to present the findings

The findings from the analysis of the data are illustrated in the following description in the next three chapters with the use of anonymous verbatim extracts (shown in italics and indented where more than a couple of lines) taken from the interview transcripts to support the findings. Such excerpts substantiate the findings adduced and enable readers to judge the trustworthiness of the findings of this study. Since 30 participants were interviewed only once, the quotes from these participants do not state their interview times. I used 'italics' to identify the voice of the participants and quoting the participants' stories in this study. All quotations were referenced by the pseudonym given the interview

transcript and by the code given the setting study as it appeared in the ATLAS.ti version 7 program. For example, an interview with Yam(pseudonym); in a setting coded PH06; ordinal the Primary Document numbers where the quotations originate: the number of the order of quote relevant to all others created in the project is coded as: *[Yam; PH06; 26:11]*. I also have added a note within square brackets [] within the text in order to clarify a point, for instance:

> *I doubted why she [her mother] had to say. It makes me think that having a child would affect my life. I then don't want to have the baby at that time [Yam; PH06; 26: 11]*

CHAPTER 7: HARDSHIP

Introduction

This chapter presents the findings in relation to the first general structure of hardship, regarding which participants talked about difficulties they encountered during their first pregnancies.

Most participants were not ready to become mothers especially when facing unplanned or unintended pregnancy. The hardship occurred when pregnant adolescents' experiences were different from their imaginations or hearsay from people around them. Changes in physiological conditions, psychological conditions, relocation, and roles may be difficult for pregnant adolescents.

Hardship also brought overwhelming emotions. Feeling emotionally overwhelmed can be terribly stressful experience. The overwhelming emotions were related to the negative feelings during pregnancy. Initially, the pregnancy came as a great shock. The narratives of all the participants demonstrated their feelings of worry, fright, sadness, disappointment, and guilty regarding the pregnancy. Adolescent pregnancy caused some participants to feel that they had lost their dreams or family relationships.

Deciding whether to deal with the pregnancy is probably one of the most difficult decisions choices to make for many participants. They may change their mind many times during pregnancy. Additionally, their decisions could be influenced by their parents and partners.

unplanned pregnancy {8-1}~
This code will be used whenever there is a reference to didn't plan to have a child

unintended pregnancy {5-1}~
This code will be used whenever there is a reference to did not exactly intend to get pregnancy

unrealistic expectation {10-1}~
This code will be used whenever there is a reference to having the defference between a reality and an imagination

concealment {12-1}~
This code will be used whenever there is a reference to hiding her pregnancy

disclosure {29-1}~
This code will be used whenever there is a reference to letting others know about her pregnancy

lack of readiness pregnancy {13-4}~
Anything to deal with feeling of being not ready and unaccepted to be pregnant

end of relationship {2-1}~
This code will be used whenever there is a reference to breaking up relationship with partner

shock {4-2}~
This code will be used whenever there is a reference to something suddenly happen

overwhelming emotions {7-5}~
The code will be used to a reference of having mixed feelings about something or someone

DECISION-MAKING {0-6}

Hardship

continuing pregnancy {4-1}~
This code will be used whenever there is a reference to maintaining the pregnancy

worry {40-2}~
This code will be used whenever there is a reference to keeping thinking about problems or unpleasant things

loss of daydream {5-2}~
This code will be used whenever there is a reference to a lack of success in aspiration

attempting to terminate pregnancy {4-1}~
This code will be used whenever there is a reference to deciding to have terminate pregnancy

NEGATIVE FEELINGS {0-14}

fear {48-1}~
Anything to deal with the feeling of afraid during pregnancy

loss of parents-daughter relationship {3-1}~
This code will be used whenever there is a reference to fractured relationship within family

relocating {14-1}~
This code will be used whenever there is a reference to relocating to live in with partner

CHANGES {0-11}

role change {12-3}~
This code will be used whenever there is a reference to changing particular position and function to a new path in life

scare {10-1}~
This code will be used whenever there is a reference to a sudden unpleasant

regret {5-1}~
This code will be used whenever there is a reference to a feeling of sadness or disappointment

disappointment {9-2}~
This code will be used whenever there is a reference to the state of feeling disappointed

sadness {6-2}~
Anything to deal with the feelings of unhappy or unlike

shame {4-1}~
This code will be used whenever there is a reference to an uncomfrotable feeling when participant have done something wrong or embarrassing

guilt {1-1}~
This code will be used whenever there is a reference to unhappy feeling because participant have done something wrong

physiological health {44-5}~
This code will be used whenever there is a reference to physiological health or symtoms of pregnancy

psychological health {12-3}~
This code will be used whenever there is a reference to emotional changes during pregnancy or modd swings
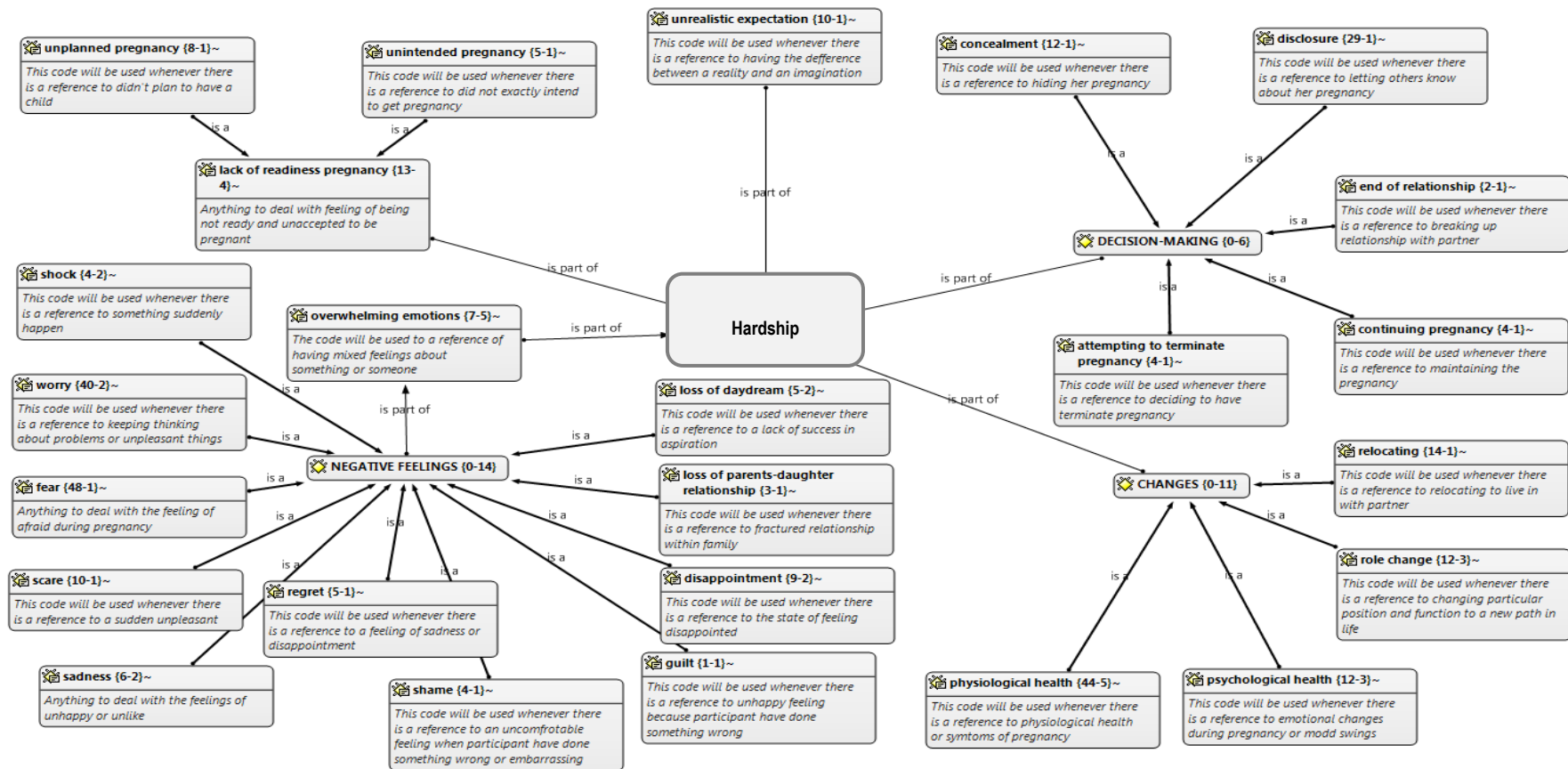
Figure 9: Hardship

164

Lack of readiness for pregnancy

Lack of readiness for pregnancy refers to the feeling by which participants expressed they were not physically, psychologically, and economically ready to become pregnant. This was clearly evident in most of participants' accounts. On entry to their own world, the participants found they were suddenly pregnant adolescents, in a position of lack of readiness for pregnancy and yet unplanned pregnancy. Numerous entries across these stories noted this situation as '*immaturity*' and a '*burden of maternal role*'. The participants disclosed that they were too young for their first pregnancy and their pregnancy timing was not appropriate due to their immaturity. However, this was due to the perceived burdens of the role of a mother rather than intrinsic biological or personal issues associated with adolescent pregnancy.

In most of the participants' stories appeared to be a negotiation in progress between the development, that is, adolescent or student and adult. This conflict in development had negative aspects as the following story extracts:

> *I had never thought about this before. When it came to me, I thought*
> *I was not a good person. I was not ready because I had not finished*
> *my school yet [Fae; PH04; 9:22]*

Through their '*lack of readiness for pregnancy*', participants were able to reflect on how they feel emotional dependence towards their families. Some discovered something about their own emotion; it made some feel more positive about being pregnant. Their emotions depended on whether the family's view towards the pregnancy:

It should not have happened. We [Herself and her partner] were not ready because we were still students. ….My mum always supported me. She told me to be patient and not to get stressed. It really got me through the problems. I felt there was no way out when he dumped me and disowned his child…. Also, my parents' words made me stronger…. I've had help from my family [Pu; KH11; 5:92]

As lack of readiness for pregnancy, participants were often considered as financial problems. Stories reveled financial preparation was a big challenge for pregnant adolescents. Many of them were not financially prepared. Adding a new member to the family would also make the life more difficult. This could also be a source of awareness of finance. The participant's story often related to this in a number of stories:

I didn't believe it. I didn't know what to do next. This is because I don't want to have a child. I don't have anything and don't have saving. I then told my boyfriend that I am not ready [Fafa; PH10; 23:8]

Unplanned/unintended pregnancy

'Unplanned/ unintended pregnancy' is one of the most difficult life experiences for adolescents. Adolescent pregnancy as lack of readiness for pregnancy also appeared to be related to unplanned/ unintended pregnancy. In this context, unplanned/ unintended pregnancy in early age had both positive and negative aspects. This was not only meaning and valued, but often was also challenging:

> *We [herself and her partner] didn't plan for any of these. We didn't use any methods of contraception as we thought this wasn't going to happen so easily like this. It might be because we didn't live together every day. We never talked about the marriage or having a baby. We were just in a relationship and lived together sometimes [Aim; SH02; 15:24]*

Even though there was the sense of unexpected, this was not manifest in a sense of pressure, but rather as pleasure gained from readiness in suitable circumstances. Additionally, close relationship developed within family, cultures and disciplines, acting as a powerful base support which help participants to take full advantage of their pregnancy. This can be seen in a few participants who felt that their pregnancies came at an appropriate time due to their marital status and employment. The pregnancy also heralded the completion of the family units, despite the pregnancy was being unplanned/ unintended:

> *So, when I got pregnant, it turned into something really surprising. Actually, we wanted to have the baby, but we hadn't planned when we would have it [Yam; PH06; 26:9]*

Apprehensive and fluctuating feelings of lack of readiness and readiness for pregnancy were manifested in many participants' stories. Ultimately, most of participants' stories revealed that they had accepted and had every intention to continue the pregnancy. This to some extents can be associated with the time of a pregnancy and the support they must have enjoyed either from their partners or parents to have a baby:

Although we didn't plan to have a child, we accepted this pregnancy.

This is a reason why we were happy when we learned this great new

[Fa; SH03; 10:9]

Unrealistic expectations

Unrealistic expectations refer to the difference between the experiences and perceptions of the pregnancy. Some participants' stories in this study illustrated how their expectations of being pregnant were different from their actual experiences. The adolescents' accounts of their experiences of pregnancy were often penetrated with complex emotions such as self-doubt and being unsure. This can be seen that the experience of adolescent pregnancy was challenges which contemporary discourses and juxtaposed with the reality and hardship of daily living. The universal difficulty in the outset of adolescent pregnancy appeared in many participants' stories, especially for becoming a mother:

In my mind, it is a very hard time for a woman. I saw my father's

new wife. When she became pregnant, she did everything with great

difficulty such as walking, sitting, and sleeping. However, everyone

took care of her very well because they wanted her to have good

health during pregnancy and her baby to be healthy. This is like what

I am facing [Fa; SH03; 10:22]

Interesting, a link between negative adolescent pregnancy experiences and adapting seemed to be difficulty in a degree of naivety regarding the realities of being pregnant. In a sense of unrealities of being pregnant, this was affording new perspectives on the adolescents' being in the world; they were beginning to

see differently and to compare aspects of the environment, leading to new perspectives on life.

For some participants, although the pregnancy was viewed as a great thing, other participants' stories disclosed an unrealistic expectation which led to confusion about healthy living. However, many of them can deal with different reality by themselves and other people around them:

> *Pregnancy is a wonderful thing that I didn't expect…. I think that my expectations have been different to the reality. In the past, I thought that if I had my baby, I would do my very best for the baby. In reality, it is difficult, and I am not quite sure whether I am doing the right thing or the best for the baby. Although many people helped me and gave me a lot of suggestions, I think because this pregnancy was unexpected, I had to go through a lot to overcome this crisis [Ja; KH10; 4:83]*

Differences in perspective between own experience and hearsay from other people were often surfaced in the sense of having to come to terms with the perspectives of the pregnant adolescents. The participant's story compared her experience with other people during pregnancy. This produced differing to response in the story ranging from difficulty, to deciding that they could and should act:

> *I saw that my older sister had a bit of trouble with working and walking all day. She told me she had difficulties with sitting down because the baby kicks more regularly. It was quite uncomfortable because she is a cleaner and she had to do the cleaning all day. I'm*

different from my older sister, I did't have to do anything. My older

sister had to raise both children: a baby inside her womb and a six-

year-old child. She had to do all the housework. She worked hard

but I did nothing. I can't do any heavy physical work
[Mean; PH11; 27:37]

For some participants, the reality surpassed their expectations. Their pregnancy experiences were better than that they imagined. The pregnancy did not disturb their daily lives as they were able to do regular activities:

I missed my period for about one month, but I had no doubt about

it…. I thought pregnant women must have morning sickness, but I

had none. I was moody without any reasons, but it did not last very

long. I did not suffer any symptoms, but my mom said that it's normal

[Boom; PH 12; 29:12]

Facing changes

Adolescent pregnancy faced with multiple changes such as physiological changes, psychological health, residency, and their roles in life.

Changes in physiological health

Most of signs and symptoms of physical discomforts were shown in the first trimester of the pregnancy [about 0-3 months]. The physical discomforts were the main complaints and had an effect on daily activities and quality of life for many participants. These signs and symptoms of the physical discomforts during pregnancy varied from one to another. Many participants faced with multiple physiological changes such as missed periods, nausea and vomiting, fatigue and

dizziness. They were unhappy with their appearance, with having gained weight, or with common pregnancy-related to discomforts.

'Missed period' was often an initial sign of physiological change during pregnancy. For some participants, although they experienced missed periods, they did not see it as an initial sign of pregnancy as they heard stories of others who experienced missed periods but were not pregnant:

> *I missed my period for five months. My friend had the same experience with me, but she wasn't pregnant. She checked it regularly. I really crave for sour food [Mean; PH11; 27:2]*

As many participants did not only notice a missed period sign, they also experienced other signs of pregnancy, for example tender breasts or morning sickness. A story below is related to this:

> *I was quite surprised. In January, I felt like my period was coming, but it wasn't. My breasts hurt like when I had a period. When my period was late, I thought I must be pregnant [Jun; KH20; 6:72]*

'Nausea and vomiting' is a very common complaint which often happens in early pregnancy. It is often called *'morning sickness'* because many pregnant women find the nauseating feelings when they first get up in the morning. However, the nausea sensations may not follow with that pattern in some pregnant women.

In the participant's story, these symptoms disappeared by the third months of pregnancy. However, others experienced nausea and vomiting for a longer period:

The morning sickness just started after I saw the doctor and learnt

that I was pregnant. I had nausea and I vomited every morning. I

couldn't eat much [Bee; PH14; 11:3]

An example from the participants appeared to suffer severe vomiting and could not take any food or drinks. Others felt very sensitive to certain food odours prompting them to feel nausea and vomit. The severe vomiting often affected the physical and emotional health:

In the first to second months of pregnancy, I felt very nauseated and

I usually vomited. This symptom happened when I smelled canned

fish. Any smells of food would nauseate me [Fae; PH04; 9:27]

The signs and symptoms of morning sickness were described by many participants and these stories also exposed how they dealt with the physical discomforts and body's response to pregnancy:

I had morning sickness every morning. I had nausea and vomiting

when I woke up. I then sat for a minute before I stood up. It made me

feel better. I ate food normally, but I'm weak and I need more rest

[Young; KH08; 1:1]

I'm about three months pregnant. I feel nauseous and I vomit every

morning. I feel tired and need to rest more than usual. I am now

trying to eat more food [Jee; KH09; 2:1]

Multiple signs and symptoms of morning sickness such as headache, dizziness or food cravings emerged in many participants' stories. The feeling dizzy from nausea is often a part of being pregnant and is also a common feature of

pregnancy. During the first trimester of pregnancy, the participants experienced the dizzy and nauseous feeling because of low blood pressure from hormone. Some of them were not able to eat and the blood sugar was low:

> *I felt dizzy and I vomited. I vomited every morning and I couldn't eat much. I could eat some sour food. I went to see the doctor and he gave some medicines to reduce the dizziness. He said this symptom was normally and he also told me that I would feel better after three months. So, I felt better and I could eat more after that. My body weight has also increased [Ju; SH10; 30:20]*

The participants' stories illustrated pregnancy experiences were intricately intertwined with the difficult relational and environmental contexts of their daily lives.

Changes in psychological health

'Mood swings' is often used to describe emotional changes that caused by changing in hormone levels during pregnancy which can affect the mood, feeling tearful or feeling easily annoyed.

Some participants' stories exposed mood swings during pregnancy resulting in psychological discomfort. Psychological changes could be even more complex. The participant experienced psychological discomfort throughout the pregnancy period:

> *I was very frustrated, and I felt everything was bad. I didn't know what I wanted. It just happened. When I heard a loud noise, I was frustrated, and I complained a lot. When the time passed, I felt better.*

This took place in an early stage of my pregnancy. I don't feel that

way anymore [Ja; KH10; 4:67]

Such mood swings could cause alienation or antagonism with the partners and families, which could upset the social support available to them if the people around them were not sensitive to such attitudes and behaviours being a consequence of pregnancy. From the participant's story, she was exposed to the emotional swings that contribute to the support the participant received from her family:

I was moody when I was about three-four months pregnant. I often

had mood swings, nausea and I vomited. I got annoyed easily. If

someone talked to me and made me laugh, I would feel better. If

someone teased me, I would get really annoyed and I shouted at

them. I'm now fine [Gib; PH08; 28:27]

Relocation

Some participants had to relocate in order to live with their partners and their partners' parents after being pregnant. Some participants relocated after having a wedding ceremony. Most stories showed a good relationship with the partners' parents and the participants were well looked after as a member of the family. A close relationship often triggers feelings of warmth from the family.

Many participants received support from their partners' families after relocating to live with them. One participant's story surfaced the feelings of satisfaction with such care during pregnancy:

After the wedding, I stayed at my house for 3 days then I moved to my boyfriend's house. I felt like I was separated from my parents. I didn't come back to see them very often. I came back home on Sundays or Mondays [Puy; PH07; 17:10]

Relocating the residency also changed their living conditions. The participant believed that her partner's house was more suitable for the baby than her own home:

My mum told me to move to my partner's house and gave a birth there because our house was too small and there was not enough space for a baby. My partner's house was more comfortable to raise a child as it was bigger… My hometown is in Sukhothai Province and my partner's house is here, so it is pretty far from my home [Fae; PH04; 9:6]

When the pregnancy was disapproved by her own parents, a pregnant adolescent had no choice but relocating to live with her partner. Two participants' stories were related to this:

One of the participants shared her experience when her mother refused to accept her pregnancy and ordered her to terminate it. She had no desire to terminate her pregnancy. Therefore, she decided to move out of her parent's house:

When the result was positive again, he [her partner] was satisfied with the result. He asked me whether I wanted to move in with him. This is because he knows how my mum is…my partner's parents didn't want me go back to my mum's house because they were afraid

that my mum would force me to have an abortion…I decided to move

in with my partner and I didn't return to my house since then

[Bee; PH14; 11:27]

Another participant had to relocate to live with her partner's family because of her father's disapproval of the pregnancy. He believed that she brought shame on the family:

At first, my dad didn't know about it, but once he knew, he told me

to leave home. Then I moved to live in with my partner. My mum

always asked me to come home, but I didn't. His mum allowed me to

live with her family if my dad was still mad at me….I didn't want to

make them feel ashamed. I moved to live with my partner. My mum

always asked me to come home, but I didn't. His mum allowed me to

live with her family if my dad was still angry at me

[Meen; PH11; 27:7]

Dissatisfaction with partner's parents was also caused by disapproval of the pregnancy. Elements of discomfort in health during early stage of pregnancy also contributed to feeling of dissatisfaction with partner's parents' reactions, as Min epitomised in her experience:

Now I'm living with my partner at his house. There's his mum, his

dad, my partner, and me. They don't help me too much. I usually

take care of myself like getting some food to eat. My partner and I

help his family's work, like sugar cane farming. It is his family's

business. However, I cannot help them farming like I used to because

I was pregnant….I feel like they don't like me and I'm dissatisfied. I

get angry whenever they complain about me. Sometimes, they act

like they care for me; like they always find me some food. I think they

worry about the baby… Once I didn't help them to work on the farm

because I was sick. They saw me sitting and they complained about

me [Min; SH05; 13:51]

Changes in roles

Adolescent pregnancy is a transition into a new role from being a student to becoming a housewife, a child or a daughter to a mother, and an adolescent to an adult during pregnancy. Identity changes caused adolescents typically to explore potential life roles in an effort to construct the adult identities.

The participants described how they had begun to think of themselves as adolescents and as mothers. Some of stories showed lack of readiness to become pregnant and to perform mothering roles and responsibilities. The pregnancy in these stories occurred unexpectedly and precipitately. Changes in roles, therefore, were made more difficult by the unplanned/ unintended pregnancy and were imposed upon them.

The participants had to drop out from school caused by the pregnancy, and they were expected to work or assist the partner in order to support the family's finance:

Other people are going to school, but I have to prepare myself for

my baby. It is not a good thing because I cannot be anything I want

to be in the future. Instead of doing anything I want, I need to work

to earn an income for my family and this is a difficulty that I have to

face [Fae; PH04; 9:48]

I would like to study. When I saw my friends in school, I wanted to

study. I saw them in the student uniform. I would like to wear it, but

now I have to work for my child [Tae; KH15; 24:23]

Pregnancy could be viewed as being *"easy"* or *"hard"*, depending on the availability material sources and the level of support provided by family and partners. Some participants were nervous and concerned about how they could manage their coming maternal role and responsibility. Changes in roles might be seen in the sense of anxiety about the consequences of pregnancy and maternal role:

I feel like I will be a mother. For me, being a mother means I have

to raise the baby. It means that a mother has an instinct to bring up

her child. At first, I think it is not hard for me to do this but I might

need some advice from my mum or my sister [Im; PH03; 12:44]

Some participants' stories revealed that being pregnant and becoming a mother was difficult because they did not have any experience. The initial fear of the life change from being an adolescent to becoming a new mother assuaged by the satisfaction with the supports received resulting in the capability of adaptation to the new role*:*

I think it's difficult. I've seen other people take care of their babies,

but I haven't had any experience. I think there will be some

difficulties as babies are all different…I have to learn from my mum,

because she used to take care of me when I was young. She will help

me after I give the birth because I don't think I know what to do.

After my mum teaches me how to take care of the baby, it will be

easier. This is what I am thinking now. However, as I have never

done it before, the reality might be completely different

[Pu; KH11; 5:42]

Overwhelming emotions

According to Heidegger, feelings are important as *"the handle by which we can grip our own beings"* (Heidegger, 1962) In several participants' stories, adolescent pregnancy appeared in the form of negative feelings caused by various excessive emotions during pregnancy, whether the pregnancy was a surprise or a planned event.

The participants questioned why they experienced overwhelming emotions when they learnt they were pregnant. They reported initial feelings of shock, denial and confusion about what they should do next. The feelings of not wanting to have a baby and economic problems were significant for them at the time:

I didn't believe it… If I got pregnant, what did I have to do next?

This is because I didn't want to have a child and I didn't have

anything. I then told my boyfriend that I was not ready… I didn't

know at that time. I was shocked and I didn't believe that. I had no

idea [Fafa; PH10; 23:10]

> *I was shocked at first. I didn't know what to do because I didn't plan*
>
> *for any of this. Well, I didn't expect to have a baby right now. I*
>
> *actually want to wait for a while [Jay; SH08; 14:6]*

Decision making pertaining to adolescent pregnancy intensified the feeling of being overwhelmed:

> *I was shocked but I feel glad in my mind. It made me change my mind*
>
> *from travelling to think about the future. I must save money and I*
>
> *want to do many things for my baby [Boo; SH11; 18: 26]*

Negative feelings during pregnancy

Negative feelings can stem from general cognitive factors, such as feeling unprepared or not knowing what to expect among other surroundings and an uncertain future, and they can be affected by hormonal changes associated with adolescence and pregnancy itself, such as mood swings in response to stimuli. Most stories relating to this dimension concerned feelings of shock, worry and fear, shame and stigma, sadness, disappointment, guilt and loss relating to a rejection of unplanned/ unintended pregnancy in the family and social life domains.

Shock

Shock was sudden and surprising in a number of stories which expressed reactions to being pregnant. The participants' stories reported the feeling of shock in direct response to the positive result of pregnancy tests. Some stories revealed a feeling of a lack of preparation for having a baby due to be a younger girl without university education:

I was shocked because I was not ready to have a baby yet. I didn't

have a job. I was too young. I was only in Mathayom 3 [Grade 9]

but it was nearly at the end of term [Mine; SH07; 16:6]

Worry and fear

Adolescent pregnancy in itself triggers a release of emotions and renders adolescents emotionally vulnerable. Several participants' stories revealed feelings of worries and fear because of being naïve about pregnancy.

Worry

'Worry' refers to the feeling of anxiety and unhappiness caused by the problems participants were faced with. Being worried pertains to scenarios that might be a possibility (in the Heideggerian sense). All participants' accounts, in many different ways, were inevitably interwoven with some negative feelings (including worry) relating to apprehension about unpredicted circumstances. Worry was explicit in the participants' stories. These stories often confided stratagems by which they sought to conceal their pregnancies due to the fear of how others (particularly their parents) would react:

Actually, he [her partner] wanted to have a baby at first, but for me

I didn't because I was not ready. So, I told him not to tell anyone yet

as I was afraid of my parents … I was very worried because I hadn't

told my parents yet. Also, they didn't want me to have a baby

[Mine; SH07; 16:12]

In the following participants' stories, worry surfaced in various challenges relating to finances. Indeed, financial worry as a distinct concept overshadowed

many participants' experiences of pregnancy. The participants were not from wealthy families, and many of them had any substantive careers prior to becoming pregnant, thus they were naturally worried about the cost of raising a child after they left school without any qualifications to seek employment:

> *I was worried about the expenses. My dad was the only person in the family who works. My mum didn't. So, all the income of family came from my dad… I was worried how we can cope with the baby costs [Pu; KH11; 5:100]*

The participants' stories reflected a sense of worry about their babies' health. Many participants recalled taking an over-the-counter liquid medicine for delayed periods, which they believed (retroactively) could terminate the pregnancy during its early phase, thus they were worried that they could have negatively affected their babies' health:

> *Normally, my period comes every month. It still came but much less. I wondered why my menstruation period was less. I then bought two bottles of blood-driven oral liquid to take. It caused a bit of bleeding. I then bought a pregnancy test to check. It showed I was pregnant. I worried about it [her baby] [Wawa; SH04; 20:15]*

Aside from medical and personal health concerns, many participants were worried about losing their opportunities for educational achievement. The following quotes illustrate how changes in physical appearance formed a barrier to attending school:

> *I was worried about my studies. I was not sure whether I should continue studying or take a year off. If I continue studying and my due date is during the exam time, it would be a waste of time and money. I can miss some lessons, but I cannot miss the exams [Pu; KH11; 5:53]*

Fear

Experiences of fear were contextual and varied among numerous dimensions of participants' lives, but as a factor in itself it was universally reported. The overriding fear was that of stigma, particularly in terms of their parents' reactions to the revelation of pregnancy. In the participants and their parents alike accepted the pregnancy, although it was difficult to accept the situation:

> *When I first knew I was very frightened and cried a lot. I didn't know how I would tell my parents… I was afraid that they would be unaccepting and shy to other people. So, I decided to consult with my grandmother at first [Prae; KHO7; 7:4]*

In addition to fear of their parents' disapprobation and wider community stigma, one participant was afraid her partner would abandon her:

> *I was worried. I was afraid that he wouldn't take responsibility. He treated me very well before I was pregnant, then he became distant [Pu: KH11; 5:14]*

For some participants their initial fear of adolescent pregnancy itself was soon eclipsed by the fear of disappointment in life, especially if they stopped going to school:

I was afraid that it [pregnancy test] would be positive, I really couldn't take it. At first, I think I would have terminated the pregnancy. But I didn't do. I was afraid that I would disappoint my parents and I could not continue to study. I also pity the baby; I didn't want to kill it. I didn't consult anyone at the time, though, just full of my own thoughts [Boom; PH12; 29:3]

Additionally, the fear of the baby being unhealthy surfaced in the participant's story due to her early age of pregnancy:

I am afraid that the baby won't be healthy. My tummy is quite big; I am worried that it won't reach the weight of two kilograms, so I eat a lot. I am also scared of the labor pains. I was afraid of the pain from delivery. However, they told me not to be scared of it. If the doctor says push, I'll just have to push, and it won't hurt [Meen; PH11; 27:29]

Shame and Stigma

Adolescent pregnancy was acutely associated with shame and stigma related to public (community) attitudes. Embarrassment in response to social factors comprises a type of fear. Adolescent pregnancy conveys a social stigma in most cultures worldwide, being associated with immorality in socially conservative cultures and reckless irresponsibility in progressive societies; in both cases, vulnerable pregnant women are stigmatized because of social constructions and expectations related to the role of adolescent women.

Shame is a particularly significant feature of Thai society, and it appeared in many participants' stories, affecting their pregnancy journey negatively, exacerbating the general stress they face. '*Looks*' are common reactions and sometimes obvious challenges from people in the society that caused participant to feel judged and stigmatized:

> *I was afraid to face other people. I was afraid that they would blame*
> *me because I was still a student and I shouldn't have had a baby. I*
> *didn't want to go out. I stayed in my room and I didn't go to school*
> *until our parents knew about my pregnancy [Puy; PH07; 17:27]*

Sadness

There are a variety of interchangeable reactions related to sadness such as regret, upset, guilt, vulnerability, depression and abandonment. The experience of adolescent pregnancy was marked by feelings of sadness when the pregnancy was unplanned:

> *I didn't think I was pregnant. I was sad because I'm not ready. I'm*
> *a youngster and I am afraid my baby might not be healthy*
> *[Wawa; SH04; 20:18]*

Disappointment

The feeling of disappointment pertained to participants feeling they had not met what they and others expected of them. This was related to dropping out of education at an early age and the loss of opportunities to obtain employment. Participants revealed sadness and disappointment due to failing to fulfill their

parents' aspirations for their daughters to pursue further higher education and careers:

> *I was sad because I disappointed my parents. I should have had protected sex but I didn't think about it. If I was aware of it and was more careful, it might not have happened. In the beginning, I wanted to terminate the pregnancy because I couldn't accept it. It was just a thought but I didn't do it. I think my baby doesn't know anything. I should not harm it. I should take care of it. I then abolished my thought. After that, I quit school. It upset my parents that I didn't finish school [Nan; PH01; 22:8]*

Guilt

Participants' stories revealed feelings of guilt due to disappointing parents and the fear that the pregnancy would not be accepted by others. The participant expressed that her learned moral life lessons from her experiences.

> *For my pregnancy, it was my mistake. I wasn't aware of it and I was benighted. I was oblivious to my parents… At first, I felt bad and confused. It was my responsibility. I didn't know how I could deal with this problem. Then, I thought that I would terminate the pregnancy. This might be a way to solve the problem at that time. But now, I have changed my mind [Fafa; PH01; 22:3]*

Loss

Loss of the parent-daughter relationship

A few families handled the situation of adolescent pregnancy well and managed to deal with it with understanding and affection for the pregnant adolescents. Loss of the parent-daughter relationship was a significant experience that affected participants' lives in a variety of ways, such as moving out of their own home to live with their partners:

> *She [her mother] told me not to go back to her house again. She said she was ashamed of me being a pregnant teenager. She was concerned about my education and my future [Bee; PH14; 11:24]*

Loss of aspiration

The disclosure of adolescent pregnancy reflected an unexpected event that was central to the experience of participants: confronting the demise of the normative aspirational lifestyle to which they would otherwise aspire. As with young people worldwide, participants had envisaged dreams and life projects related to expectations, ideals and goals. The identification of objectives and life projects for the future was severely challenged by the realities of adolescent pregnancy, forcing participants to reorient their expectations and hopes. Participants reflected on the failure to achieve their dreams as a factor that contributed to their perceived failure in life:

> *I wanted to be a nurse. I dreamed of being able to buy my dad a car. I have to accept the reality. I want to go back to school. Studying may sound difficult, but it will give me a better career. However, I'm*

worried about my baby and my husband. He works hard for us. I

cannot leave him just to pursue my dream. After the baby is born, we

will find a job in Bangkok [Bee; PH14; 11:65]

Decision-making

The decision-making process depends on multiple issues stemming from a lack of readiness, the significant influence from people around the participants, and an uncertain future:

Concealment and disclosure

Concealment

The initial reaction after some participants noticed the physical changes or confirmed their pregnancy was concealment; they contrived not to tell anybody of their condition, or to confide only in selected people such as their partners, parents or family members. A common reason for concealment of the pregnancy was the feeling of fear of being scolded or disappointing the parents:

> *…But nobody knew and I did not tell anyone. It was only me and my*
>
> *boyfriend who knew but he told his parents. At the same time, I did*
>
> *not tell my parents. I did not dare to. After I learned that the*
>
> *pregnancy test result was positive, I decided not to tell my parents*
>
> *[Im; PH03; 12:7]*

Often concealment of adolescent pregnancy was revealed as being afraid of unaccepted pregnancy from parents:

Actually, he [her partner] didn't tell his parents at first, but I craved sour food, so I took a motorbike out to buy a lot of sour foods. His mother noticed it and she [her partner's mother] asked me who I bought it for. I told her that I just craved sour foods. She asked me whether I got pregnant. Also, she told me to be careful and to take birth control pills because it was not the right time for me to be pregnant yet. I didn't tell her anything about the pregnancy. I told her that I just craved sour foods [Mine; SH07; 16:91]

For some participants' stories, concealment of adolescent pregnancy by wearing loose-fitted clothes was a way to keep going to school and attempting to avoid attracting attention:

I wanted to graduate like my friends. I didn't want to quit or take a year off and study with the juniors… I went to school as usual. I used to go to school with my boyfriend. After that my mum dropped me off and picked me up from school… Once I had to attend a Girl Scout field trip. I didn't want to go, but I had to or else I would not complete the course. The teacher didn't know that I got pregnant. I tried my best to avoid some of the physical activities [Pu; KH11; 5:115]

During concealment of adolescent pregnancy, some participants' stories reflected keeping the pregnancy as a secret for two to five months before disclosure:

They [her teachers] knew I had a boyfriend, but they didn't know that I got pregnant. My friends knew about it. They helped me when

189

the teacher asked them why I didn't go to school. My friends told her

I attended an errand elsewhere. I stopped going to school about two

– three weeks ago and I didn't let the teachers know. I don't want

them to know. I would like to go back to school and would like to

finish Matthayom 6 [Grade 12] [JJ; KH17; 25:19]

Disclosure

The event of disclosure was pivotal in the whole experience for this participant:

I told my mom by myself. She didn't say anything. She wasn't a scary

person like I imagined. I was delighted and relieved. I felt she

worried about me. Sometimes, she bought the clothes and food for

me. She also asked about my baby's quickening. Now, my baby

begins movement [Far; KH19; 8:51]

In another case, the participant's mother found the pregnancy test:

She [her partner's mother] found the pregnancy test stick in my

room. So, she asked me about the result. I told her that it was

positive. That was when she realised that I was pregnant

[Mine; SH07; 16:10]

The most common way in which the pregnancy was disclosed was due to parents
noticing body changes among participants, at which point the latter finally had
to disclose their condition:

I didn't tell my parents about my pregnancy. One day, my dad

noticed that my body was changing and asked me whether I gained

190

weight, or I was pregnant. I told him I was pregnant. Surprisingly,

he didn't scold me. He just said that whatever happened would

happen. He said I had to accept it and take care of myself. He also

helped me to keep the secret from my mum… My mum then started

to question me, whether I was pregnant. She asked my dad about me.

My dad told her that I got pregnant [Bee; PH14; 11:20]

One participant's story surfaced telling the truth to her older sister in order for her helping to test the pregnancy:

I told her [her older sister] that I didn't do anything. She then asked

me whether my period was regular. I told her that I missed periods

for about two to three months, so she bought the pregnancy test for

me. She tested it using my pee dropped into the pregnancy test, and

she told me that I was pregnant [San; SH06; 19:5]

In some cases, the baby represented the first grandchild for participants' parents, thus the inauguration of a new generation could become a source of joy:

When I was three months' pregnant, I decided to tell my father… I

didn't want to hide from my father anymore. I thought that he would

scold me and got angry at me at first, he would do it anyway. So, I

pretended like I was joking when I told him [her father]. He was

shocked and asked me whether it was true. I said yes and gave him

the antenatal care handbook. It turned out that he was happy about

it… I was happy that I didn't have to keep it as a secret. I stressed

out when I couldn't tell anyone [Mine; SH07; 16:92]

Adolescent pregnancy entails responsibilities for both parents; in most reported cases, the fathers (i.e. partners) accepted the pregnancy and prepared to support the pregnant adolescents, but in two cases the partners refused to take any responsibility due to a lack of readiness to have a child. One participant recalled how she dealt with the refusal of her partner to take responsibility:

> *We [herself and her partner] both pretended as if we didn't know each other. I could manage to get over him. He [her partner] told me if I wanted to continue a relationship with him, I had to terminate the pregnancy. If not, he would end our relationship. So, I chose to break up with him… He didn't come to see me anymore. His dad asked him what he would do and whether he wanted to break up with me. He said he wanted to [Pu; KH11; 5:38]*

Another participant recounted her partners' parents being prepared to assist, but the partner himself refused and fled from *"the problem"*, leaving her a single mother:

> *My mum sent a message to his family. His mum and dad accepted my pregnancy and they would take responsibilities and help take care of me. Unfortunately, my partner did not accept my pregnancy and ran away from the problem. I cannot contact him, and I did not meet him again after that. [Young; KH08; 1:7]*

In both cases the relationship with the partner was over, and the participants were left wholly dependent on the support (material and psychological) of their own

families. These participants chose to maintain their pregnancy and to focus on their babies rather than depending on their partners, exhibiting a surprising degree of self-efficacy themselves.

<u>Attempting to terminate the pregnancy</u>

In some cases, the unacceptability of *"problematic"* pregnancy led to the decision to terminate the pregnancy as an expedient solution to *"correct"* their *"mistake"* by taking blood-driven oral liquid (a Thai herbal medicine to treat irregular menstruation) or having someone perform an illegal abortion. This decision was often influenced by participants' mothers, who in some cases preferred for their daughters to follow this path in the interests of furthering their careers:

> *When I found out that I was pregnant, I called my mum and she said that she didn't want me to keep the baby because I was still a student. She wanted me to go back to school. She bought some herbal medicine to terminate pregnancy, but it didn't work. An elderly lady in my village also stamped on my tummy to induce an abortion, but it didn't work either. After that, I went to an abortion clinic. They charged 4,000 Bath [£80 GBP]. We didn't have money. So, I didn't do it [Ja; KH10; 4:47]*

The participants' stories disclosed planning to terminate the pregnancy by taking blood-driven oral liquid (Thai herbal medicine to treat irregular menstruation, as mentioned previously). However, because of the fear of the sin of harming life (according to Buddhist beliefs) and its consequences, the participants changed their minds:

My mother asked me "Are you pregnant"? I told her I wasn't although I had missed my periods for about two months. I had missed my periods before, and it was the same as last time. So, my partner went to drug store to buy the blood-driven oral liquid for me. I also consulted my partner's mum. She told me I might get pregnant… At first, I took the liquid but I felt sorry for the baby and I was fearful of the sin [Fafa; PH10; 23:39]

Continuing pregnancy

All participants' stories reflected the decision to continue the pregnancy after receiving approval and affirmation from their families, despite their pregnancies being unplanned/ unintended. Reflecting common Thai beliefs, many participants felt that their babies had chosen to be born to them, which was a significant rationale for maintaining the pregnancies. This belief was reinforced in cases where participants attempted an abortion but failed to terminate the pregnancy:

Personally, I felt that the baby would like to live with us. That's why the abortion didn't work [Ja; KH10; 4: 95]

The following quotations shed light on participant's cultural and religious beliefs:

They [her parents] wanted me to terminate my pregnancy. At first, my mum suggested me to buy Thai herbal medicine to treat irregular menstruation, but I didn't want to do it. I felt it was sinful. I saw other people who had an abortion and couldn't succeed in their

194

lives. So, I was afraid it would happen with my life too. When my mum asked me whether I took the medicine, I told her that I didn't buy it [Puy; PH07; 17:2]

Conclusion

This chapter illustrates participants' experiences of *Hardship* and the coping strategies they used in response to difficult events and challenges. The issues faced by pregnant adolescents are multi-faceted, associated with intrinsic adolescence as well as biological phenomena associated with pregnancy itself (particularly concerning first and unplanned conception), and the wider socio-economic and cultural context in which the participants live.

The difference between the expectations of adolescents about their lives and the reality brought to bear upon them as a result of pregnancy induced great anxiety, apprehension and worry that profoundly affected their normative relationships with parents, and their future life options, resulting in great stress. Receiving comprehensive information to help prepare them more effectively for their roles during pregnancy as well as to overcome a life crisis would have been advisable, but such support was not provided to participants by health professionals, and was only received in an ad hoc way from some family members in some (not all) cases. All participants faced various changes, including physical and psychological health changes. They also faced logistical issues pertaining to residency and transitional roles, entailing both positive and negative aspects of the pregnancy. All changes affected the daily lives of participants and the ways in which they related to people around them.

Adolescence is intrinsically a transitional stage from childhood to adulthood, characterised by physical, psychological and psycho-social changes that are influenced to a large extent by age, culture and the socialisation of the individual. The adolescents perceived their struggles during the period of transition from

childhood to adulthood to be compounded by the complex dimension of motherhood. During the period of being pregnant adolescents, many participants' stories reflected various changes and overwhelming emotions and negative feelings which might lead to depression.

After the adolescents learned of their pregnancies, most of them chose to conceal this condition for as long as they feasibly could, adopting strategies of dissimilation such as wearing baggy clothing, lying about and denying their pregnancy when questioned, or simply attempting to continue a normal life (e.g. going to school) without acknowledging their status. The moment of disclosure, whether willing or unwilling, was a cathartic experience for most participants leading to acceptance and a more constructive approach to dealing with the pregnancy from families (i.e. parents). There was a general aversion to abortion among most participants, even when urged to choose this option by their mothers or partners, and some of the latter disowned the pregnant adolescents and their babies, but they intended to continue their pregnancies without support from their partners.

The common expectation in modern Thai society that young women should pursue education and seek employment clearly had repercussions and was a major factor in the impetus toward abortion among some mothers, partners and pregnant adolescents themselves. For all participants the issue of education and future employment prospects was a major consideration and they fundamentally saw their pregnancies as an obstacle to improved socio-economic wellbeing. While such attitudes were pervasive, they are an athema to the traditional Buddhist ethical system of Thailand, which affirms the sacredness of life and the

importance of compassion and the evil of desire for material possessions; nevertheless, Buddhist beliefs about the sinfulness of harming life came to be prevalent in participants' decisions not to have abortions.

The religious beliefs were also contributed to the decision whether they should continue the pregnancy. Sin caused many participants fear the further consequences of attempting to terminate pregnancy related to the religious belief. Although participants felt initially unready for pregnancy and they saw it as a massive barrier to their previously planned life path, they ultimately accepted their pregnancies (along with their families) and wanted to have babies and continue with their lives as mothers. Although they felt unready to assume pregnant and unfinished the schooling yet, their pregnancies eventually were accepted by themselves and by their families.

Having covered the first general structure of this thesis, the next chapter presents the second general structure, illustrating the realisation of being pregnant.

CHAPTER 8: BECOMING PREGNANT

Introduction

This chapter presents the findings in relation to the second general structure of *becoming pregnant*, under which participants described their experiences leading to being pregnant adolescents.

Sexual awareness among adolescents was associated with emotionally involving sexual relationships among adolescents, who often cohabited in *de facto* conjugal relationships with their partners (outside marriage) prior to becoming pregnant, which increased the propensity and opportunity for sexual activities leading prior to pregnancy.

In these relationships, gender roles were reflected in an asymmetry of power on the part of male and female that influenced their sexual needs with regard to their consideration of contraception options. This is a result of the structure of the society that grants men superiority and relegates women to lower status in many cultures, which reflects the gender bias in Thai society. Consequently, females hold back from making decisions on their own sexual health protection, whilst male partners have the final word on most decisions related to sex and do not assume responsibility for unprotected sex or preventing pregnancy.

Additionally, participants themselves had inaccurate knowledge about contraceptive methods and lacked awareness of using contraception generally, which predisposed them to unprotected sexual encounters. When beginning sexual activity, adolescents are less likely to utilise contraception, thus increasing the risk of pregnancy
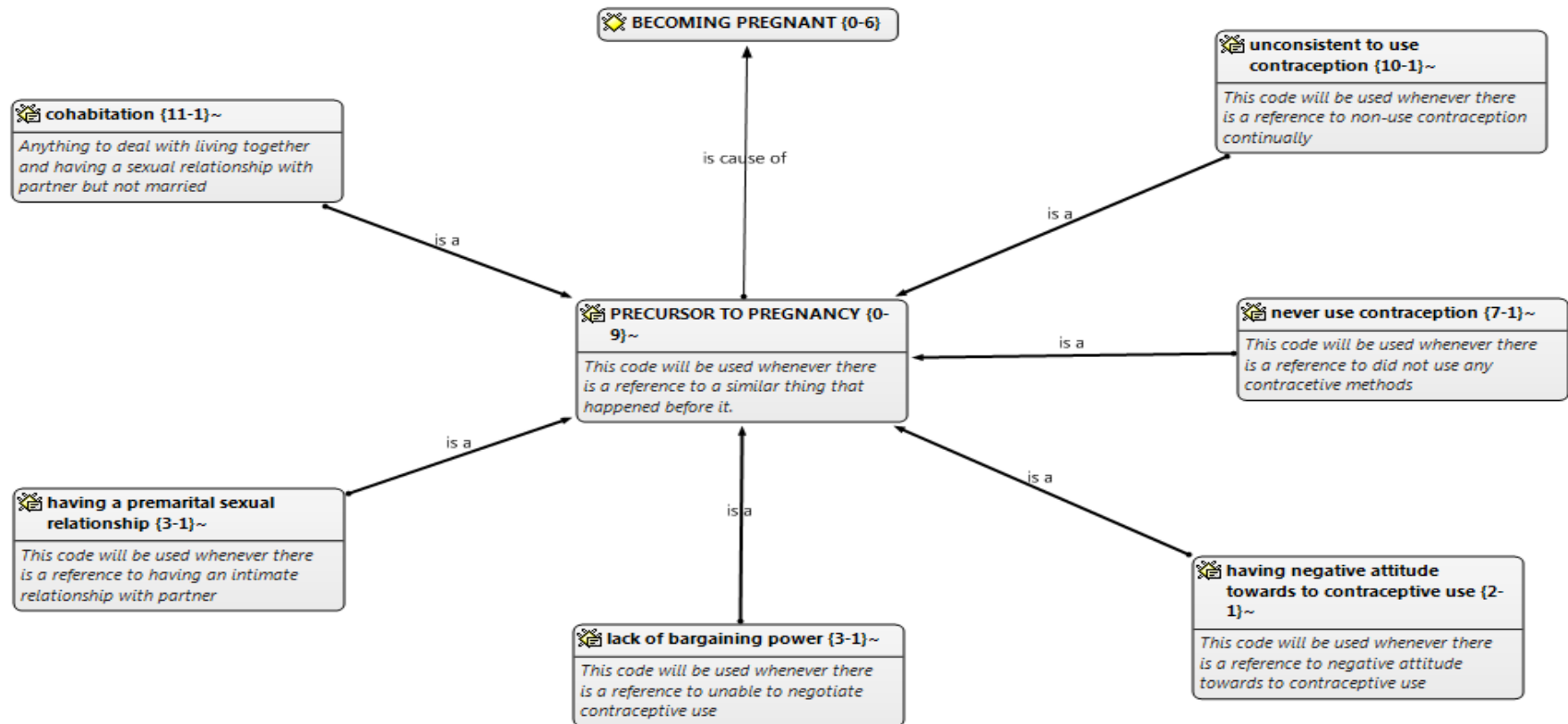
Figure 10: Becoming pregnant

Precursor to pregnancy

Cohabitation and having premarital sex

Traditionally, Thai culture disapproved of cohabitation before marriage for either adolescents or adults, because it was considered disgraceful and in contradiction to Thai tradition (Neamsakul, 2008; Ounjit, 2011), however cohabitation has become an increasingly common response to pregnancy. Male adolescents see cohabitation before marriage as normal, whilst female adolescents see marriage as being important in the opinion of adults (Ounjit, 2015). The rapid increase in cohabitation raises important concerns about its consequences for the institution of marriage and the lives of individuals involved in conjugal relationships. Adolescent cohabitation naturally increases the possibility and probability of sex intercourse occurring, thus increasing the chances of adolescent pregnancy. A large proportion of participants recalled being sexually active during cohabiting and reflected that most of adolescent pregnancy occurred outside of marriage. The participant was actually in cohabiting relationships before becoming pregnant, but she was not consciously aware of the connection between cohabitation and pregnancy:

> *I didn't know that I would get pregnant at that time. When I lived with my partner, I never used any method of contraception. So, I found out that I was pregnant when I missed my period [Min; SH05; 13:4]*

The image of premarital sex that arises from participants' accounts portrays a society where parents and family members occasionally accept adolescent pregnancy and relationships between female and male adolescents. This

relationship can allow adolescents to continue with sexual relations and become pregnant while in school. Many participants indicated that they engaged in premarital sexual relationships and voiced that their parents agreed to the adolescent lovers living in a relationship. The story of premarital sexuality sometimes recalled negative experiences concerning reflective regret that the sexual relationship had caused pregnancy:

> *I studied in Matthayom 2 [Grade 8]. I quit the school in the first trimester and moved to stay with my partner before I got pregnant. My parents didn't say anything since I stayed with my partner. I also returned to study in the second trimester… After I learnt I got pregnant, I thought I would come back, but my mum didn't let me return to study. I stopped for a long time [JJ; KH17; 25:12]*

Lack of bargaining power for contraceptive use

Gender roles play a huge role in the view of contraception for individuals and society as a whole (Campo-Engelstein, 2012). In the traditional asymmetrical gender division of roles in Thai culture, females can manage, be responsible for and own property, decide arrangements within the family, and provide for the daily requirements of family members, whilst males provide economic support for the family and make key decisions for family members, especially the wife's future (Chanthasukh et al., 2017, Chanthasukh, 2019, Mason and Smith, 2000). As a result of this general cultural pattern, it is difficult for female adolescents to negotiate when they have sex and which methods of contraception to use with their partners.

Gender roles are also one of factors influencing pregnancy rates among adolescents (UNICEF Thailand, 2015). Lacking negotiation power has influenced the ability to demand the use of contraception which is limited the options by male partners. "*Good girls*" which refer to female adolescents who access to education and avoid being seen in other risk behaviors are more likely to be the ones to become pregnant adolescents since the adolescent lack of sufficient knowledge and protection skills in engaging in sexual situations (Chirawatkul et al., 2012).

In this study, some female adolescents did not discuss contraception use with their partners in order to offer the impression of being innocent. As a result of this, the decision- makers for which method to use were male adolescents. They practiced contraception irregularly and thus risked unintended pregnancy (Vinh and Tuan, 2015). In this sense, the participants stated that they had chosen to forgo contraception in order to satisfy their partners and sustain their relationships. Indeed, they often simply decided to waive contraceptive use while having sex. This was reflected by these participants who felt powerless to control their partners' risky sexual behaviours and to negotiate the use of birth control pills or other means of sexual protection. One participant described how she felt when her partner did not to use any contraceptive methods and did not let her take birth control pills in the context of her being *"scared of him getting mad"*:

> *I was 14 years old at that time. When we had sex, we didn't use any*
>
> *birth control methods. My partner didn't let me take it. He [her*
>
> *partner] said if I took contraception pills, he wouldn't let me live*

with him… I didn't want to get pregnant. I would like to wait until I am older than now… He didn't say anymore, but he didn't let me to take them. I was scared of him getting mad. So, I didn't use any contraceptive methods [Wawa; SH09; 21:27]

Unfortunately, the decisions of contraceptive use among adolescents remain the prerogative of males. In this sense, one participant reflected that she obeyed her partner without question and was uncomfortable to discuss it with him:

I took birth control pills. My mum bought the pills to me….When I lived at my partner's house, we didn't use any method of contraception. He told me do not to take the pills. I then didn't take them. I missed the periods soon after [Pu; KH11; 5:121]

Lack of awareness of contraceptive use

Never use contraception

The majority of adolescents do not use contraception due to a lack of awareness and a fear of the side effects of pills. The most common misconception among many participants that led to their non-use of contraception was their *"not thinking"* that they needed to, and their belief that pregnancy would not happen to them. An example emerged whereby the participant recalled that when she started having unprotected sex, she did not get pregnant immediately, which she interpreted as evidence that future pregnancy was unlikely to occur:

I didn't think that I was pregnant. I lived with my first partner for7-8 months before broke up with him. During our sexual relationship, I didn't use contraception. After that I was on my own for about a

year. I had a new partner and moved in with him. I never used

contraception with the new partner either. I didn't think I would be

pregnant [Jun; KH20; 6:5]

The narratives from the participants showed that some of them had negative attitudes toward contraception, including their dislike for birth control pills and their side effects, of which they cited headaches, nausea, weight gain and moodiness. Consequently, the fear of such side effects led to contraceptive failure in some cases, resulting in unplanned adolescent pregnancy. The participant shouldered the bulk of the burden dealing with the negative effects of birth control in their health:

I didn't use any birth control birth method. I don't like to take pills

and fear the bad side effects of pills. I then didn't take contraception

pills and didn't use any methods [Boo; SH11; 18:54]

Inconsistent use of contraception

The inconsistent use of contraception was apparent in many cases where contraception was otherwise generally deployed, often due to forgetting to use it. Inconsistent contraception puts adolescents at risk for unintended pregnancy:

I took the everyday birth control pills [28 pills per pack]. I started

taking them about five to six months ago, but I forgot to take them

for about a week. I forgot to buy them. I thought I wouldn't be

pregnant because it was only a week [Jee; KH09; 2:57]

Conclusion

The majority of adolescent girls are more likely to become pregnant due to the fact that they lack sexual awareness, resulting in cohabiting with their partners and engaging in premarital sexual relationships. Socialisation into gender bias has the consequence of a power differential between male and female. Because contraceptive methods generally require male partners'cooperation, female adolescents need to be assertive to negotiate use if their partners are passive or resistant to it or withdraw contraception. Thai males are expected to be breadwinners who wield authority in their families, while Thai females are conditioned to respect their partners or husbands. Therefore, this can take away women's power in the negotiation of contraceptive use and they may be uncomfortable to discuss it with the partners as result of contraception failure.

Lack of awareness of contraceptive use is also strongly associated with increased risk of early pregnancy in terms of misconceptions about contraception. Disadvantaged adolescents are more inconsistent in their use of contraception, even when they do not want a pregnancy, and that they have more unintended pregnancies.

The second general structure of this thesis, *becoming pregnant*, presented the risk behaviours of adolescents related to contraception and caused a structural change in the lives of adolescents and their families, and it also featured experiences that gave maturity, greater responsibility and personal satisfaction in terms of the sense of becoming a mother, as explored in the following chapter.

CHAPTER 9: A SENSE OF BECOMING A MOTHER

Introduction

This chapter presents the findings in relation to the third general structure of a sense of becoming a mother, regarding which participants disclosed that their pregnancies incorporated their unborn babies into their own identities, the latter with regard to the nature of first-time motherhood as a life-course transition.

The preparation for the coming of a new life and the general health care implications of maternity were identified as needs among the participants. Early attention through promotion and stimulation of foetal brain development was seen as being a wonderful foundation for a solid future relationship. Although most participants' pregnancies were unplanned, the experience caused participants to claim be more insight of mature and to develop their emotional behaviours. They also developed attachment and realised an increased sense of responsibility as mothers.

The financial difficulty they faced made the participants more focused on finding a job, making money, and raising a child, including returning to school. 'Becoming a mother'was the expression most commonly used to refer to the process and implications of having a baby. In the context of becoming a mother, participants felt it was important to take care of themselves to ensure a happier and healthy life (for themselves as well as for their babies).

Starting a family was not only affected by *what* the participants had to manage, but also *how* they had to manage it. The pregnancy could also bring a new

understanding of what was important and essential in life and what was not, resulting in the forming of new values.
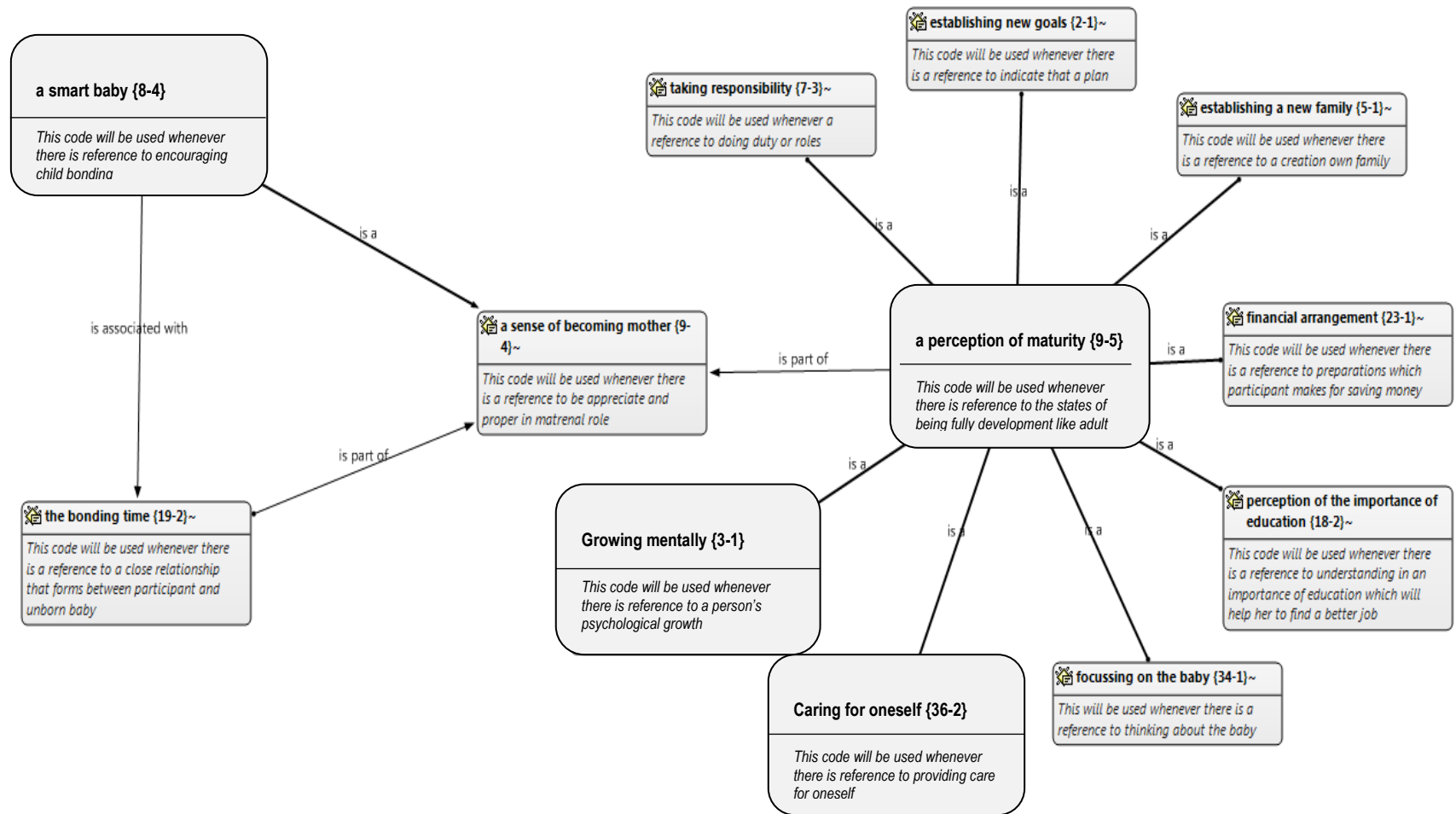
a smart baby {8-4}

This code will be used whenever there is reference to encouraging child bonding

establishing new goals {2-1}~

This code will be used whenever there is a reference to indicate that a plan

taking responsibility {7-3}~

This code will be used whenever a reference to doing duty or roles

establishing a new family {5-1}~

This code will be used whenever there is a reference to a creation own family

is a

is a

is a

a sense of becoming mother {9-4}~

This code will be used whenever there is a reference to be appreciate and proper in matrenal role

is part of

a perception of maturity {9-5}

This code will be used whenever there is reference to the states of being fully development like adult

is a

financial arrangement {23-1}~

This code will be used whenever there is a reference to preparations which participant makes for saving money

is associated with

is part of

the bonding time {19-2}~

This code will be used whenever there is a reference to a close relationship that forms between participant and unborn baby

is a

is a

is a

is a

Growing mentally {3-1}

This code will be used whenever there is reference to a person's psychological growth

perception of the importance of education {18-2}~

This code will be used whenever there is a reference to understanding in an importance of education which will help her to find a better job

Caring for oneself {36-2}

This code will be used whenever there is reference to providing care for oneself

focussing on the baby {34-1}~

This will be used whenever there is a reference to thinking about the baby

Figure 11: A sense of becoming a mother

209

A sense of becoming a mother

<u>The time of bonding</u>

Pregnancy is a period with many particular tasks, during which women undergo deep psychological change commensurate with fetal development. It is also a very significant time in self, during which women begin bonding to their unborn children; bonds developed between pregnant women and their unborn babies endure into the post-natal period, becoming the basis for attachment between the mother and her new-born baby, and indeed the lifelong bonds between mothers and their offspring.

The participants narrated how they formed a mental image of their unborn babies (i.e. as fully-formed, *born* babies), which in turn strengthened their bond with their fetuses as a result of engaging in healthy practices during pregnancy, such as adopting a healthy diet, promoting physical activity, and accessing antenatal care services. This can be seen in the psychological good health of participants being closely related to the ability to coach oneself in the maternal role:

> *I felt like I have a close bond with the baby.... I always think of the baby first. I avoid activities that can put me at risk. I also eat a lot of healthy food to nourish the baby. In other words, the baby is the most important to me [Da; KH16; 3:30]*

The bonding increases when fetal movements confirm the reality of the fetus as a living, autonomous being, and participants expressed their exhilaration about this during the second trimester of pregnancy:

I talked with the baby when it moves, and I touch my tummy. When I

skip my lunch, the baby moves a lot. It's like the baby is trying to

warn me that "I am hungry, and you should have lunch". I now eat

all day because I am often hungry. I eat when I'm hungry. After a

while I'm hungry again and I eat again all day long. Whenever the

baby kicks harder, I touch the tummy and tell it that it hurts. As A

result, it seems to be gentle as if it hears me. We always communicate

with together. I feel that it knows when I or my husband talks with it

[Ja; KH10; 4: 91]

The acceptance of the reality of the child and an increase in bonding was particularly precious for participants. The following exemplar disclosed that bonding increases after ultrasound examination and when hearing the heartbeat:

I felt the baby movements five to six times when I was having a meal,

but sometimes I didn't feel anything. The doctor said because my

baby was so small, I didn't feel anything much. I have to wait until

my gestational age is around five months so that I will feel the baby's

movements more. The doctor also told me about the result of

ultrasound test last time. This makes me feel happy that I know my

baby is alive [Fa; SH03; 10:86]

A smart baby

While becoming a mother was a fundamentally positive experience for participants, it entailed a heavy sense of being responsible. There are many activities to promote the development of fetal brain during pregnancy, as alluded to previously with regard to bonding, such as talking to the fetus, stroking the

bump, reading, or listening to music. These activities can promote vision, hearing, and the sensation of movement. The participants narrated that they communicated with their fetuses and stroked their bumps simultaneously during these communications. In this sense, becoming a mother gave them a person they could truly love:

> *I'm really happy whenever it moves. Sometimes I talk with the baby. When it stops moving, I'll ask if it's sleeping and once it moves again, I'll ask if it's awaken already. When I drank milk, I would tell it that I'm going to drink milk. It seems like the baby knows. When I'll go to see the doctor, I was told the baby as well [Gib; PH 08; 28:13]*

Prenatal stimulation techniques can encourage learning in unborn babies, optimizing mental and sensory development, and enhancing the child's development before birth. One participant recalled learning about the promotion of fetal brain development in vision and auditory stimulation after reading *an Antenatal Care handbook*:

> *When my baby bump is bigger, I'll read to my baby. I've heard that pointing a flashlight to the baby bump will help the baby's vision. I've read it in the antenatal care handbook. It says that when I'm about five to six months pregnant, I can point the flashlight to my baby bump and talk to my baby who will help relax the baby [Pu; KH11; 5:106]*

<u>Focusing on the baby</u>

Being pregnant women and becoming a mother brought some positive aspects related to the baby and seeking a source of comfort for the child and a source of meaning in their lives. The participants' stories emphasised the importance of the baby for them and how the baby brought meaning into their lives:

> *I feel that my baby is the most important now. When I think ahead about the future, I wish to be happy to focus on caring for my baby, being with the baby, and being a housewife [Fa; SH03; 10:68]*

Focusing on the baby for some participants induced a great sense of purpose and hope for a better life in the future, especially with regard to returning to education. While pregnancy in adolescence can often lead to a lack of confidence in the ability to predict future events, some participants were vigorously ambitious and career-minded about their future plans:

> *I think about the baby at first. I think if I spent my life the same as the past, how I will have money for the baby [Boo; SH11; 18:39]*

As discussed previously, the participants experienced social ostracism in some contexts due to their pregnancy; focusing on the baby could reduce a sense of loneliness and alienation sometimes felt by the pregnant girls:

> *I sometimes had to be alone in the house because they all went to work. It isn't my home….I can't wait to see my baby. When I have the baby, I won' t feel lonely. It' s like having a friend [Puy; PH07; 17:46]*

When a pregnancy occurs among young women, social stigma and feelings of guilt often cause pregnant adolescents to attempt to terminate their pregnancies. Conversely, focusing on the baby during the pregnancy journey became a source of meaning for their lives, which is evident in the following example of a participant who decided to continue her pregnancy because of her baby:

> *I only think of my baby. I've changed my thought. I want to live for my baby. My baby doesn't do anything wrong. So, why I have to harm it [Min; SH05; 13:28]*

The participants revealed their attempts to care for themselves as well and concern related to their babies, of whom they were fully conscious in all their personal undertakings:

> *The baby, if there's anything that I have done wrong, it would affect my baby, affect me. So, I become more careful with everything like going up the stairs and walking on slippery floors [Meen; PH11; 27:36]*

Having a baby also becomes a symbol of motivation and determination in terms of good health. As a result of this, the participants changed some behaviours in order to live healthily as much as possible and believed that being healthy is good for their health and thus for their baby's health. They also focused on the best for the baby in terms of health and improving their own healthy lifestyle choices:

I thought if I didn't eat enough food, my baby wouldn't be able to grow. Now I think of my child the most. If I'm not healthy, my child will not be healthy either…In the past, I didn't eat much but I eat more now. My mum told me that in the past I might eat a small amount of food and it was OK but now there are two of us and I need to eat more [Puy; PH07; 17:37]

The participants desired a different life for their children compared to their own lives, with improved opportunities and success in life. This could be viewed as proactive planning for their children, and a firm commitment to the concept of securing a good education for their children:

I want my baby to live in the better condition, not as difficult as mine. I want her to have a good education, at least graduate in grade 12 or grade 9 so she can get a good job and money [Fae; PH04; 9:49]

Buddhist karmic beliefs are deeply held among Thai people, who believe that *'good deeds'* (and avoiding *'bad deeds'*) support emotional health and are conducive to general good health and better life outcomes. In this study, some participants' stories emphasised wishes for babies to be born healthy and without disability in a karmic metaphysical context. The stories often related this, as in the following:

My aunt nagged me that I should go to the temple in order to make merits and to wish for a strong and healthy baby. I then make merits every Buddhist holy day and ask the Buddha for a good, strong and healthy baby [Ja; KH10; 4: 31]

Pregnancy is usually a time of preparing for the baby. Planning to buy baby things can increase excitement in anticipating the expected baby. Baby paraphernalia were sometimes purchased by pregnant women themselves as well as family member and friends, but many participants were affected by the traditional belief that buying baby things prior to birth invites bad luck – specifically the death of the unborn baby. Consequently, many participants waited until after giving birth rather than preparing the baby's things beforehand, because they believed that advanced preparation for the birth of their child would invite bad luck:

> *My family has traditional beliefs. They are afraid an accident for the baby. If I will buy anything, I have to wait until nearly giving birth. I afraid my baby can't live with me through eight months if I buy the baby stuff now [Prae; KH07; 7:45]*

A perception of maturity and growing mentally

<u>A perception of maturity</u>

A perception of maturity came with becoming a mother, with elevated responsibly and purpose placed on the pregnant adolescents, which profoundly affected their lives. Raising the perception of the maturity by controlling the emotions made them become self-dependent. Using reasoning, thinking, and listening to others can develop their motherhood abilities. A perception of mature role associated with pregnancy improved participants' perspectives on life and brought them satisfaction.

Making plans and having new goals

Some possibilities emerged for participants' lives and options. For some of them, they were galvanised in seeking a future career to support their babies, as an expectation for the future, an aspiration that could take them beyond the confines of their families and communities. Achievement of their career aspirations was mainly predicated on their wish to advance through their own decisions and personal effort, and not through relying on a partner to sponsor, authorise, or promote their projects.

The participants built their dreams, expectations, ideals, goals and life projects in a place that fell between I*: intend to*; *would like to*; and *plan to.* They planned to resume their studies and/ or work as soon as possible in order to have good opportunities and avoid anything lacking in their children's lives:

> *We [herself and her partner] left school in the same year, after we knew that I got pregnant. I graduated in Matthayom 5 [Grade 11] at the moment, so I plan to take a non-formal education. After that I am going to continue studying and find a job after giving birth [Boom; PH12; 29:35]*

For some participants, the financial consequences of providing for their children compelled them to seek an income, and economic aspirations forced the majority of them to work to help support their families financially, which tended to prevent them returning to school after giving birth. They would also get childcare support from their families while working:

> *I have to accept the reality. I want to go back to school. Studying may sound difficult, but it will give me a better career. However, I'm worried about my baby and my husband. He works hard for us. I cannot leave him just to pursue my dream. After the baby is born, we will find a job in Bangkok. My mother-in-law told me not to go back to school. She said we would be able to support each other. I planned to go and work with my partner after I give birth [Bee; PH14; 11:67]*

Taking responsibility

Motherhood confers upon a woman the responsibility of raising a child and home management. This process also changes the way in which she is perceived in society. Pregnancy led to a feeling of more responsibility, empowerment, and appreciation associated with the maternal role. However, the participants in this study doubted their abilities to manage their own responsibilities following pregnancy and as they became mothers.

The participants claimed that they would be able to manage all their responsibilities; according to them, they were mature enough to be responsible for themselves and to raise their babies:

> *I am becoming a mother. I'm a highly responsible person anyway. Having a child, I am more concerned about my living expenses, what to do more, and what to prepare. My partner's mum said you don't spend much when the child is still young. However, when the child gets older, there will be more expenses. I will work harder to save money. If my partner and I both work, we should be able to support our child. It's just a plan at the moment [Jun; KH20; 6:85]*

Perception of the importance of education

Pregnancy and becoming a mother were inspirations for some pregnant women to reenroll in or complete school and to pursue a career, despite adverse circumstance or difficulties associated with being mothers. Education was seen as a long-lasting investment that would always remain, and a means to get more highly paid jobs.

The participants did not finish their schooling because of their pregnancy-related absence, which made it difficult for them to find good careers and salaries. Therefore, many of them were aware of the benefits of completing their education and finding better employment for a more prosperous future for themselves and their children. This train of thinking among most participants illustrates that they continued to have aspirations and plans, to study, work and invest in the quality of motherhood because of their wish for an improved future.

One participant continued to attend school because she wanted to graduate and study at a higher educational level. The expectation of motherhood was motivational for this participant in her aims for educational attainment and achievement:

> *I will continue to study to be able to graduate. I don't want to quit studying. I feel I have disappointed my parents because I got pregnant. Therefore, I want to be more focused on studying, get a job, and make my parents happy…It will take me two more years to get a vocational diploma. Then, I would like to do a higher vocational diploma [Pu; KH11; 5: 110]*

Acknowledgement of the importance of education for obtaining a better career and ultimately providing a better life for the child was a prominent trope in participants' narrations, reflected in many of their accounts that disclosed a desire to return to school in order to obtain better jobs and higher salaries in future. In this sense, motherhood was a motivation for future goal-seeking behaviour, mainly relating to education and career goals as means to the aspiration of a better life:

> *It would be good for our future. I want to finish Mathayom 6 [Grade*
> *12] so that I can find a better job than what I am doing now. I will*
> *have better job opportunities. At the moment, because I don't have*
> *high education, I can't choose jobs. If I have a good job, I will have*
> *a better salary [Da; KH16; 3:33]*

The participants received support and encouragement from their families to return to school with a view to improving their own lives. The following is an example of a participant who wished to return to school because of parental influence:

> *I also want to have high education because I would like to have a*
> *good job. It was good…She [her mother] loves me and feels anxious*
> *about me. Although she didn't tell me what she wants me to do, I will*
> *do everything that made her has happy. I think that I will make my*
> *mom proud. For example, if I got certificated in high school level, I*
> *will find a good job to make money for my baby. This might lighten*
> *the load my mom in the consumption, especially my baby's stuff*
> *[Young; KH08; 1:63]*

Caring for oneself

Becoming a mother changes expectations and responsibilities related to roles, with a new situation inducing changing behaviour and lifestyles related to self-efficacy and autonomy, referred to as caring for oneself. The participants were motivated to engage in healthier behaviours, such as eating nutritious food. They also attempted to find a variety of ways to care for themselves, such as listening and asking questions about self-care, searching from the internet, and reading pregnancy guides, as well as receiving advice from other people around them.

The participants shared their experiences of self-care during pregnancy. Healthy eating and good nutrition for pregnancy were provided for their own health and well-being, which they knew could affect their babies' health later in life. Additionally, they knew that some food and beverages could be harmful to fetal health, and that they should be avoided:

> *I took care of myself during pregnancy more. Some people said if I take care of myself as well, I and my baby will have a good health. I then have healthy food, for example, eating healthy food, taking supplement medicines, having rest adequately, and avoiding lifting heavy stuff and working hard. I would like my baby to be strong and has a good health [Nan; PH01; 22:34]*

Health care providers played an important role to provide more information or suggestions for pregnant woman. The following participant recalled receiving practical advice from multiple health team members (e.g. physicians, nurses, and pharmacists) while accessing the Antenatal Care Service in the hospital:

> *I got some specific practical advices on pregnancy from a variety of people. So, I followed their suggestions such as special diet for pregnant women or eating five well-balanced meals each day, avoiding exposing myself to second-hand smoking, and taking prenatal vitamins every day. I feel great while taking good care of myself and my baby. A nurse also suggested me to observe the first fetal movements, but I was not sure what I was supposed to feel. It feels like a fluttering feeling [Fa; SH03; 10:77]*

Another participant got information about caring during pregnancy from various sources, such as training courses and advice from the doctor, and she expressed that she followed these suggestions. She also sought information from the internet by herself:

> *There are some training courses such as exercise for pregnant women and some books. I followed the instructions. However, I may not be able to do it anymore as my tummy is getting bigger. The doctor gave me advice on what to eat. He also told me about baby's development and what I should do to stimulate child development. I follow the advice. Today, I looked up on the internet to see the baby's development chart. For example, I am now 22 weeks pregnant. The baby started to hear things so I should put some music on and talk to the baby [Jun; KH20; 6:90]*

Financial arrangement

Financial arrangement refers to plans or preparations for major purchases or repayments. The new sense of responsibility associated with motherhood

included consciousness of the importance of being financially able to provide for the child. Many participants stated that they planned to save money in order to pay for education and for the needs of their children. They reflected the idea of saving money and thinking about what they have to pay for:

We [herself and her partner] planned to save money for our child. We have to continue saving because we don't know how much we need. Especially, when I give birth, I have to spend a lot of money. This is my first pregnancy. I don't have any baby stuff. I have to buy baby clothes. I have thought what I have to buy [Da; KH16; 3:36]

Establishing a new family

One participant disclosed the expectation of establishing her own traditional families. Being pregnant and becoming a mother was viewed as something that spurred her to be mature and to take on commensurate responsibilities associated with the traditional matriarchal role:

I would like my child to get the warmth from our family. I would like to have my own family. I think I'm mature but in my parents' view, I was young because I still ask them for deciding and I don't have authority to decide by myself [Wawa; SH04; 20:50]

Growing mentally

Participants felt that the experience of adolescent pregnancy increased their emotional maturation and stimulated mental growth. One participant recalled recalibrating her cognitive framework toward looking ahead, having plans, and taking responsibility:

I think I'm growing up and my mind changes everything. When I was an adolescent, I only like to have fun. But now I am going to have a baby. I must think in the future and takes more responsibility. I also have to plan what I have to do next [Nan; PH01; 22:84]

Conclusion

This chapter presents participants' experiences of becoming a mother and the issue of pregnant adolescent's identity in the transition to motherhood. During the period mother-unborn baby bonding, maternal instincts were reported to become very strong, which was reflected in many participants happily fostering their relationships with their unborn babies. Becoming a mother caused the participants to have close relationship with their unborn babies, which was increased when they experienced fetal movements. Common ways for the participants to promote a smart baby included talking to the fetus, stroking the bump, reading books, or using a flashlight, which they felt created a positive bond between themselves and their babies.

Becoming a mother carried numerous positive associations for participants and preparing for child rearing increased their sense of maturity, symbolising their inspiration and determination. There was a notable reluctance to prepare 'baby things' due to the belief that this invited bad luck for the unborn child.

The pregnancy experience caused also participants to feel mature enough to be adults as a result of the need to set goals and to have plans for the future, including to take responsibility. The importance of education and a career was also evident to them, and they frequently referred to their desire to improve their material situation in the long term with regard to the need for further education (e.g. returning to school). Participants were clearly desirous to develop their potential as individuals and were keenly aware of the importance of career options for long-term life prospects for themselves and their babies.

A growing family is a good reason to start budgeting. Financial management can provide security and promote family well-being. Starting a family was affected by how participants managed their finances, in terms of how they saved, spent, and invested, and what they had to manage.

Becoming a mother was felt by the participants to promote their mental health, and an inner change occurred when they were taking a new path in their lives.

The third general structure of this thesis, *a sense of becoming a mother*, illustrated life goals in terms of maturity, responsibility, and developing skills and gaining confidence in being a mother, and it also featured experiences involved in receiving support from the family, as explored in the following chapter.

CHAPTER 10: THE VALUE OF A FAMILY

Introduction

In the last general structure, *the value of a family*, participants described the meaning of family in and its role in giving purpose to their lives. The family was found to be a crucial influence on pregnant adolescents' lives. Some participants expressed how they themselves felt loved by their parents and partners. Although some parents were initially described by the adolescents as being disappointed or angry, they ultimately accepted and cooperated in their daughters' pregnancies.

The results of parents accepting the pregnancy and becoming a mother not only enabled the participants to grow and mature, but also empowered them to overcome the life crisis they faced. As a result of pregnancy there were changes in family relationships, and most participants found that their family relationships improved over the course of pregnancy, after the initial shock period.

The relationship between the participants and their own mothers was the closest and most beneficent in several cases. Their own mothers were cited as a major source of support during the pregnancy and they often advocated for the participants within their wider families. The family structure and relationship within the family were important for the evaluation of the family and overall life satisfaction and closeness.

Generally, a fractured relationship within the family for some participants was initially described as hurtful. However, they finally healed the breaches and

estranged family members were brought together. Family dynamics influenced relationships, behaviours, and wellbeing. The impact of family dynamics on a young people's self-perception concerning their role was related to the driving forces resulting in engagement in employment.

Parental acceptance of the daughter's pregnancy offered to pregnant adolescents conferred extensive and palpable support, which was essential to help them throughout their pregnancies. Providing palpable support by the family included material and emotional support.
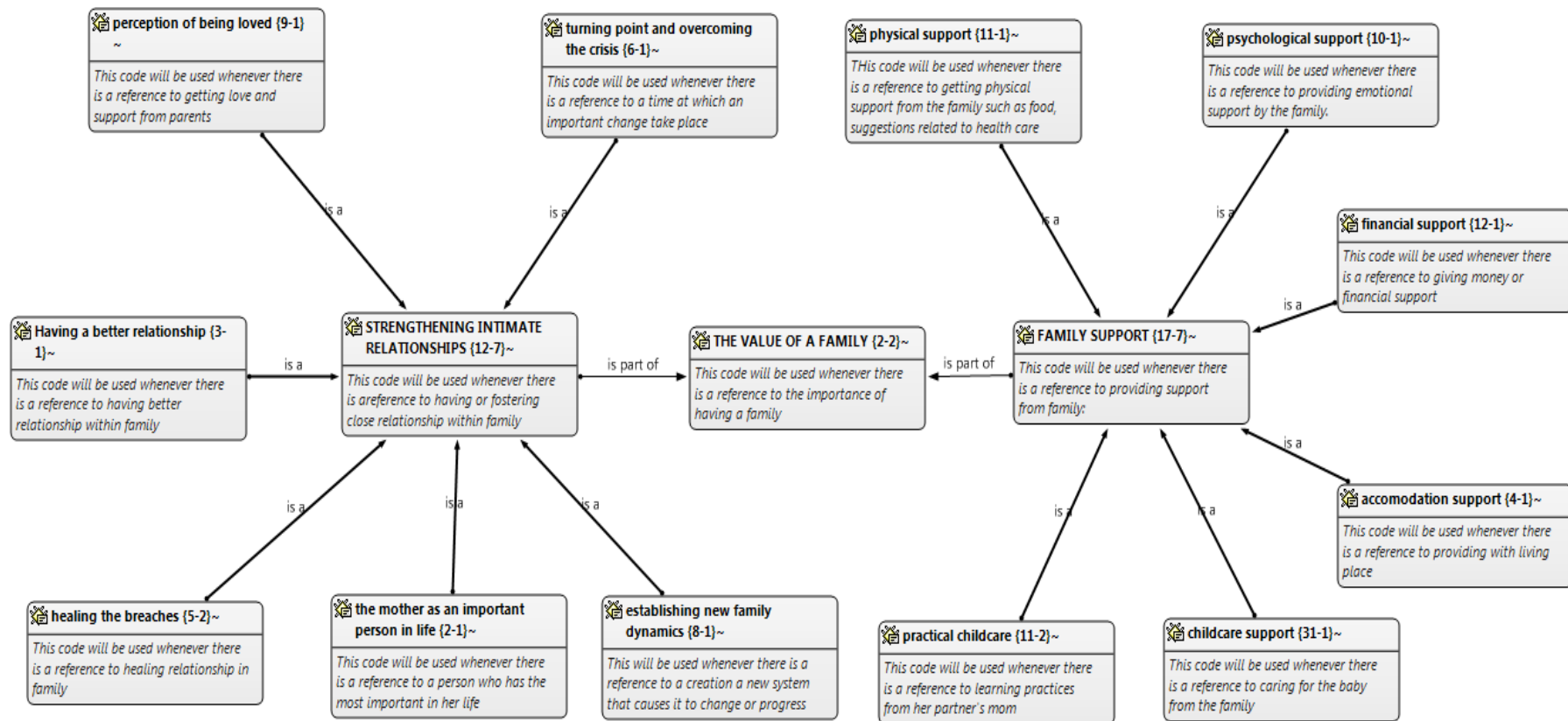
Figure 12: The value of a family

Strengthening intimate relationships

Thai society is generally constituted on family traditions in a holistic, family-centred approach, which prioritises respect for the elders. Thai people are more likely than people from more individualistic (e.g. Western) cultures to have an interdependent view, by which they define themselves through their connections and relationships with others (Neamsakul, 2008). A picture of strong family relationships clearly emerged from participants' experiences as a positive element in adolescent pregnancy. This was highly value and acknowledged, including permanency and love.

The perception of being loved by family

In Thai culture, Thai families value maintaining connections very highly. This can be seen in the intimate relationships between members, all of whom seek to resolve individual problems collectively. The participants reported being initially shunned by their parents, due to the perception of shame, but the same parents subsequently became very loving and supportive. They also expressed how much they loved their parents and their partners:

> *I told my parents about my pregnant. They forgave me. This is because they love me. My family is very close. We discussed and consulted each other all the time. My parents understand their children. I think the family who loves and understands each other is a happy family. So, when we have some problems, we will help to find the solutions and we will overcome the problems [Nan; PH01; 22:41]*

<u>Turning point and overcoming the crisis</u>

Receiving support from the family can create a positive impact on the pregnant adolescents and can distract them from having negative interpretations towards life. In other words, getting family support motivated a positive change for many participants in this study. They viewed pregnancy as an impetus for family support and an encouragement to overcome the crisis in their lives, as described below:

> *I am now happy with my life and I feel that I have been taken care of by my family and my husband's family. I have passed a life crisis. Although I wanted an abortion at first and it failed and I then decided to keep the baby, my family, especially my husband, is now happy and is waiting to see my baby's face… Although many people have helped me and given me a lot of suggestions, I think because this pregnancy was unexpected, I had to go through a lot to overcome this crisis [Ja; KH10; 4:96; 4:94]*

<u>Having a better relationship</u>

In this theme, participants stated they were well-supported, and their pregnant status was accepted by their families. Gestures of acceptance were expressed through caring, support, and understanding, which are considered the family's strongest influence. The participants expressed that the pregnancy was a catalyst for a change in family relationships:

> *I feel I have a better relationship with my parents. Although I know that my parents were disappointed that I had to quit my study*

because I got pregnant, they forgave me and took care of me

[Bee; PH14; 11:80]

The mother as an important person in life

Strong support from the family is a helpful resource for promoting a successful transition to be a mother, especially the role of a mother's parents in covering some costs of living and providing childcare support. Most participants expressed that their own mothers were the most important people in their lives and were the first people they thought about and confided in about their pregnancy. They also reflected that pregnancy gave a new perspective on their relationships with their own mothers, as exemplified by the participant:

My mum is always the first person whom I think of whenever I have

a problem. She is the one who knows everything about me and my

problems. She always helps me. It would have been hard, if I didn't

have her, especially when having a baby [Jay; SH08; 14:20]

Healing the breaches

Adolescent pregnancy can damage relationships within families if it is unaccepted by the parents. A few participants had fractured relationships with their parents when the latter were initially informed of the pregnancy. Such situations were difficult, but the relationships healed in the first trimester of pregnancy. In this sense, being pregnant and becoming a mother were positively transforming events that not only brought families together and healed the breaches, but also led to the transformation and improvement of family dynamics:

My dad didn't talk to me, but he talked to my partner. At the end of the day, he told my mum "whatever will be, will be. Let her come home". After that, he began to talk to me again [Meen; PH11; 27:8]

Establishing new family dynamics

Family dynamics are influenced by the family structure and how the family members are related to each other (e.g. the personality of family members, cultural background, values, and family experience). Family dynamics involve exploring how a dynamic may be functional within the family system or how a particular behaviour can be reclaimed in a positive light. This can help many pregnant adolescents overcome their difficulties and help them get back on track.

In this study, both participants and their partners came to have a particular role in the family, often related to working in the family's business. This can influence family members' expectations and how they behave:

We worked in construction with my partner's uncle and aunt in Rayong Province. The job is well paid. My partner and his mother work there. They gave me money to set up a grocery store. Therefore, I could earn some money and save it for my baby [Mine; SH07; 16:38]

Family support

Support refers to the perception of being supported by parents and other family members, which is concrete proof of the acceptance of being pregnant. Once parents accept their daughter's pregnancy, the support they offer is considerable. The support could be categorized as physical, psychological (emotional),

financial and accommodation, and childcare related. Various forms and degrees of support are received from parents in these dimensions, which enable them to cope well with the transition to parenthood, such that they are keen to point out the benefits of early motherhood, particularly in emphasising the fact that they did not experience motherhood to be a terrible event due to the support they received.

Physical support

Physical support is a significant support for pregnant woman received from their families, in terms of providing everything from healthy food to advice and encouragement as well as accommodation. Most of participants lived with their families, especially extended families, thus the main physical support they received came from their own families. In this sense, the family provided information about healthy food:

> *My parents and my grandmother took care of me better than the past. They found some food for me and asked me "What would you like something else?" They advised me when I ate some food that was worthless. My grandmother also bought milk for me [Prae; KH07; 7:19]*

Psychological support

Along with partners, parents are a primary source of emotional support for pregnant women. Many participants in this study reported that their parents played an important role in their emotional support, including providing advice on dealing with problems, and generally discussing issues and options with them

234

and comforting them. Family emotional support facilitated the effectiveness of strategies for dealing with stress:

> *My parents also supported me. They cheered me up when I felt depressed. They also asked me what I wanted to eat or whether I wanted anything special. I didn't want anything… My mum told me to be patient and not to get stressed. It really got me through the problems. I felt there was no way out when he dumped me and disowned his child [Pu; KH11; 5:85]*

Financial and accommodation support

Financial support

Family support played a crucial role emotionally, practically, and financially in the everyday lives of pregnant adolescents, usually from their own parents but also from other family members. This was a common occurrence, enabling the pregnant adolescents to make a transition to the maternal role. Many participants recounted that their parents were supportive in providing financial support, as described by these participants:

> *My dad supported me financially without telling my mum. About a month after that, I called him again to ask for some money. My dad came to see me. Unexpectedly, my mum came as well. She said she wanted to give me some money [Bee; PH14; 11:28]*

Support for accommodation

In Thailand, a common residence pattern both for urban and rural households is the family compound, wherein the couple may build an independent house within the same compound, if space permits.

In some families, the participants still lived in their own houses and their partners moved to live with them with their parents' permission, in order to facilitate optimum care for the participants during their pregnancies:

> *Both families permitted to have an informal wedding. After that, my partner moved to live with me in my house... After he knew I got pregnant, he didn't go to party. He worked hard. He didn't take care of me in the past but now he takes care of me as well [Prae: KH07; 7:14]*

Childcare support

Practical childcare

Several participants had little knowledge about postnatal childcare, and they were concerned about how to take care of their babies. Although some of them displayed a range of experiences in childcare, including those related to pragmatic everyday activities (e.g. raising their younger sisters or brothers, relatives, or other children), they still worried about how difficult it could be to raise a child. As a result of this, the participants were keen to learn how to care for their babies. They would definitely have to depend on their own mothers for all the related information and practices. Their own mothers were considered as a central to childcare support, as an exemplar:

I have to learn from my mum because she used to take care of me when I was young. She will help me after I give the birth because I don't think I know what to do. After my mum teaches me how to take care of the baby, it will be easier. This is what I am thinking now. However, as I have never done it before, the reality might be completely different [Pu; KH11; 5:43]

Taking over childcare

Extensive childcare support was provided by the family, which could minimise disruptions to the lives of the pregnant adolescents. Typically, there was a family member who looked after the baby in the absence of the adolescent mother. In this study, many participants stated that their mothers would help them raise the baby when they decided to return to study or to work, as explained by one participant:

Once I give birth, I will live in my mom's house and she will help me take care of my baby for about two months. I would like her to help me. His parents will care for the baby after I return to my partner's house. I would like my mum to help me care for the baby when I have a postpartum care, lying near the fire after childbirth [Ann; SH09; 21:16]

Apart from the primary support the participants received from their own mothers, their grandmothers also played an important role in childcare support for many:

My grandmother is the first person whom I think of. She offers to help me care of my baby. She raised me since I was young so that I am very close to her. She is very kind and she doesn't beat me or scold me much. So, I will ask her for help [Fa; SH03; 10:15]

The findings of this study clearly demonstrate that good family support enabled participants to have positive experiences of becoming a mother, which contributed to feelings of acceptance and optimism. For some, adolescent pregnancy and becoming a mother brought them closer to their families, particularly their mothers and female siblings, and they valued having a child whom they loved and who loved them back.

Conclusion

The last general structure of this thesis, *the value of a family*, presented the nature of the relationship throughout the support that is offered by the family. The relationship between parents and their pregnant daughters occurred in the social world, the realm of powerful emotions in realistic scenarios in which humans coexist, are understood, and are loved, and intimate relationships were ultimately galvanised by the pregnancy experience, following the initial shock of disclosure. The situation of adolescent pregnancy disrupted the lives of the mothers and their families, all of whom consequently remodelled their life plans and reflected on their experiences and prospects. This was seen in some fundamental and serious changes in living situations to overcome the life crisis.

Having a primary supporting figure could help make the pregnancy a better experience. In reflecting on the experiences of pregnant adolescents, the main support they received was from their own mothers, with whose extensive facilitation and care in numerous respects mitigated potential negative impacts on the course of the lives of the pregnant adolescents (although many participants were from latently disadvantaged socio-economic backgrounds anyway).The nature of informal childcare and grandparents' role was often assumed mainly by the participants' own mothers, who became centrally important assistants and enablers for many participants, including in terms of practical advice and actual help with childcare.

The experience of adolescent pregnancy in some cases brought families together and healed their breaches. The initial disclosure of pregnancy often resulted in horrendous experiences, recalled by participants in terms of the image of parents

being hostile to their adolescent daughters' pregnancy, which they viewed as emotional abuse, being unsupported, and feeling alone. However, they were ultimately well-supported and received approval from their families. Reuniting estranged family members caused the pregnant adolescents to appreciate their families with renewed vigour, exposing how much their family members loved them and how they valued their families in turn.

As pregnancy has significant financial implications, the family plays an important role in the economic dimension, including finance, work, childcare, and the provision of accommodation. The evolution of family dynamics is a pattern within the family to impact on issues held within the relationships in the family circle. Socio-economic factors play a major role in how family dynamics are established, with financial factors having reciprocal impacts on family dynamics (i.e. financial factors affect family factors, while family factors also affect financial factors).

The numerous forms of support given by family members to participants caused structural changes in the lives of the pregnant adolescents and their family members, which also featured experiences reflecting the needs of care in the life cycle. Families greatly subsidised the needs of pregnant adolescents in terms of their physical and physiological (i.e. nutritional), psychological (emotional), financial, accommodation, and childcare needs during pregnancy and after childbirth.

A comprehensive understanding of these dynamics in the adolescent pregnancy experience is essential in order to appreciate that experience, as discussed in the next chapter.

CHAPTER 11: DISCUSSION

Introduction

The previous chapters have provided an in-depth account of the particular nature of the Thai pregnant adolescent phenomenon. In this chapter the key findings from the research are considered within the context of the wider literature. The study identified four key themes and each of these alongside the implications in terms of gender power imbalance, identity and culture, the meaning of family, and transition to adulthood which will be considered in light of the original research question.

Gender power imbalance

A significant contribution to the knowledge about pregnant adolescents' experiences by this study is that, pregnant adolescents undergo a period of developed tasks which is filled with the perception of gender power imbalance. The term *"gender power imbalance "* was originally employed by the participants to describe their sense of difficulty about negotiating contraceptive use. These experiences are not often discussed in great detail in the existing literature, especially in Thailand, and limited research refers to the importance of gender roles which influence prevention in adolescent pregnancy. For example, a report situation analysis of adolescent pregnancy in Thailand by UNICEF (2015) revealed that gender role is one of several factors influencing adolescent pregnancy rate. This report illustrated that girls lacked negotiation power to require contraception use. Some of them had limited options to decide what happens to them after they became pregnant. Increasing knowledge about factors influencing adolescent pregnancy rate and associated outcomes of adolescent pregnancy was suggested by this report to understanding the problem of rising adolescent pregnancy rates in Thailand. However, the voices and aspects of adolescents have been underrepresented.

The influence of gender roles on sexual and reproductive health that became apparent in this study may be presented in terms of existing gender power imbalance and the assumption that males had higher social status than females. This study also revealed that gender roles still play an important role in decision making about contraceptive use. As a result of this, Thai men had more power than women concerning whether to use contraception. The participants were not

permitted to use contraceptive pills by their partner; despite attempting to protect themselves from conception their choices were not respected. This pattern was widespread in terms of women lacking power to negotiate the use of sexual protection, which exposed them to conception.

This finding was also echoed in studies by Chanthasukh (2019) and Mason and Smith (2000) who presented that the female adolescent plays the role of 'wife' with the latter being expected to obey their partners' contraceptive preferences as well as being expected to take responsibility for birth control. In this sense, culture could influence one's decision making about contraception. Their research also suggested that preventing unintended pregnancies should be re-considered and re-constructed with regard to male-related social values in Thai society. If female adolescents use examples of the negative consequences of pregnancy on future lives to negotiate with their partners using contraception, this could be an influencing factor dictating both female and male adolescents' decision making. Therefore, they are likely to use body ownership to negotiate contraceptive usage which can control their own reproduction.

Gender norms also influenced adolescents to ignore reproductive health and sharing responsibilities in relationships (Chanthasukh et al., 2017, UNICEF, 2015). In this sense, while young females are discouraged from seeking information and services about reproductive health, they have to shoulder the responsibilities of pregnancy prevention. Nonetheless, young males are discouraged from sharing the burden of pregnancy prevention and parenting. This can be seen in the study where some participants reflected that they had to

seek contraceptive methods by themselves and were faced with side effects of pills.

Identity and culture

The findings illustrated in this study, as described in the previous chapter, presented that being a pregnant adolescent and becoming a mother is not as simple as an adolescent and a student. Adolescent mothers experienced the dual challenge of moving from being adolescents to their identity as becoming mothers (DeVito, 2010). The identity of pregnant adolescents and parenting usually included maternal role and adolescent role as well as hope for the future. Therefore, being an adolescent and a mother was not only seen as hardship, but also as being positive alterations. However, although participants in this study immediately reacted that they were not ready to be mothers, they developed to a feeling of becoming a mother.

The theory of maternal role attainment recommends that women's initial preparation during pregnancy can assume a maternal role (Rubin, 1984). A noteworthy consideration at this point, is that, while the participants accepted changing into a maternal role, the focus of their discussion continually returned to the experiences as adolescent women. Becoming a mother was seen by the participants to be a generally accepted maternal role, which led to preparing themselves before delivery. Many participants were unprepared to take on the demands of parenthood so that they need extra coaching and support in order for coping with new motherhood. They relied on their own mothers or grandmother to assume primary responsibility for practical childcare and child rearing.

In traditional Thai culture, adolescent pregnancy outside marriage was associated with negative labeling of female adolescents and their families as irresponsible and immoral (Neamsakul, 2008). It is also seen as a culpability and could impede the gendered expectations in fulfilling cultural prospects of a Thai family as a good daughter (Sa-ngiamsak, 2016). In this sense, pregnancy in adolescence turns into being stigmatised in Thai culture and is viewed as problematic and a serious social problem (Neamsakul, 2008). As the identity of Thai people is largely dependent on their *'face'* and their position in relation to others in society, it is argued that pregnant adolescents are sensitive to being personally shamed by the words and gestures of people around them (Neamsakul, 2008). Therefore, for preventing shame, some of the participants in this study concealed their pregnancies by dressing styles, pursuing normal daily life, and evading related questions, but they ultimately had to disclose their condition.

Many previous studies presented similar findings, including that Malaysian adolescent mothers tried to hide their pregnancies from their families, friends, and teachers in several ways such as wearing loose clothes, avoiding direct notice of body changes, or refusing to answer questions related to pregnancy (Saim et al., 2014). A study in the United States by Dalton (2014) reported that all adolescents seek to keep the pregnancy secret for as long as possible from specific people around them. Even in conventional pregnancies mothers and couples choose to disclose the pregnancy at certain times and to certain people rather than making a full and frank open declaration, but due to the fear of their families' reactions, many adolescent mothers keep their status as a deep secret as long as possible.

The result of stigma in adolescent pregnancy is recently still in Thai culture and it can affect participants' lives, particularly in the initial of pregnancy or the first trimester. This can be seen in the participants' stories that they kept their pregnancies as the secrets and quietly left the school when they knew that they became pregnant. Additionally, the negative response such as gossip from people in community was seen as public criticism. Avoiding shame for some parents' pregnant adolescents was reported as a failure of family relationship and that the parents pressured pregnant adolescent into early marriages instead of giving priority to education. Some participants in this study were permitted to have marriage in order to deal with the stigmatisation in the society. They reflected that their parents believed that marriage could make the community have acceptance adolescent pregnancy. This is in line with a study of Neamsakul (2008) included that having a traditional wedding ceremony was to save face for the family and to follow Thai tradition. This could help adolescents and their families to receive acceptance the pregnancy and forgive making mistake from the community. Notwithstanding, one of the significant results for Thai unmarried pregnant women was being forced to marry in order to conceal their pregnancy (Ounjit, 2011). This can be seen that pregnant adolescents are forced to marry due to social pressure by the violation of the ethics and traditional society.

However, adolescent pregnancy is now more accepted in Thai society than in previous times, including in the family. Similarly, Sa-ngiamsak (2016) recorded that financial burden and an uncertain future were the major concern for adolescent mothers, rather than the cultural negative attitudes towards to adolescent pregnancy. This was because these participants faced financial

246

problems without social welfare support. The findings in this study indicated that the situation is not as bleak as might be assumed from this traditional paradigm. In the view of several participants, the dominant social discourses on adolescent pregnancy have changed as a result of the dynamic social environment, and the participants thought that the public would be more willing to accept them that is the accepted in the traditional values in the North eastern of Thailand. Acceptance from the adolescents' families led them to continue the pregnancy, including positive responses from both families (Sriyasak et al., 2016).

Many participants came from a culture where embedded gender roles and practices support early orientation towards motherhood and childbirth, a finding similar to a study in Africa by Gyesaw and Ankomah (2013) which reported that the sense of identity and purpose following motherhood may be seen as a reward of being a mother and as a female duty and responsibility. Hence, these participants resolved to continue the pregnancy because they felt they had responsibilities for the basics of the infant's development.

With regard to Buddhist ontological beliefs, the participants articulated the feeling that they thought that the baby wanted to be born with them. This can reflect about the nature of life and the spirit. Additionally, the concept of the sin of taking life caused participants to fear the further consequences of attempting to terminate the pregnancy (Neamsakul, 2008, Sriyasak et al., 2016). Two studies in Thailand by Neamsakul (2008) and Sriyasaket al. (2016) supported that abortion is anathema to the majority of Thais, who are devout Buddhists, believing that abortion constitutes the destruction of human life, and is a serious sin call '*bap*'. In this study participants decided to continue with their

pregnancies due to an interrelated combination of factors, chiefly the normative belief in the sacred nature of the unborn life, fear of undergoing an illegal abortion, and the acceptance and support they received from their families, particularly their parents.

The socio-cultural context also influenced the phenomenon of adolescent pregnancy in terms of Buddhist religious beliefs and practices as well as traditional beliefs in being cautious during pregnancy (Liamputtong, 2005). For instance, performing overtly religious activities included prayer, going to the temple, and doing good deeds (e.g. giving alms) and supplicating for their babies to be born healthy and without disability. The participants in this study had various beliefs related to pregnancy and delivery. This can be seen in some of them making a merit in order for gaining a positive outcome of pregnancy without any complications.

In strong cultural belief, preparing things for an unborn baby in advance potentially will cause the death of the fetus (Liamputtong, 2005). This can be seen in most of participants who were not allowed to prepare baby things before giving birth, although they received suggestions from health care providers. These beliefs influenced what they could and could not do. It seems that, in Thai culture, traditional beliefs and practices clearly object to protect the life and well-being of a new mother and her baby. Currently, although women obtain care under modern obstetric regimes and have associated with medicine, most participants obtained dual sources of medical and cultural knowledge (Liamputtong, 2005). Thai society still prizes traditional values, especially in rural areas, and having a sexual relationship outside of marriage is generally

considered taboo at best, if not utterly disgraceful. Premarital sex was traditionally viewed as a negative social phenomenon in most societies, including the West, associated with numerous disruptive social and spiritual impacts. One of the most obvious negative experiences of having a premarital sexual relationship is unwanted or unplanned pregnancy, and many participants retrospectively viewed their sexual curiosity with regret.

Participants in this study and their partners were not consciously aware of the connection between cohabitation, sexual relations and pregnancy. Curiosity in sexuality refers to the romantic and physical sexual drive that ultimately causes adolescent pregnancy in a functional sense (Pogoy et al., 2014). The desire of closeness drives the search for romantic relationships with partners. Therefore, the adolescents were willing to give everything to their partners, with love (Pogoy et al., 2014). As noted by Azmawaty (2015), the stage of adolescent life in general is associated with risk-taking behaviour and lifestyle experimentation, which led some participants to engage in sexual experimentation. Gyesaw and Ankomah (2013) supported that having premarital sex essentially causes the pregnancy crisis of unwanted pregnancy.

The meaning of family

Generally, a Thai family in rural areas is an extended family. Although daughters are married, they always live with their parents. Therefore, there are more than two generations living in the same house (Sriyasak et al., 2016). This study highlighted that the majority of the participants lived with their own parents and their partners moved in to live with them to help take care of them, while some of them moved out to live with their partners' families due to problems in family dynamics with their own parents or through personal preference. Changes in residence for these participants who moved to live with their partners' families after becoming pregnant can promote a close family relationship with this secondary family nucleus. In the same vein Neamsakul (2008)'s study reported that the majority of Thai adolescent mothers lived with or lived near their own family or partners' family. These are close to their family and love or respect their parents. This study clearly illustrated that the participants were well-supported, and their pregnant status was accepted by their families. Gestures of acceptance are expressed through caring, support, and understanding, which are considered the family's strongest influence. The participants also expressed that the pregnancy was a catalyst for a change in the family relationship. For these participants, adolescent pregnancy conveyed a sense of close-positive relationship to their families, particularly parents and they appreciated a close bond with their unborn babies.

Being pregnant and becoming a mother were viewed as encouraging participants to be mature and also to take on the responsibility, including establishing their own families. Sriyasak et al. (2016) pointed out that adolescents experienced

changing role expectations and responsibility, and they coped with their new situation by changing behaviours, working and saving money. As men are primarily financial providers (breadwinners), women are expected to be caring mothers and to make personal sacrifices for their babies. This was related to the way in which pregnant adolescents were integrated into their partners' families in most cases prior to childbirth.

Pregnant adolescents are usually more likely to depend on their families for support. Neamsakul (2008) reinforced that the support was a form of emotional nourishment from families that enabled participants to overcome difficult times. Many participants reflected that family profoundly influences their experiences of pregnancy and motherhood. This study also spotlights that receiving support from their families creates a positive impact on the pregnant adolescents and distracts them from having negative interpretations towards life. In other words, getting family support motivated a positive change for some participants in this study. They viewed pregnancy as an impetus for family support and an encouragement to overcome the crisis in their lives, and as they overcome the crisis the pregnant adolescents come to view themselves as adult women and mothers (Osuchowski-Sanchez et al., 2013). Motherhood was also a positive force to enable them to activate positive change in their lives to be more productive and hopeful about the future (Kaye, 2008). Disclosure of pregnancy to families enabled participants to receive positive and beneficial support from both their parents and partners (Neamsakul, 2008).

Evidently, pregnant adolescents in this study were highly appreciative of the coaching of a supportive person, especially their own mothers. Wilson-Mitchell

et al. (2014) reported that pregnant adolescents' mothers are an important source of social and emotional support, which can positively influence adolescent mothers' self-perceptions of parenting and increased self-evaluation of personal parenting skills (DeVito, 2010). The absence of such emotional support caused some participants to experience more anxieties about motherhood. Likewise, Neamsakul (2008) revealed that emotional support from the family can reduce stress during pregnancy and exert positive outcomes of pregnancy and motherhood. Participants who expected and received tangible help and emotional support had increased confidence about parenting (Sadler et al., 2016).

Being pregnant and becoming a mother entails numerous practical considerations for childcare and the maternal role. Participants' own mothers or grandmothers were also significant sources of childcare advice and support, and practical childcare from their mothers motivated them to accept the maternal role. Sriyasak et al. (2016) revealed that occasional or regular assistance from grandmothers with childcare, advice, and instructions helped adolescent parents cope with their childcare duties. For adolescent mothers who lived in with their extended families, they received financial support and also childcare support during the baby's first month from family members. Mangeli et al. (2017) supported the finding that most adolescent mothers did not have adequate childcare knowledge and competency. As a result, it is highly beneficial for adolescent mothers when people in their families and their partners' families can support them with practical childcare (Hoga et al., 2009).

Notwithstanding, Pungbangkadee et al. (2008) argued that while Thai adolescent mothers in their study needed help with caring for their babies from their parents, they found it was difficult to ask for help, mainly because they did not want to be controlled by their parents. Some adolescent mothers in their study perceived that asking for help from the family implied that they were a burden, and they would rather depend on themselves to promote their autonomy. Although they needed to depend on themselves, they still wanted and received support from their parents. In this sense, the nature of the support system in a Thai family presents the large social support which should be encouraged.

Adolescent pregnancy often causes cold and hostile relationships between the pregnant women and their families, creating family conflict (Hoga et al., 2009). A few families can manage and deal with adolescent pregnancy with understanding and affection for pregnant adolescents from the outset, but in most cases breaches occurred in the relationship between the pregnant women and their parents due to a lack of acceptance and social stigma, compounded in the case of the pregnant women moving out of their own homes (whether forced to leave by their parents or leaving voluntarily due to perceived oppression and rejection).For some participants, this was a mechanism to avert social disapprobation about their pregnancy, including among their own families. The findings were consistent with the findings from many studies in the literature which illustrated that the adolescent pregnancy was rejected by their parents (James et al., 2012, Hoga et al., 2009, Saim et al., 2014). Very often adolescent daughters' pregnancies are unacceptable for their own parents, particularly during the early phase of initial discovery, and these caused a loss of face in their extended families and communities (Neamsakul, 2008). Consequently, they

often collaborate in the enterprise of sending their daughters to live elsewhere, often with their partners' families (Hoga et al., 2009). Living with other relatives or friends was also a means for some participants to avoid shame, and it also facilitated their subsequent return to education later (James et al., 2012, Saim et al., 2014).

However, motherhood can also heal family breaches and bring estranged family members together (Arai, 2009). This can be seen in a study by Sadler et al. (2016) which supported that adolescent pregnancy is ultimately accepted and was supported by the women's parents in most cases, often after initial breaches and rejection. Participants in this study generally enhanced connections with their families and partners throughout pregnancy, especially where women had experienced early life adversity. Such relationships improve the quality of life for pregnant and parenting adolescents, along with wider relationships in communities in order to provide a matrix of support and socialisation for pregnant and parenting adolescents and their children in society.

Transition to adulthood

Adolescence is intrinsically a transitional stage from childhood to adulthood, characterised by physical, psychological and psycho-social changes that are influenced to a large extent by age, culture and the socialisation of the individual. The transition from being a *'normal'* adolescent to becoming a mother can increase the level of maturity in terms of critical thinking and consideration of others.

Becoming a mother for the participants in this study resulted in accelerated maturity and responsibility. This has been noted in other research, for example a study by Watts et al. (2015) revealed that motherhood not only transported an increased sense of meaning, but it was also associated with a sense of maturity and responsibility and the challenges of early parenthood. In their study, positive experiences of motherhood were associated with good social support which contributed to feelings of acceptance and optimism for adolescent mothers. This finding is also similar to other studies of adolescent pregnancy and adolescent mothers (Arai, 2009, Cherry et al., 2015, Chohan and Langa, 2011, Knight, 2013, Loke and Lam, 2014, Neamsakul, 2008, Wilson-Mitchell et al., 2014).

Although becoming a mother was improvised, it is a challenge to face with bravery (Pogoy et al., 2014). The participants experienced simultaneous occurrence of new and important life events including transition to adulthood. Most of the participants felt that they became more mature and developed due to obtaining a maternal role and reinforced wife roles. The published literature reported that pregnant adolescents grew up fast and were still generally positive about their pregnancies (Aziato et al., 2016, Mohammadi et al., 2016, Sriyasak

et al., 2016). Sriyasak et al. (2016) revealed that, while unprepared to be parents, most adolescents accepted struggling with the maternal role and ultimately accepted the unforeseen parenting role. Having a baby can enhance the own sense of maturity (Sadler et al., 2016). Previous studies pointed out the vision of the goal and aspiration related to greater maturity among pregnant adolescents and adolescent mothers (Klaw, 2008).

Envisioning the actualisation of goals and aspirations represents an ideal, successful self, which encourages positive life action plans to counteract negative events in life (Klaw, 2008). The participants in a study of Sriyasak et al. (2016) revealed that studying, working and child rearing were their main new goals in their lives. In this sense, many participants in this study built an aspiration from their dreams, expectations, and goals. They planned to study and work in order to have better career opportunities. When they became pregnant, they viewed pregnancy and early year childrearing as an intermission, after which they still intended to follow their ideas concerning education and careers. An appearance of new priorities and concern about the future was to anticipate motherhood (SmithBattle, 2007).

Adolescent pregnancy among school enrolls can lead to subsequent school dropout. The participants were aware that this prevented them from pursuing professional careers, but many hoped to return to education in future in order to seek a better career and salary. They saw education as a very important aspect of life in general, including their own lives, and they also saw it as a way to maintain autonomous living and as a vehicle for self-worth, while at the same time they viewed children as necessary to bring immediate meaning and value

to their lives. Earlier studies found that adolescent mothers were generally willing to return to school in order to achieve their educational aspirations and career goals, however this is often obstructed by poverty (in general) and the demands of motherhood (DeVito, 2007, Klaw, 2008). Data from interviews showed that some participants continued going to school during the first trimester of their pregnancy because they wished to complete their education and returning to school was palpably anticipated by many of them, in following their families' expectations and with family support.

However, some participants perceived that they faced insurmountable financial difficulties and they sought subsistence jobs to support themselves and their families. They also expected that they would be supported by their families during their work time, such as providing childcare. In the same vein, participants in the study of Salvador et al. (2016) described planning to go back to school, while others had already decided to finally focus on being full-time mothers and were considering getting married soon. Some were also willing to work harder to provide a better life for their children. In this sense, returning to education seems to be difficult for some adolescent mothers, many of whom have no choices to select whether they have to take care of the baby by themselves or work for their families (Klaw, 2008). Therefore, the specific professional goals were negotiated in the contexts of neighbourhood, school, family and adult role models.

Participants felt that pregnancy caused them to experience more responsibility, empowerment and appreciation in the maternal role, taking responsibility for themselves and their babies, affirming the findings of previous studies

concerning pregnancy being associated with maturity and responsibility (Cherry et al., 2015). Cherry et al. (2015) stated that the life aspirations serve as a motivation for future goal-seeking behavior regarding education and career attainment. In this sense, having a new maternal role was important for caring themselves for the benefit for the children. With appropriate support, participants could develop positive behavioural changes to protect themselves and their babies from harm (Neamsakul, 2008). Cherry et al. (2015) suggested that pregnant adolescents and adolescent parents should be supported by initiatives for making aspirations a reality.

The importance of having more responsibility is a way for adolescent mothers to reclaim a respected position in society and to surmount negative discourses associated with adolescent pregnancy. Some adolescent mothers highlighted the accelerated maturity and growth they felt they had undergone (Chohan and Langa, 2011). Parenthood inevitably caused the adolescent mothers to adopt massive responsibilities, including providing proper care and attending to the needs of their child, and preparing for and carrying out maternal duties and responsibilities was highly significant for them (To and Chu, 2009). Pungbangkadee et al. (2008) suggested that adolescent mothers should be encouraged to undertake maternal roles and freely address their personal needs through developing relationships in order to obtain authentic perceptions of being adolescent mothers.

Numerous positive effects of new maternal roles included positive self-image and confidence in the abilities (Cherry et al., 2015). In this study, the pregnancy caused participants to undergo changes in their personality development through

appreciating self-autonomy. Having responsibility to care for the children and academic achievement highlighted their ability to regain a sense of self-worth and power (Chohan and Langa, 2011). Motherhood conveys an increased sense of self-worth for most adolescent mothers (Watts et al., 2015). It also provides acceptance and recognition among partners' families, which refines their self-worth and self-esteem. In the same vein, Kaye (2008) documented acceptance and recognition from partners' families as components of adolescent mothers' conception of motherhood and improved self-worth and self-esteem.

Becoming a mother might be considered highly negative in terms of difficulty and interruptions to career paths and education. Becoming a mother early presented an insight into the everyday life of adolescent women who become pregnant. However, the participants in this study were not ready for becoming pregnant and performing a maternal role and responsibility. Pregnancy for them occurred prematurely and unexpectedly. Previous research on the adolescent pregnancy and adolescent mothers has supported that adolescents were too immature to be pregnant and to have a baby and largely unprepared for their new maternal role (Aziato et al., 2016, Knight, 2013, Middleton, 2011, Pungbangkadee et al., 2008, Sriyasak et al., 2016). Interestingly, the experience of unplanned or unintended pregnancy for the participants was marked by feelings of lack of readiness to be parents, signaling that occurs in a context of not planning.

As this research found, being a pregnant adolescent can be difficult and some participants spoke of having inadequate social support. The level of difficulty and regret that came with motherhood were associated with the level of social

support and acceptance adolescent mothers received before and after the baby's birth (Watts et al., 2015). Watts et al. (2015) also noted that early motherhood was often regarded as a sense of loss, particularly being out of school and occupational identity.

The adolescents perceived their struggles during the period of transition from childhood to adulthood to be compounded by the complex dimension of motherhood. The adolescent pregnancy in this study occurred unexpectedly and precipitately. This finding is supported by Pungbangkadee et al. (2008), who noted that adolescent mothers may face difficulty with the tasks of motherhood because their process of cognitive development is still immature. As a result, these adolescent mothers may have direct conflicts for developing motherhood and adolescence. Sriyasak et al. (2016) also described that various transitions for adolescent mothers after giving birth were included in breastfeeding, changes in their daily lives and new expenses. This can be seen as a transitional stage into the maternal role.

The participants' experiences might have been new or difficult and there may have been intense pressure because of their stage of cognitive development. The words of the participants provided insight regarding their limited efforts to reflect on this enormous and compelling developmental shift. Their stories also demonstrated that pregnancy experiences were difficult in transitions from student or adolescent to pregnant adolescent which affected how they felt as pregnant adolescents. Sadler et al. (2016) revealed that pregnancy experiences were intricately intertwined with developmental characteristics which

represented a double threat related to the pregnancy, the baby, and parenting and the often-difficult relational and environmental contexts of their daily lives.

Findings from this study provide new insights into how pregnant adolescents gave meaning to pregnancy and adapted themselves to deal with life changes throughout the pregnancy. In this chapter, the data, of course, only provide a '*snapshot*' of a relatively small number of pregnant adolescents from the rural areas.

CHAPTER 12: CONCLUSION

This study has explored a diverse sample of pregnant adolescents in Thailand to understand the phenomenon of adolescent pregnancy and the associated influences on adolescents' behaviour and decision-making. The evidence clearly illustrates that the phenomenon of adolescent pregnancy entails both negative and positive experiences, but for all participants in this study adolescent pregnancy was a challenging experience.

This study contributes a deeper understanding of adolescents' experiences of pregnancy and offers valuable insights into the significance of pregnancy for such service users. It might improve health care professionals' adaptation of care for pregnant adolescents and inspire educators and policy makers to tailor services beyond biomedical care, encompassing identifying the need for support mechanisms and strategies offering guidance from multiple sources of support. The findings illustrated how pregnant adolescents are affected by reflections and giving meanings to their experiences. These also present how pregnant adolescents are influenced by their families in terms of how they conceptualise and manage their pregnancies.

New findings emerge from this study regarding the theme of the socio-cultural context in Thailand (including reflections on the impacts of social context and gender roles). Generally, Thai society posits males as the heads of families, and gender biases are embedded in cultural norms concerning the family (Sriyasak et al., 2018). Males and females are raised differently and are acculturated according to gendered expectations, cultural roles, and standards of appropriate conduct.

Historically, men and women were expected to enact roles in different ways. As the male role was to work for financial support, act as the head of the family, make decisions for the family members, and protect the country, the female role was to look after the home, take care of family members, and manage family expenses. Therefore, socially acceptable behaviours for females are to be good housewives and mothers, and caregivers, with qualities of being patient and obedient. Their way of life is marked by a change of status in women's lives from maiden to wife. At the same time, a woman can manage and be responsible for her own property, decide an arrangement within her family, and is expected to be able to provide what is needed or a place to meet the needs of her husband and other family members (Suriyasarn, 1993).

Between a male and a female in an imitate relationship, power dynamics play a role in the initialisation of sexual behaviour, and the practice of unsafe sex is generally related to male partners often dominating their female paramours. This was manifest among participants' experiences narrated in this study, where gender roles were important contextual determinants of the decision-making process in pregnant adolescents' choices. It was established that gender roles have more influence in negotiating women's pregnancy-related choices, with male adolescents not allowing their female partners to make their own decisions and controlling them in terms of choices on the use of contraceptive methods. As a result, female adolescents are put under pressure in contraceptive decisions, which was generally instrumental in their pregnancy conception.

In Thailand, although adolescent pregnancy is viewed as a problem, sexuality in adolescence is approved, and boys are encouraged to prove their sexual capacity.

However, in gender reproductive roles, Thai female adolescents play the role of wife in obeying their partners when they have sexual relationships, and some adolescent couples live together. Female adolescents were reluctant to use any contraception methods because of their partners' unwillingness to use them, particularly condoms. This was because contraceptives were associated with hindering maximum sexual satisfaction and with implying mistrust among partners. Subsequently, many participants in this study never used any contraceptive methods or used them inconsistently. This showed that the Thai core value of gender roles influences decision-making.

The gender biases in Thai society were reflected in male-dominated relationships found in this study. The participants' decision to stay pregnant or attempt a termination of pregnancy depended on their partners' opinions. It could also be a cause of a break-up of the relationship with the partners, due to a lack of taking responsibility. The decision-making of pregnant adolescents ultimately involved continuing to pregnancy, although some of them initially decided to terminate, and in some cases subsequently changed their mind. It seemed to be very difficult for the participants to stay in a relationship with their partners if they refused to terminate their pregnancy.

A limitation of previous studies conducted with pregnant adolescents and adolescent mothers in Thailand was that they did not explore the implications of gender roles in decision-making in sexual relationships and contraceptive use. Although the participants in this study felt uncomfortable to negotiate to prevent themselves from pregnancy, they then had to do follow their partners' decision to forego contraception use to maintain their relationships. Therefore, male

adolescent partners influenced contraceptive use and put pressure on female adolescents to coerce them not to use contraception. This reflected the gender norm whereby female adolescents have less sexual deciding power than males.

Adolescent pregnancy and motherhood may be socially accepted as a source of new identity and status in terms of *"satisfying"* and *"fulfilling"* perceptions reported by some adolescents. It was also a big but manageable burden, and they reported that they were willing to make sacrifices to succeed in their new roles. During pregnancy and the transition to adulthood, the participants developed and maintained relationships with others, and identified needs and sources of support. The transition from adolescence to adulthood (through motherhood) offered an opportunity for both mother and daughter to demonstrate their adherence to local ideals. The participants usually gained knowledge about the maternal role from their own mothers.

Furthermore, the event of adolescent pregnancy within the family system may result in changes to mothers' gender role attitudes, in addition to adolescent mothers' gender role attitudes, such that reciprocal associations may be evident during the transition to adolescent motherhood. The reciprocal association of gender role attitudes across the initial transition to parenthood for pregnant adolescents and their mothers' pictures is consistent with the notion that individuals within a family micro system are linked, and that when a major event occurs in the family, it not only affects the individual, but the whole family system (Elder Jr and Shanahan, 2006). This finding is important as it implies that, in addition to gender role attitudes being malleable during this transition

period, the conceptualisations of pregnant adolescents and their mothers reciprocally contributed to the development of each other's beliefs.

According to traditional Thai ideals, females are expected to remain virgins until marriage. The legal age of marriage in Thailand is 17 years, for both genders. The expectation of people in Thai society in that all females should follow the traditional life trajectory of getting married before becoming pregnant. If they cannot follow the traditions, they will be condemned and their families will be dishonoured. Most Thai pregnant adolescents reflected that a result of premarital sex and cohabitation developed into a problem pregnancy crisis upon discovery of pregnant status. This crisis was translated into negative feelings, termination of pregnancy attempts, and suicidal ideation. For example, when the participants became pregnant outside marriage, they typically concealed their pregnancy, and attempted termination. Some participants felt nearly overwhelmed by the heavy burden of stigma due to the adolescent pregnancy, and were just struggling to survive.

Early marriage is an issue associated with adolescent pregnancy that also relates to issues of social stigmatisation faced by adolescents. As mentioned above, the Marriage Code (section 1448) stipulates that the legal age of marriage is 17 in Thailand (Thailand Law Library, 2019); while this is consistent with general age statutes worldwide, it is considered an early marriage and a violation of human rights by international organisations such as UNICEF (2007), UNFPA (2020), (World Health Organization, 2020). While early marriage takes many different forms and has various causes, one issue is dominance and coercion by various

social factors. Adolescent pregnancy often leads to early marriage in Thailand, particularly in rural communities in the north and northeast of the country.

In South Asia early marriage typically falls into a sanction and take places according to customary rites while remaining unregistered, but Thai people strictly practice following the rites of marriage from generation to generation. If some people do not follow the rites surrounding marriage before pregnancy, they will have a difficult life and suffer social ostracism. This reflects the societal view of the family in terms of its role, structure, pattern of life, and the individual and collective responsibilities of its members. Marriages are very important in Thai society for families almost as much as the bride and groom, and traditions of organising marriage for participants in order to defend family honour or secure 'protection' for themselves as well as to enable their acceptance in the community were reported. Neamsakul (2008) supported that marriage was a crucial event for Thai pregnant adolescents, especially in rural areas, reflected in wedding ceremonies being organised by the couple's parents, being accepted by the community and following traditions. Additionally, marriage is associated with finance and childcare (Sa-ngiamsak, 2016). These expectations induce social pressure and potential stigma for pregnant adolescents and their families (do Nascimento Paixao et al., 2014).

Parents were concerned about their daughters becoming pregnant outside marriage, and any early opportunity for marriage was considered better and safer for their daughters (i.e. pregnant adolescents) and their children, by securing them a regular male guardian and breadwinner (the husband). In this regard, the impacts of adolescent pregnancy on the fathers (who are typically adolescents

themselves, as in all cases in this study) should also be borne in mind, and the impacts of fatherhood and early marriage on them. This includes being forced to undertake responsibilities for which they may not be ready, and the pressure to provide for their families, which can close avenues of opportunity for higher education and subsequent job opportunities. In some cases child marriage is one of keys drivers of early pregnancy, while in others unplanned adolescent pregnancy often leads to matrimony. Both child marriage and adolescent pregnancy are inherently linked to educational achievement and family decisions, as well as economic opportunities. This is in a line with Cherry et al. (2015)'s study, which revealed that leaving school earlier was associated to social stigma and obstructing goals related to education and careers. As a result of this, pregnant adolescents do not gain knowledge and skills which could improve their lives in the future.

Nowadays, the Thai educational system provides many options for people to select a schedule and curriculum that fits their needs. In 2006, the Ministry of Education changed the rules to allow pregnant students to continue their studies in formal education, in schools (UNICEF Thailand, 2015). This is highly beneficial to adolescent girls who become pregnant, overriding their former formal exclusion from education, and it is increasingly common to see pregnant students sitting in the class in formal education. However, many participants still decided to quit school because of their health conditions and feelings of shame. Many of them planned to go to a non-formal school after giving birth, but some lost the opportunity to continue studying due to financial problems related to their children and families.

With regards to the transitional role, adolescents are a heterogeneous group with regard to goals, aspirations, and social needs. The needs of adolescents are variable at different stages of the transition, and therefore care needs to be individualised, in order to meet the goals of the adolescents. Adolescents on the transition to adulthood (through motherhood) have variable needs and aspirations. As pregnancy is at the centre of developmental tasks, adolescent pregnancy is considered as the transitional stage to adulthood (through motherhood), which creates maturity and responsibilities, as reported in this study, because it was concurrent with other developmental events such as marriage, being pregnant and becoming a mother.

Becoming a mother presented the cognitive changes of moving into more reasonable adult-like thinking. Maturity was presented in their feelings, thought processes, and behaviours. Adopting maternal roles during the pregnancy-induced transition to adulthood results in a more mature outlook (Neamsakul, 2008). Taking responsibility was also a key factor in their decision making. The decision made was considered to have saved the baby and raised the possibility of loving the unborn baby. Responsibility in caring for self was expressed in terms of improving education, and future planning for socioeconomic stability, which could include enriching the maternal role. The positive outlooks towards pregnancy reported among participants changed the way they performed towards their unborn children. In this sense, motherhood is a special feeling of bonding between a pregnant adolescent and her unborn baby. The bonding between pregnant adolescents took place during rubbing, talking, and singing to their baby bumps. As a result of this, pregnant adolescents created a relationship with

their unborn babies, and attached an importance to the baby for them, in terms of caring about their own selves in relation to their babies' health.

An improved self-image and self-perception related to their own abilities as mothers mirrored a positive attitude towards to new maternal roles, as pregnant adolescents felt more responsibility, maturity, and empowerment to be mothers (Cherry et al., 2015, Mohammadi et al., 2016). Pregnancy and parenting in adolescence also entails changes and development to motherhood or adulthood, resulting in more responsibilities and maturity in order to make progress in the next developmental stage (Brand et al., 2015, Cherry et al., 2015, Mohammadi et al., 2016, Watts et al., 2015). Lessons learned from being an adolescent mother were an opportunity to develop a better understanding of the world and determination to achieve in the new maternal role (Kaye, 2008). In many cases, this was also linked to increased determination to pursue academic and career goals (Cherry et al., 2015).

While adolescent pregnancy and unintended pregnancy commonly brought humiliation and shame to families during the initial phase following disclosure of pregnant status, even breaking up relationships with daughters (pregnant adolescents) in some families, in this study the pregnant adolescents ultimately returned to their families and were loved and accepted. This indicates that pregnant adolescents can be assisted to overcome crisis situations, and their families can ultimately be included in their care in a constructive way as a vital and beneficial source of support. Intimate relationships also take on increasing significance in the lives of adolescents, particularly in the transition to adulthood.

This study expands the developed body of knowledge about the role of the family and its dynamics in adolescent pregnancy. The stated experiences of many participants clearly manifest that adolescent pregnancy enhances and strengthens intimate relationships within the family. Thai family culture continues to exert a strong role in the life of individuals, and this is particularly enduring in rural areas. The strong family ties of the Thai family attach family members cohesively together and bring many positive effects and sources of support to family members.

The nature of relationships throughout the adolescent pregnancy journey involve the support that is offered by the family. The adolescents' own mothers were usually central to their support and well-being in this study. Apparently, family support is a crucial factor in assisting pregnant adolescents to acquire critically needed problem-solving skills, and to use them over their life span to enable them to survive, develop, and achieve success, which facilitates coping with and adaptation to adolescent pregnancy.

The greatest support and facilitation of participants' self-efficacy and well-being in this study was from their families, including physical, emotional, financial, material, and information support. In this sense, for the participants, support from the family was a positive influence on pregnancy and becoming a mother. The family also provided an unconditional support for them when faced with a life crisis. The greater acceptance of pregnant adolescents and the support they received from family and partners as a whole plays a major role in adaptation to motherhood. Positive support from family is often associated with positive outcomes in terms of coping well.

This study affirms the finding of previous studies that pregnant adolescents can have positive psychosocial growth to cope with pregnancy, especially with family support (Aria, 2009, Aziato et al., 2016, Brand et al., 2015, Sriyasak et al., 2016, Wilson-Mitchell et al., 2014). Arai (2009) highlighted that family acceptance of adolescent mothers led these adolescent mothers to transitional motherhood, and studies from several countries in the Asia-Pacific region also illustrated that social support from families assisted pregnant adolescents and adolescent mothers to succeed in their maternal roles (Pungbangkadee et al., 2008, Sriyasak et al., 2016, van Zyl et al., 2015).

The challenging experiences of Thai pregnant adolescents included both negative and positive outcomes. While in the majority of cases pregnancy ultimately brought rewarding self-satisfaction to pregnant adolescents, this was after undergoing intense anxiety and negative feelings arising due to social stigmatisation and associated feelings of shame. This finding was similar to the previous studies which presented that pregnant adolescents experienced dishonour and shame due to the disapproval of families and the wider community, including actual and anticipated disapprobation (Cherry et al., 2015, Kaye, 2008, Saim et al., 2014, van Zyle et al., 2015, Watts et al., 2015). Notwithstanding the profound negative impacts of such stigma, adolescents commonly reject such stigmatisation as deviant and they transcend this to strengthen their maternal identity as mothers (Anwar and Stanistreet, 2015, Brand et al. 2015, To and Chu, 2009).

Adolescent pregnancy among Thai adolescents was marked by a feeling of being unprepared before the discovery of the pregnancy, signalling that this occurs in

a context of not planning, which brings difficulties to them. However, after the transformation they became hopeful about their future and having a decent family life for their unborn child.

The findings could fill the gaps in knowledge about pregnant adolescents' experience which has widened with socio-cultural context. All findings could be employed as baseline data for permeating policies, with implications for nursing practice to meet the needs of these adolescents in the future.

Contribution to Knowledge

This study sought to contribute to knowledge about the experience of pregnant adolescents in the Northern of Thailand. Few study has been presented in the perspective of pregnant adolescents. This was useful in that it reflected their experiences in terms of context of social and culture in Thailand.

A large number of studies from developed countries where they provided the state welfare focused on causes and effects of adolescent pregnancy and adolescent mothers. These countries are also culturally different from Thailand as well as attitude towards to sexuality. The previous studies in Thailand have focused on the health outcomes, the individual relationship within family after childbirth (Neamsakul, 2008, Pungbangkadee et al., 2008, Sa-ngiamsak, 2016, Sriyasak et al., 2018). This research has given such pregnant adolescents the opportunities to narrate their accounts.

The key findings illustrate the extent to which unplanned/ unintended pregnancy had either positive or negative impact on the experiences of pregnant adolescents in this study was a challenge. A gap surrounding a lack of understanding and a

lack of awareness of contraceptive use, a lack of control, including culture related to gender role was a crucial influence in decision-making to prevent pregnancy.

Having understandings of the sense of becoming a mother led the pregnant adolescents to accept and establish a new role and shift to adulthood and thereby the means to manage the transition role to maternal role. As educational opportunities were closing down, some participants took responsibilities and decided to take employment for support their families. Others thought about the future plan for themselves and their unborn babies.

The relationship between pregnant adolescents and their unborn babies during pregnancy was built when they felt the babies' quickening. This can build strong relationship. As the participants focus on the unborn babies, therefore, they sought knowledge and advice from many sources such as own family members, neighbors, or health providers for themselves and their unborn babies.

This research acknowledges the vital of family role which is the positive influence on pregnancy for the participants. The family system provided supports for pregnant adolescents. It was evident in this study that they looked up to their own mothers for support and their relationship became closer. Their own mothers were also their pillars of strength and have provided not only material, but also emotion support. Other family members were also supporters to help the pregnant adolescents through the hard times.

Although the findings from this study are not representative for all pregnant adolescents across Thailand, they uncover the meanings and achieve a sense of

understanding in order to understand experiences of adolescent pregnancy that are likely to be applicable for a broad group of Thai pregnant adolescents.

Study strengths

Using Heideggerian interpretative phenomenological study was able to uncover in-depth experience of pregnant adolescents in their first pregnancy and only one way of exposure something of the phenomenon. Therefore, this research offers a unique point into adolescents' experience of pregnancy.

I was very impressed by the honesty of in all pregnant adolescents I spoke to and the breadth of views which I was able to capture. Although many interviews involved challenges of speaking openly about pregnancy, it was clear that in an open and understanding forum many young people were very comfortable to talk candidly about their perspectives and experiences.

This suggests that it is the fear of what other people will think and say rather than an essential reluctance to be open about pregnancy which bars many people from seeking help early on. I was also struck by the broad similarity among the views of people from quite diverse backgrounds.

The themes discussed in most detail in this study are selected because they came up time and again without any prompting from me on the subject. While I may not have been able to speak community languages, all participants were positive about the discussions.

The young women I spoke to really responded to talking about their experiences of pregnancy and this is a useful method which should be used more often to engage young girls about their experiences. The value of listening to what

adolescents say about their stories in pregnancy is to get a glimpse of what they may say about it behind closed doors; the most stigmatised views may never be aired with a total stranger. It cannot tell us 'what everybody thinks' because of course everybody is different and thinks something different. What I hope this thesis highlights that adolescents' sights and experiences are openly personal and so stories to be challenges to their lives during pregnancy as well as doing a lot more listening to the individual reflections.

Phenomenology is employed as a methodological approach in this study and adds strength to the study. Therefore, the participants and the researcher had interactions and built relationships with each other. The participants cooperated in the study and data analysis were partially created through this social process. The researcher used a reflective process to provide a way to critically examine her personal biases with the participants and data as discussed in Chapter 11. Hence, a solid and useful theory was generated from the study. I will discuss recommendations later on but for the following sections I have tried as far as possible to let the words of the participants who gave their time so generously speak for them.

The findings are addressed as new knowledge and allow the stories of Thai pregnant adolescents to be heard and better understood with a view to these findings being used to inform health care policy that is based on a thorough exploration of the circumstances and needs. All findings could also be employed as base line data for enacting policies and have implications for nursing practice for meeting the needs of these pregnant adolescents in the future.

Study limitations

This study has some limitations that must be acknowledged. This research has interpreted and given meanings to the experiences of becoming pregnant among 30 adolescents recruited from three hospitals in Northern Thailand. Individuals from other hospitals may have had different experiences and meanings, therefore the findings must be interpreted carefully.

As I was clear about my own ontological position from the outset, as described in the first chapter of this thesis, I started to seek the meanings of adolescent pregnancy from pregnant adolescents' perspectives as genuinely experienced and articulated by them, avoiding the influence of my own biases and views. I was open-minded to any meanings of adolescent pregnancy, which may have both positive and negative connotations among and about pregnant adolescents in this study. Nevertheless, my own personal characteristics as a Thai, a Buddhist, a nursing lecturer, and a bilingual researcher led me to recognise the world through different views, definitely interpreting how the analysis and findings were formulated. Stringent methods were undertaken to avoid any potential bias arising from my own interpretive process, but nevertheless there is always the potential for filtration through the researcher's own lens when conducting phenomenological research. This was addressed critically with the methods undertaken to constantly conduct an ethical, reflective account and relational enquiry, with an audit trial for the benefit of readers of this study. The understanding of researched phenomena results from the co-creation of a new level of understanding that involves the interpretations of both researchers and participants, not just the individual interpretation of either party.

A flexible unstructured guide to elicit participant responses was employed in place of an interview format. This method compromised reliability, to allow the researcher to gain access to adolescents' own understanding of the experiences involved in adolescent pregnancy; this is a perspective sorely needed for further construct development in the field.

This research is one-time measure of experiences that may contribute to the self-perception of being pregnant adolescents. Therefore, longitudinal studies will be required to follow-up and investigate changes in the lives of these pregnant adolescent until giving birth.

A regulation principle of the quality of this study concerns its authenticity and credibility. My own reflexive account and processes, therefore, have been illustrated throughout this study. Albeit rigorous methods have been taken in this study, the findings and conclusion require to be interpreted critically and with care.

Implication for policy development

Social policy focused on adolescent pregnancy and adolescent mothers has been gradually constructed. However, several campaigns which aim to reduce several pregnant adolescents and adolescent mothers have been slow and have not efficiently operated. Therefore, it is challenges ahead. This research is to reflect on giving the meanings of being pregnant adolescents which echo the problems and the needs with current policy and gap in services identified from the participants' accounts.

This study suggests that the policy makers should integrate sexual and reproductive health services into a one-stop convenient service, including the provision of an accessible and supportive family planning service for both male and female youth. Prevention programs at community level should follow the national standards that are suitable to school-based education. For life skills instruction in schools, this should be encouraged adequately for young people to require necessary life skills: communication, negotiation and being responsible person. For example, young female has challenges to negotiate with their partners for reproductive health issues such as contraception and starting a family and young male have more responsibilities prior to having sexual relationship.

Additionally, this current study suggests that the potentially protective role of a significant adult support figure should be considered. Assignment to mentor programs offering sustained consistent contact with adult role models seems to have positive effects on scholastic competence and daily school attendance. Increasing intergenerational contact between adult professions and disenfranchised youth should provide youth with access to the information and resources needed to achieve educational and occupational goals.

Implication for nursing practices

This study offered various recommendations for health care providers. It also is a lens for health care providers to look more clearly in order to improve understanding of the participants' experiences of being pregnant and to tailor their care particularly to their desires. The prenatal care service or Antenatal care service should organise a special unit for pregnant adolescents. Health education

programs from pregnancy must be launch and arrange systematically for pregnant adolescents. Health care providers should offer services for this particular group and launch effective interventions of caring that are costly to the health care system and the adolescents.

Health care providers should keep clients' information confidential, establishing friendly relationships with adolescents. These can create trustfulness to open their mind in order to assess mental health problems in pregnant adolescents, including physical conditions during pregnancy.

Additionally, the measuring of development tasks of adolescence of each person will assist evaluating maturity which depends on environment contexts around the adolescents. Maturity can develop into the maternal role. If pregnant adolescents have more maturity to manage their lives, health care providers should promote this arrangement.

Pregnant adolescents are faced with challenges from both positive and negative events. Various changes such as physiological and psychological health, roles, and residence caused them to suffer with their pregnancies. Therefore, the health care providers should provide proper nursing care in each situation.

Seeking and providing information to pregnant adolescents should afford their preferred source and material. The suggestions for seeking information should be emphasised reliably such as a website of medication, rather than general websites.

In terms of social values, participation in prenatal classes and discussion by give a chance to ask questions should be promoted for the pregnant adolescents.

Prenatal classes should be set up for only pregnant adolescents in order to give information directly to this special group and reduce the period of stigmatisation. The group meeting might help pregnant adolescents to open up and discuss about their lives related to pregnancy.

The relationship between pregnant adolescents and family should be assessed for examining support they receive from the family. Generally, the main support is often from their mothers and partner. However, some pregnant adolescents who are becoming single mothers should be given assistance for discovered problems, especially emotional problems and financial difficulties. These problems should be referred to the appropriate service which should cooperate with the family.

Implication for nursing research

The findings from this research provide knowledge of the experiences of pregnant Thai adolescents. Future longitudinal research might find more benefit by following these pregnant adolescents and their babies until childbirth in terms of mental health and social developmental processes. The findings can be used to understand developmental processes and mental health of adolescents and their babies in the long term and bring about nursing interventions to address these issues effectively. Seeking reasons for positive and negative experiences related to adolescent pregnancy might help the identification of appropriate interventions. Such studies should be a combination of qualitative and qualitative study approaches to capture more complexity and depth.

More research might lead to greater cooperation in order to develop the quality of life for this group. Such research should explore long-term educational

attainment and success for pregnant adolescents and male adolescents. Such research should discover the difference of socio-cultural contexts or different backgrounds to obtain a better understanding of the pregnant adolescent.

Reflexivity

Reflexivity is a reflection upon individual or personal experiences, and it can also interpret the meanings of discovering and/or provide valuable interpretations (van Manen, 2007). The concept of reflexivity is often used in qualitative research and it is perceived as a major notion of methodology (Gerrish and Lacey, 2010). Researchers can employ reflexivity to understand the phenomenon underneath the investigation and to take account of their own world view and how this impact upon the phenomena assisting into depicting the accuracy of the meaning disclosed by the participants and the subsequent interpretation (Shaw, 2010).

Reflecting on essential themes that one encounters in a context being researched enables one to explore that context in greater depth, or as van Manen (1990, p.32) put it: *"True reflection on lived experience is a thoughtful, reflective grasping of what it is that renders this or that particular experience its special significance"*. In other words, phenomenology is the reflection on the lived experience of human existence that it can also be seen as being part of an investigation of the nature of a phenomenon. Reflexivity in phenomenological study is recollection of the experience which has already passed (van Manen, 1997). The distinguishing characteristic of phenomenological research is its intense focus on *essence* as perceived by participants (including the researcher) rather than external forms (e.g. quantifiable phenomena). Phenomenological

research is thus engaged in making overt experiences that are not otherwise apprehended. When considering any experience in terms of the meanings attributed to it, one must ask *"What is it that constitutes the nature of this lived experience?"* (van Manen, 1990. p. 32). Furthermore, analysis has been stressed as a critical element in the process (Sloan and Bowe, 2014).

Reflexivity can enhance the quality and validity of the study and acknowledge the potential limitations in the research (Creswell and Miller, 2000, Creswell, 2014). Researchers employ reflexivity and seek to create self-consciousness regarding to their own influence on the research study in order to cope with such bias (Drisko, 1997). In terms of the theory of reflexivity process, validity and scope of the concept encourage reflection upon the assumptions and findings made by the research (Lambert et al., 2010). Palaganas et al. (2017) claimed that the research encourages the researcher to reflect upon the assumptions to create knowledge and about the world during studying. These are the principle underpinning the theory of reflexivity. As a result, reflexivity is essential in all qualitative research, and can be seen as part of *"quality control"* in qualitative research (Braun and Clarke, 2013, p. 10). Although it is not easy to consciously operationalise and deploy as a methodological tool, it is always a latently integral part of the research journey, and is facilitated by the process of recording the researcher's thoughts, feelings and reflections throughout the process of the research.

Consequently, the reflexivity presented in this chapter of my thesis is drawn on a continual process of reflection at all stages of the research journey, in order to enhance the study's rigour, and indeed reflexivity dynamically shaped the course

the study took from initially considering my PhD specialisation in the phenomena of adolescent pregnancy. I had the opportunity to interact with both pregnant adolescents and adolescent mothers during my work as a nurse and a nurse lecturer, and I was acutely aware how they sought help and guidance but the health services available were unable to provide targeted care for such users, and even academically there was very little literature exploring the particular needs of such patients. I realised that a comprehensive approach is necessary that encompasses the holistic roles transitions (e.g. from student to mother) experienced by such women, rather than focusing on their pregnancy *per se*. It was clear from the outset that the pregnant adolescents' experiences were difficult and negative, although there were some exceptions to this, and that there was thus an intrinsic need to improve service provision available to them.

My inspirations and my past experiences engaged with this topic led me to begin studying intensively in consultation with my supervisors and experts in this field. Once I discussed my area of interest, they guided me to phenomenological study and the adoption of a broad scope in order to make a substantive original contribution to this pioneering area of research. This inspired me to keep an open mind when listening to my participants' speeches, which enabled me to improve my research skills in addition to giving me an opportunity to develop my ideas and guiding my research.

The initial underlying aim of this study was to provide care and support for pregnant adolescents, but during supervision meetings I questioned how achievements could be made if they did not explore pregnant adolescents' experiences; I realised that for effective experiences of being pregnant it was

necessary to identify the care needs of this underserved group prior in order to know how to actually deliver such services.

With supervisory advice, in order to gain the widest view possible of pregnant adolescents' experiences so as to present all possible aspects of the phenomenon of adolescent pregnancy, and to realise both similarities and the differences within the participants' experiences, I developed my thoughts and also adopted an interpretation to discover and select the best possible methodology for my study: phenomenology. This decision has been very useful for me personally and for the existing body of knowledge concerning the research phenomenon. The perspective of phenomenological research not only provided the overarching goal of describing adolescent pregnancy phenomena as disclosed by pregnant adolescents' accounts of their own experiences of it, but was also carried out through the hermeneutic movement toward understanding without pre-set or theoretical constructs. Therefore, it was my decision to use Heideggerian phenomenology rather than Husserlian phenomenology so that that was particularly useful. Understanding was a making apparent, or discovery, of the various possibilities for adolescent pregnancy that exist in the lives of the adolescents who shared their accounts of their first pregnancy experience.

I debated my previous experiences as a novice phenomenological researcher and a nurse lecturer studying the phenomenon of Thai pregnant adolescents. Once I interpreted the pregnant adolescents' experiences, my interpretation may be influenced by these previous experiences, because it is impossible to ignore the impact on my past personal experience related to working with pregnant adolescents. In other words, bracketing contradicts the subjectivity of the

specific methodology as phenomenology I chose it to answer my research question, as pointed out by Greatrex-White (2004), Koch (1995), and Pringle et al. (2011b).

Aside from academic challenges, I faced interpersonal problems while conducting the fieldwork (i.e. during the data collection process). I faced a significant challenge during the recruitment process. Eligible participants who agree to take part in the study completed contact detail slip and I contacted them to check their willingness and arranged the interview. Although potential participants kept calling, some participants withdrew from the study as a result of impermissibility from their parents and partners, which I considered to be mainly attributable to cultural sensitivity in Thai culture. Future researchers might need to consider this point when studying Thai or other conservative Asian populations.

Furthermore, some participants were reluctant to share their experiences due to the sensitive nature of the subjects involved. I was hampered from accessing their personal perceptions and experienced by their perception of me as a traditional nurse (i.e. a provider of biomedical care) and by my ethical obligations to avoid any element of coercion to elicit the in-depth responses I craved. I realised that the voices of those who were most affected – those who were the most traumatised and reluctant to engage with health services – would be effectively excluded from contributing to the study (and thus to healthcare services) unless I could balance my roles as a researcher, a nurse lecturer and an in-group member of Thai society (with a personal and social identity) to

effectively engage with participants and ensure impartial, objective data arose from the encounter.

This took a great deal of conscious effort and restraint, and I found my interviewing skills and rapport with participants improved with experience as I engaged with more participants, particularly in terms of identifying myself as a professional researcher interested in their genuine experiences, and not a representative of the hospital or someone with the power to influence their particular health care service provision, thus obviating any perception of power imbalance. I conducted the first interview as a pilot and transcribed as well as translated into English in order to identify and discuss any problems with my supervisors to improve subsequent fieldwork. This process allowed me to overcome any weakness during conducting the actual interviews and to improve new interview techniques in order to conduct further interview in phenomenological study. For instance, I got lots of ideas from my supervisors before conducting interviews on how to get "the whole, in-depth data", how to "make much better use of prompts rather direct questions", and how to relax participants. It was particularly beneficial to fully appreciate the importance of spending more time prior to commencing the interviews to brief participants on the purpose and nature of the study and what would happen in the interview, and to answer any queries they had.

Related to content, the supervision meetings were particularly important in noting the importance of maintaining focus on participants' stories in order to explore their experiences. During this process, the two pilot interviews were discussed in the next supervision. I realised that the phenomenological analysis

process should be started at the point of participants' interview, and I really needed to think deeply about what they were telling me are. I listened to audio recordings and read notes of interviews multiple times during transcription and continually re-read the subsequent interview transcripts prior to translating them into English. While the main benefit of this was to achieve deep familiarity with the data (i.e. data immersion), it also helped me identify preliminary themes for potentially deeper consideration in subsequent interviews by repetitively questioning how pregnant adolescents experience their first pregnancy and what it means to be a pregnant adolescent. These questions led me to engage in critical thinking and seriously affected the decision trail in this study.

This research journey has affected me in ways I did not expect, and I now understand my own experience from a more analytical perspective. I began due to essentially humanitarian concern about a patient group I encountered coincidentally during my nursing practice and who I realised was underserved. During the subsequent academic journey, I began to fully realise the clinical implications of caring for adolescent patients undergoing a major life crisis whilst I knew little about the subject beyond the biomedical rudiments (reflecting the shortcomings of the Thai health system in this regard and the research gap that informed the rationale for undertaking this study). I learnt a lot from my participants as the journey progressed and the emergent understanding of phenomena concerning Thai pregnant adolescents was formed by a unified mixture of my own and the pregnant adolescents' being in the world and fore-structure of understanding.

As noted previously I was initially interested in research this study because of my personal interest in pregnant adolescents based on professional interactions with them, and the academic substance of this research only emerged later during the research journey. If I did not have the past experience and initial humanitarian impulse, I would not have been interested in conducting this subject, which to me is evidence of the fundamental role of compassion in all aspects of nursing. Consequently, I created a *new* understanding of pregnant adolescents during conducting this research; in other words, my understanding of pregnant adolescents' experiences is upward and spiral. I hope my thesis will be interpreted by readers who have their own interpretations from their own being in the world.

Reflexivity is critical reflection on the research process and on one's own role as researcher (Finlay, 2002), including various insider and outsider positions (Le Gallais, 2008). Once we share some group identity with our participants, we have insider status, for example being a woman researcher researching women is one aspect key to be an insider. For outsider status, we do not share some group identity with our participants, for example a white woman researching Asian women might be an outsider. Being a Thai female, speaking Thai language, being experienced in nursing in Thailand, and knowing the socio-cultural milieu of participants and the context of study could be considered influential factors that might shape the participants' responses and the way they chose to answer the questions. Therefore, I am likely to have multiple insider and outsider positions.

In my sense, the association in my own experience as a person from the same socio-cultural setting as the participants along with my healthcare knowledge and being a nurse allowed me to interpret the data in a deeper and more comprehensive way. These factors influenced me to signify the collected knowledge and experience throughout many years. I realised that I was able to cautiously utilise my subjective understanding to interpret the narrated participants' experiences, achieving a more in-depth understanding of individual phenomena and rich data from personal experience to highlight differences and similarities between different participants' contributions. Phenomenology was a challenging and exciting methodology with which to answer my research question, which was particularly germane to the fundamental aim of my research (to improve understanding of pregnant adolescents' experience in various realities).

Using hermeneutic phenomenology has been a transformative process for my own personality. Reflecting on my time as an initial PhD student, I embarked on my study voyage at University of Nottingham with confusing notions of how to go about my study, and I initially veered toward interpretive research involuntarily, due to the nebulous and forbidding nature of its philosophical methodology. However, under the guidance of my supervisors and methodological studies, I came to understand phenomenology and it gradually opened a new set of transferable skills and knowledge to me. For instance, as a presenter in a PhD showcase, in which I endeavored to interpret my data and notified my preliminary findings to my colleagues, lecturers and my supervisors, my supervisors consequently advised me on my critical thinking and the rich experience I derived from participation in this event initially concerned me due

to the insightful comments and questions raised concerning my study, thus I attended a Hermeneutic Phenomenology Methodology Course at the University of Central Lancashire, Preston where I critically analysed every footstep and my presentation. During this course, I gain valuable knowledge and skills about designing hermeneutic phenomenology studies, collecting and analysing data, and reporting themes, qualities and patterns. I shared and discussed my ideas as well as had an opportunity to present my research project for informal peer feedback. Their comments and feedback were benefit for writing my thesis. Hence, I was able to benefit from constructive feedback and to improve my methodological insight and presentation abilities.

Given the value of phenomenology for applied science, my study provides a new understanding of the phenomenon of adolescent pregnancy in Thailand and can inform evidence-based guidelines and procedures for Thai health providers, nurses, educators, policy makers and further researchers to explore and understand. I realize that the root aim of understanding adolescent pregnancy needs requires more targeted research in numerous aspects, but this study has contributed to lifting the lid on this unaddressed and increasingly important subject in Thailand, although it is by no means an exhaustive overview of the experiences of pregnant Thai adolescents.

Hermeneutic phenomenology in Heidegger's (1962) view emphasized the ontology as opposed to the mere ontic; in practical terms, this led to drawing parallels between the importance of explicitness and reflexivity as well as my own past experiences related to pregnant adolescents and research. I then subsequently used this view in the research process. This was immensely

challenging academically, but I have benefitted enormously from overcoming the problems to produce a substantive thesis based on Heideggerian principles. My understanding in HP is that it can be interpreted in various ways, which was possibly Heidegger's intention. The reflection of personal thoughts, feelings and ideas was difficult whenever returning to the original sources, but this was worth the endeavor. The use of HP in the forming of my thesis assisted me to persist in the descriptive and interpretive as well as interpretive domains. This seems that my study described the adolescents (early analytic literature), attached becoming pregnant and mechanistic explanations to story for the pregnant adolescents' perspectives and manners. In the descriptive domain of phenomena, hardship and happiness disclosed in the adolescent pregnancy's experience represent an original and perhaps even unique contribution. The uncovering of adolescent pregnancy in this thesis is a truth but is not being taken as the truth for all adolescent pregnancy situations.

Reflecting during writing my study, in the beginning I had the most painful experience involving changing my supervisors, and I was afraid of not being able to continue with my study. However, I was fortunate to have two new supervisors who supported me to progress in this study. I had the opportunity to reflect on the best way to assist the pregnant adolescents and maintain honesty with my participants to complete my study and improve understanding of pregnant adolescents for general healthcare knowledge and to improve my own professional competencies.

Throughout my study I have reflected on own personal experience as a phenomenological researcher and reflected back as a nurse as well as a nurse

lecturer reviewing the phenomenon of adolescent pregnancy, managing to surmount the incredibly difficult and perplexing questions of ontological positioning within my study. At the same time the importance of my position was explicit in interpreting the pregnant adolescents' accounts of the phenomenon of adolescent pregnancy. During the fieldwork, writing up my study and reflecting on my voyage, I started this study based on my own personal experience, which I now understand to have occurred within a restricted horizon and understanding, which expanded as the study progressed and lessons were learned from participants' experiences, generating new levels of understanding that have ultimately helped to satisfy the initial compassionate aim of this investigation: to understand the care needs of pregnant adolescents.

My concerted a new picture on understandings of adolescent pregnancy and participants' understandings were contained various pieces of a jigsaw. Hence, the finance piece of jigsaw will be given to this study as a complete picture by the readers and their understanding rather than my understanding as a form and shape.
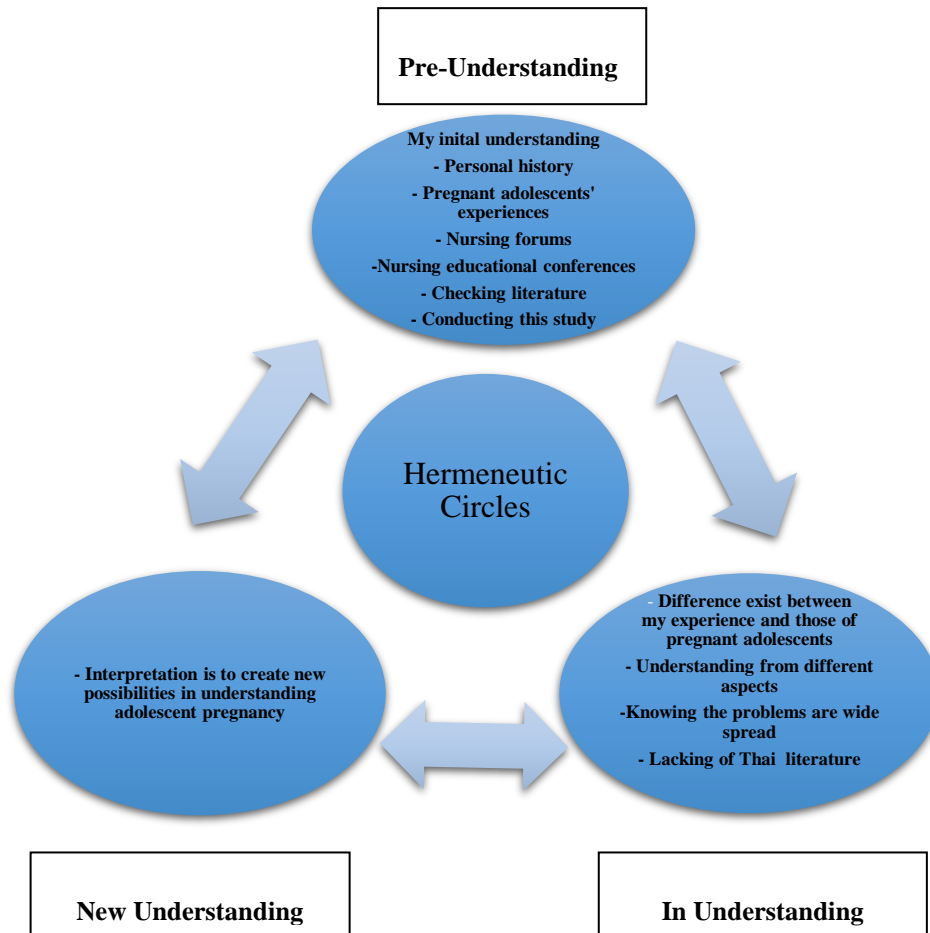
Figure 13: My understanding of adolescent pregnancy phenomenon

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295

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Appendix 1: Information Sheet

(English and Thai)

Information sheets

Participants' Information Sheet

Title of Study: Title of Study: Understanding adolescent pregnancy from the perspectives of pregnant adolescents in a Northern Thailand province: A phenomenological study

Study ID – 4219384

Name of Researcher(s): PanitsaraLeekuan, Dr Sheila Greatrex-White and Dr Kim Watts

We would like to invite you to take part in our research study. Before you decide we would like you to understand why the research is being done and what it would involve for you. One of our team will go through the information sheet with you and answer any questions you have. Talk to others about the study if you wish. Ask us if there is anything that is not clear.

Background

In Thailand, the adolescent pregnancy rate is the second highest in Asia and Pacific. Thai pregnant adolescents face significant health high risks of pregnancy, which affect both mothers and their babies, with implications for maternal mortality and morbidity. This evidence and the particular phenomenon of adolescent maternity in Thailand led to find the way for the improvement of health care service and support mechanisms. The aim is to promote strategies appropriate to the particular context and needs of pregnant adolescents in Thailand.

What is the purpose of the study?

This research tends to better understand the phenomenon of adolescent pregnancy from the perspectives of pregnant adolescents in Thailand. This will give insight into how services might be improved for such women and what support mechanisms might be useful for future Thai adolescents.

Why have I been invited?

You are being invited to take part because you are a pregnant adolescent in Thailand and age 15-19 year during the first trimester of the first pregnancy. We are inviting 20-30 participants like you to take part in an in-depth interview section of the study.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. This will not affect any service or care which is provided by your health services.

What will happen to me if I take part?

If you accept taking part in this study, you can express your interest by contacting the researcher or a nurse. Within one week, the researcher will contact you in order to arrange a face-to-face interview at a time or a place convenient to you.

For the interviewed date, you will be asked to complete a consent form and be asked about the willingness to take part in the future in an in-depth qualitative interviewed on the similar issues. After signing the consent form, you will be interviewed by the researcher and asked for demographic personal details. The interview is estimated to take around 60-90 minutes. You also could complete the demographic details by yourself, if you wish, and return it to the researcher. The in-depth interview it will be audio-recorded by the researcher using an audio recorder.

Expenses and inconvenience allowance

Participants will not be paid to participate in the study. However, an incentive will be offered as a gift (e.g. a gift basket or a food hamper)

What are the possible disadvantages and risks of taking part?

The interview may induce your past memories or experiences that may stimulate sadness feeling. You will be encouraged to pause or stop if you find it very stressful and you will be informed that you can withdraw from the study at any time without providing a reason.

What are the possible benefits of taking part?

The information we get from your participation in this study will provide an understanding of the experiences of pregnant adolescents that the way for the improvement of health care service and support mechanisms. This could inform strategies appropriate to the particular context and needs of pregnant adolescents in Thailand.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researchers who will do their best to answer your questions. The researchers contact details are given at the end of this information sheet. If you remain unhappy and wish to complain formally, you should then contact the Research Ethics Committee Administrator, c/o The University of Nottingham, School of Medicine Education Centre, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH.E-mail: louise.sabir@nottingham.ac.uk.

Will my taking part in the study be kept confidential?

We will follow ethical and legal practice and all information about you will be handled in confidence. If you join the study, some parts of the data collected for the study will be looked at by authorised persons from the University of Nottingham who are organising the research. They may also be looked at by authorised people to check that the study is being carried out correctly. All will have a duty of confidentiality to you as a research participant and we will do our best to meet this duty.

All information which is collected about you during the course of the research will be kept **strictly confidential**, stored in a secure and locked office, and on a password protected database. Any information about you which leaves the institution will have your name and address removed (anonymised) and a unique code will be used so that you cannot be recognised for it.

However, the exception of information being revealed during a structured questionnaire interview or an in-depth qualitative interview which is of concern and may need reporting, i.e. potential risks to another person or to yourself such as psychological distress or being abused. This will be reported to a nurse or a consultant in order to provide an appropriate solution.

All research data will be kept securely for 7 years. After this time your data will be disposed of securely. During this time all precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to your personal data.

What will happen if I don't want to carry on with the study?

Your participation is voluntary and you are free to withdraw at any time, without giving any reason. However, the information collected so far cannot be erased and may still be used in the project analysis. This is because once the data has been entered into the secure computer system because it has been made anonymous and the data analyses draws together information provided by all participants it becomes impractical to extract and remove individual data from the system.

What will happen to the results of the research study?

The results of the study will be disseminated through thesis of the researcher (PanitsaraLeekuan), presentations at conferences and through publications. The result of the study will also be available in the antenatal care service in order to provide the result to the study sites. If you would like to have a summary of the report, you could express your interest by giving your name and your detail address of the primary researcher (PanitsaraLeekuan).

Who is organising and funding the research?

This research is being organised by the University of Nottingham and is being funded by the University of Phayao, Thailand.

Who has reviewed the study?

All research in the University of Nottingham is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given a favorable opinion by the Medical School Ethics Committee.

Further information and contact details

Please do not hesitate to contact PanitsaraLeekuan (PhD student) for any further information or queries about the study:

Email: ntxpl3@nottingham.ac.uk

Mobile: +44(0)751 34 54039

Alternatively, you may contact her supervisors: Dr Sheila Greatrex-White (Principal supervisor) Email: greatrex-white. sheila @nottingham.ac.uk Tel: +44(0) 115 82 30960

Dr Kim Watts (Co-supervisor)
Email: watts.kim@nottingham.ac.uk
Tel: +44 (0) 115 82 31956
Thank you for reading this information sheet and taking part.

Information sheet

Parent's or Guardian's Information Sheet

Title of Study: Title of Study: Understanding adolescent pregnancy from the perspectives of pregnant adolescents in a Northern Thailand province: A phenomenological study

Study ID – 4219384

Name of Researcher(s): PanitsaraLeekuan, Dr Sheila Greatrex-White and Dr Kim Watts

We are contacting you as we would like to ask if (child name) would be interested in taking part in our research study. As (pregnant adolescent's name) is under 20, it is important we receive consent from you before doing this.
Before you decide whether you agree to us contract (child name), it is important for you to understand why the research is being done what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information. Thank you

What is the purpose of the study?

This research tends to better understand the phenomenon of adolescent pregnancy from the perspectives of pregnant adolescents in Thailand. This will give insight into how services might be improved for such women and what support mechanisms might be useful for future Thai adolescents.

Why has your child been chosen?

Your child has been selected to take part in the study as she has experienced pregnancy.

What does my child have to do?

Your child has been invited to take part in arranging a face-to-face interview at a time or a place convenient to her. For the interviewed date, she will be asked to complete a consent form and be asked about the willingness to take part in the future in an in-depth qualitative interviewed on the similar issues. After signing the consent form, she will be interviewed by the researcher and ask for

demographic personal details. For an in-depth interview, it will be taken approximately 60 to 90 minutes and be audio-recorded by the researcher using an audio recorder.

Do I have to let my child take part?

It is up to you to decide whether or not we approach your child. Consenting does not meet your child has to take part, they will also be asked if they wish to take part or not and are free to decline. You are free to discuss this with your child to see if they would be interested in participating for other young people in the future.

However, if your child feels upset or distressed we will pause, or stop altogether, the interviews at their request. Participants will be signposted to sources of support should they request this, including information of local and national services available to them.

What are the possible disadvantages and risks of taking part?

The interview may induce her past memories or experiences that may stimulate sadness feeling. She will be encouraged to pause or stop if she finds it very stressful and will be informed that she can withdraw from the study at any time without providing a reason.

What are the possible benefits of taking part?

The information we get from her participation in this study will provide an understanding of the experiences of pregnant adolescents that the way for the improvement of health care service and support mechanisms. This could inform strategies appropriate to the particular context and needs of pregnant adolescents in Thailand.

What if there is a problem? / Who can I complain to?

In case if you have a concern about any aspect of this study, you can initially approach the researchers who will do their best to answer your questions. The researchers contact details are given at the end of this information sheet. If you remain unhappy and wish to complain formally, you should then contact the Research Ethics Committee Administrator, c/o The University of Nottingham, School of Medicine Education Centre, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: louise.sabir@nottingham.ac.uk.

Will my child taking part in the study be kept confidential?

We will follow ethical and legal practice and all information about her will be handled in confidence. If her join the study, some parts of the data collected for the study will be looked at by authorised persons from the University of Nottingham who are organising the research. They may also be looked at by authorised people to check that the study is being carried out correctly. All will have a duty of confidentiality to her as a research participant and we will do our best to meet this duty.

All information which is collected about her during the course of the research will be kept **strictly confidential**, stored in a secure and locked office, and on a password protected database. Any information about her which leaves the institution will have your name and address removed (anonymised) and a unique code will be used so that you cannot be recognised for it.

However, the exception of information is being revealed during a structured questionnaire interview or an in-depth qualitative interview which is of concern and may need reporting, i.e. potential risks to another person or to herself such as psychological distress or being abused. This will be reported to a nurse or a consultant in order to provide an appropriate solution.

All research data will be kept securely for 7 years. After this time her data will be disposed of securely. During this time all precautions will be taken by all those involved to maintain your confidentiality, only members of the research team will have access to her personal data.

What will happen if my child does not want to carry on with the study?

Her participation is voluntary and she is free to withdraw at any time, without giving any reason. However, the information collected so far cannot be erased and may still be used in the project analysis. This is because once the data has been entered into the secure computer system because it has been made anonymous and the data analyses draws together information provided by all participants it becomes impractical to extract and remove individual data from the system.

What will happen to the results of the research study?

The results of the study will be disseminated through thesis of the researcher (PanitsaraLeekuan), presentations at conferences and through publications. The result of the study will also be available in the antenatal care service in order to provide the result to the study sites. If you would like to have a summary of the report, you could express your interest by giving your name and your detail address of the primary researcher (PanitsaraLeekuan).

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Further information and contact details

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Email: ntxpl3@nottingham.ac.uk

Mobile: +44(0)751 34 54039

Alternatively, you may contact her supervisors: Dr Sheila Greatrex-White (Principal supervisor) Email: greatrex-white. sheila @nottingham.ac.uk Tel: +44(0) 115 82 30960

Dr Kim Watts (Co-supervisor)
Email: watts.kim@nottingham.ac.uk
Tel: +44 (0) 115 82 31956

Thank you for reading this information sheet and taking part.

	ข้อมูลคำอธิบายสำหรับผู้เข้าร่วมใน
University of Phayao	โครงการวิจัยสำหรับอาสาสมัครอายุ 7–20 ปี
	(Information Sheet for Research Participant)

ชื่อโครงการวิจัย: การศึกษาปรากฏการณ์วิทยา การตั้งครรภ์วัยรุ่นในจังหวัดทางภาคเหนือของประเทศไทย

: Understanding adolescent pregnancy from the perspectives of pregnant adolescents in a Northern Thailand province:A phenomenological study

โครงการวิจัยขอให้ท่านเข้าร่วมในการวิจัยนี้เนื่องจากท่านเป็นผู้มีคุณสมบัติในการเข้าร่วมการวิจัย ขอให้ท่านให้เวลาเพื่ออ่านและปรึกษากับแพทย์ พยาบาล ผู้ปกครอง เครือญาติ หรือท่านสามารถถามเจ้าหน้าที่ในโครงการในส่วนที่ท่านไม่เข้าใจ หรือ ต้องการรู้เพิ่มเติม

1.โครงการนี้คืออะไร

เป็นการศึกษาปรากฏการณ์วิทยา การตั้งครรภ์วัยรุ่นในจังหวัดทางภาคเหนือของประเทศไทย ซึ่งมีวัตถุประสงค์คือ เพื่อค้นหาและเพิ่มความเข้าใจในปรากฏการณ์ของการตั้งครรภ์วัยรุ่นจากทัศนคติของหญิงตั้งครรภ์วัยรุ่นในจังหวัดทางภาคเหนือของประเทศไทย

2.ทำไมจึงเกิดการศึกษาวิจัยในโครงการ

ผู้วิจัยของโครงการต้องการรู้ว่าประสบการณ์ในการตั้งครรภ์ของวัยรุ่นเป็นอย่างไร

3.ผู้เข้าร่วมวิจัยต้องทำอะไรบ้างถ้าเข้าร่วมการวิจัย

ท่านจะได้มาพบผู้วิจัยทั้งหมด1 ครั้ง คือ หลังจากที่ได้รับความยินยอมจากตัว
ผู้เข้าร่วมท่านเองและบิดา หรือมารดา หรือผู้ปกครอง คนใดคนหนึ่ง ผู้วิจัยจะทำการนัด
หมายวันและเวลาที่ท่านสะดวก เพื่อทำการสัมภาษณ์ ซึ่งจะใช้เวลาประมาณ 60–90
นาที การสัมภาษณ์จะเกิดขึ้นในห้องที่มีความส่วนตัวในโรงพยาบาล เพื่อให้ท่านได้รู้สึก
สะดวกสบายและสบายใจที่จะเล่าเรื่องราวต่างๆ ขณะทำการสัมภาษณ์ ผู้วิจัยจะทำการ
บันทึกการสัมภาษณ์และจดบันทึกตลอดการสัมภาษณ์

4. ความเสี่ยงและประโยชน์ของการเข้าร่วมโครงการ

ท่านอาจรู้สึกสะเทือนใจในระหว่างการสัมภาษณ์ที่ต้องเล่าถึงประสบการณ์ขณะ
ตั้งครรภ์ ผู้วิจัยจะหยุดการสัมภาษณ์และให้สิทธิท่านว่าจะพูดคุยต่อหรือยุติการสนทนา
หากท่านมีอาการเพิ่มมากขึ้นและต้องการการช่วยเหลือ   ผู้วิจัยจะส่งต่อไปยัง
ผู้เชี่ยวชาญเพื่อให้ได้รับการบำบัดที่เหมาะสมต่อไป

ข้อมูลที่ได้จากการสัมภาษณ์และการจดบันทึกจะเป็นประโยชน์อย่างมากในการวิจัย
ครั้งนี้ เนื่องจากข้อมูลที่ได้รับจะนำไปสู่การเสนอแนะแนวทางการพัฒนาระบบการ
ให้บริการด้านสุขภาพ โดยเฉพาะอย่างยิ่งสำหรับกลุ่มหญิงตั้งครรภ์วัยรุ่น และเป็นการ
สนับสนุนระบบและกลไกในการดำเนินการด้านการดูแลสุขภาพ ซึ่งจะเป็นประโยชน์
ต่อไปในเชิงนโยบายแก่วัยรุ่นไทยในอนาคต

5.การรักษาความลับ

ข้อมูลทุกอย่างของท่านที่ทางโครงการเก็บรวบรวมจะถูกเก็บเป็นความลับ ทาง
โครงการจะใช้เพียงหมายเลขรหัสแทนชื่อของท่าน จะไม่มีการใช้ชื่อจริงในการวิจัยนี้

6. การเข้าร่วมโครงการวิจัย

การตัดสินใจเข้าร่วมโครงการนี้ขึ้นอยู่กับท่านและครอบครัว ท่านมีสิทธิ์
ตัดสินใจ ไม่เข้าร่วมในโครงการนี้ได้ และหากท่านเข้าร่วมโครงการแล้ว ท่านก็มีสิทธิ์ที่

จะถอนตัวเมื่อใดก็ได้ โดยไม่จำเป็นต้องให้เหตุผลใดๆ แพทย์ผู้ดูแลท่านจะยังคงให้การดูแลท่านตามปกติ

ขอบคุณที่ท่านเสียสละเวลาเพื่อทำความเข้าใจกับโครงการวิจัยนี้ ขอให้ท่านสอบถามและแจ้งให้ทางโครงการทราบสิ่งที่ยังไม่เข้าใจ หรือต้องการสอบถามข้อมูลเพิ่มเติม

ปัญหาหรือข้อซักถามต่างๆ

ถ้าท่านมีคำถามเกี่ยวกับโครงการวิจัยนี้ หรือเกี่ยวกับการบาดเจ็บที่เกี่ยวข้องกับการวิจัย   ท่านสามารถติดต่อ นางสาวปาณิสรา หลีค้วน โทร 0819923659 หรือ เบอร์โทรศัพท์มือถือกรณีฉุกเฉิน 24 ชั่วโมง 081992365

สำหรับคำถามเกี่ยวกับโครงการวิจัย สิทธิของท่าน และอันตรายที่เกิดจากการวิจัย ท่านสามารถติดต่อเจ้าหน้าที่ผู้เป็นอิสระจากโครงการวิจัยนี้ ที่คณะกรรมการการวิจัยในมนุษย์ มหาวิทยาลัยพะเยา กองบริหารงานวิจัยและประกันคุณภาพ ชั้น 2 อาคารสำนักอธิการบดี มหาวิทยาลัยพะเยา ที่โทรศัพท์หมายเลข 054–466666 ต่อ 1408 โทรสาร 054- 466714, 054-466690

Appendix 2: Consent Form

(English and Thai)

CONSENT FORM (PARTICIPANTS)

Title of Study: Understanding adolescent pregnancy from the perspectives of pregnant adolescents in a Northern Thailand province: A phenomenological study

REC ref:

Name of Researcher: Panitsara Leekuan, Dr Sheila Greatrex-White and Dr Kim Watts

Name of Participant:

Please initial box

1. I confirm that I have read and understand the information sheet version number…………dated...................................... for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis.

3. I understand that relevant sections of my data collected in the study may be looked at by the research group and by other responsible individuals for monitoring and audit purposes. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.

4. I understand that the interview will be audio recorded using an audio recorder and that anonymous direct quote from the interview may be used in the study reports.

5. I understand that all data will be anonymous and confidential with the exception of information being revealed during the interview which is of concernand may need reporting, i.e. potential risks to another person or to myself such as psychological distress or being abused.

6. I understand that information about me recorded during the study will be kept in a secure database. If the data transfers,

it will be made anonymous.
Data will be kept for 7 years after the study has ended
and then securely destroyed.

7. I agree to take part in the questionnaire section of the study

8. I agree to take part in the interview section of the study

_____ _____
Name of Participants   Date   Signature

_____ _____   _____
 Name of Person taking consent   Date   Signature

2 copies: 1 for participant, 1 for the project note

CONSENT FORM (PARENT OR GUARDIAN)

Title of Study: Understanding adolescent pregnancy from the perspectives of pregnant adolescents in a Northern Thailand province: A phenomenological study

REC ref:
Name of Researcher: Panitsara Leekuan, Dr Sheila Greatrex-White and Dr Kim Watts
Name of Participant:

Please initial box

1. I confirm that I have read and understand the information
sheet version number…………dated.........................
for above study and have had the opportunity to ask questions.

2. I voluntarily agree for my child to be contacted about this
research study.

3. I confirm that I have been given a full explanation by
the above named and that I have read and understand the
information sheet given to me which is attached.

4. I have been given the opportunity to ask questions
and discuss the study with one of the above investigators
or their deputies on all aspects of the study and
have understood the advice and information given as a result.

5. I understand that all data will be anonymous and
confidential with the exception of information being
revealed during the interview which is of concern
and may need reporting, i.e. potential risks to another
person or to herself such as psychological distress or
being abused.

6. I understand that information about my child recorded
during the study will be kept in a secure database.
If the data transfers, it will be made anonymous.
Data will be kept for 7 years after the study has ended and
then securely destroyed.

7. I understand that I can ask for further instructions or
explanation at any time.

_____   _____ _____
Name of a parent or a guardian   Date   Signature

_____ _____ _____
  Name of Person taking consent   Date   Signature
2 copies: 1 for participant, 1 for the project note

336

	หนังสือแสดงความยินยอมเข้าร่วม
![University of Phayao logo] University of Phayao	โครงการวิจัยสำหรับอาสาสมัครอายุ 7 –20 ปี
	(Informed Consent Form)

การวิจัยเรื่อง : การศึกษาปรากฏการณ์วิทยา การตั้งครรภ์วัยรุ่นในจังหวัดทาง ภาคเหนือของประเทศไทย

: Understanding adolescent pregnancy from the perspectives of pregnant adolescents in a Northern Thailand province: A phenomenological study

วันให้คำยินยอม วันที่.....................เดือน................................พ.ศ....................................

ข้าพเจ้าชื่อ..
ที่อยู่...ได้อ่านรายละเอียดจากเอกสารข้อมูลคำอธิบาย สำหรับผู้เข้าร่วมการวิจัยที่แนบมาฉบับวันที่ .... และยินยอม เข้าร่วมในโครงการวิจัยโดยสมัครใจ

ข้าพเจ้าได้รับสำเนาเอกสารแสดงความยินยอมเข้าร่วมในโครงการวิจัยที่ข้าพเจ้าได้ลง นามและวันที่ พร้อมด้วยเอกสารข้อมูลสำหรับผู้เข้าร่วมโครงการวิจัย ทั้งนี้ก่อนที่จะลง นามในใบยินยอมให้ทำการวิจัยนี้

ข้าพเจ้าได้อ่านเอกสารและปรึกษากับแพทย์ พยาบาล ผู้ปกครอง หรือญาติ และเจ้าหน้าที่ในโครงการในส่วนที่ข้าพเจ้าไม่เข้าใจ และต้องการรู้เพิ่มเติมจนมีความ เข้าใจอย่างดีแล้ว โดยแพทย์และพยาบาลได้ตอบคำถามต่าง ๆ ด้วยความเต็มใจไม่ ปิดบังซ่อนเร้นจนข้าพเจ้าพอใจ

ข้าพเจ้าได้อ่านและทำความเข้าใจข้อมูลเกี่ยวกับโครงการวิจัย ข้าพเจ้ามีความ
เข้าใจในผลประโยชน์และผลเสียที่อาจได้รับจากการเข้าร่วมในโครงการวิจัยนี้และมี
สิทธิ์ที่จะถอนตัวออกจากโครงการวิจัยเมื่อใดก็ได้ โดยไม่มีผลกระทบต่อการเข้ารับการ
รักษากับแพทย์ในภายหลัง

ข้าพเจ้าทราบจากแพทย์และพยาบาลว่าจะไม่มีการเก็บข้อมูลใด ๆ ของข้าพเจ้า
เพิ่มเติม หลังจากที่ข้าพเจ้าขอยกเลิกการเข้าร่วมโครงการวิจัยและต้องการให้ทำลาย
เอกสาร

ลายมือชื่ออาสาสมัคร...................................อายุ 7–20 ปี

(...)ชื่อของอาสาสมัคร ตัวบรรจง

วันที่.................เดือน...........................พ.ศ..............................

ข้าพเจ้า   ☐ ยินยอม   ☐ ไม่ยินยอม

............................ลงนามผู้แทนโดยชอบธรรมผู้ให้ความยินยอม

(...)ชื่อของผู้แทนโดยชอบธรรมตัวบรรจง

วันที่.................เดือน...........................พ.ศ..............................

ข้าพเจ้าได้อธิบายถึงวัตถุประสงค์ของการวิจัย วิธีวิจัย อันตราย หรือความ
เสี่ยงที่อาจเกิดหรืออาการไม่พึงประสงค์ขึ้นจากการวิจัย รวมทั้งประโยชน์ที่จะเกิดขึ้น
จากการวิจัยอย่างละเอียด ให้ผู้เข้าร่วมในโครงการวิจัยตามนามข้างต้นได้ทราบและมี
ความเข้าใจดีแล้ว พร้อมลงนามลงในเอกสารแสดงความยินยอมด้วยความเต็มใจ

....ลงนามผู้ทำวิจัย

(นางสาวปาณิสรา หลีค้วน)   ชื่อผู้ทำวิจัยตัวบรรจง

วันที่...................เดือน...........................พ.ศ..............................

338

....ลงนามพยาน

(..)ชื่อพยานตัวบรรจง

วันที่.....................เดือน................................พ.ศ...............................

หมายเหตุ

     ข้าพเจ้าไม่สามารถอ่านหนังสือได้ แต่ผู้วิจัยได้อ่านข้อความในแบบคำยินยอมนี้
ให้แก่ข้าพเจ้าฟังจนเข้าใจดี ข้าพเจ้าจึงประทับตราลายนิ้วมือขวาของข้าพเจ้าในแบบคำ
ยินยอมนี้ด้วยความเต็มใจ

                          ลายมือชื่อผู้อธิบาย...

Appendix 3: Permission Letter

ที่ กพ ๐๐๓๒.๐๐๒/๒๗๙๘

สำนักงานสาธารณสุขจังหวัดกำแพงเพชร
ถนนกำแพงเพชร - สุโขทัย
อำเภอเมืองกำแพงเพชร ๖๒๐๐๐

๓๗ ธันวาคม ๒๕๕๘

เรื่อง ตอบรับให้นักศึกษาเก็บข้อมูล

เรียน คณบดีคณะพยาบาลศาสตร์ มหาวิทยาลัยพะเยา

อ้างถึง หนังสือคณะพยาบาลศาสตร์ มหาวิทยาลัยพะเยา ที่ ศธ ๐๕๙๐.๑๓/๓๙๘ ลงวันที่ ๑ ธันวาคม ๒๕๕๘
เรื่อง ขอความอนุเคราะห์ให้นักศึกษาเก็บข้อมูลเพื่อประกอบการทำวิทยานิพนธ์

ตามที่คณะพยาบาลศาสตร์ มหาวิทยาลัยพะเยาขอความอนุเคราะห์ให้ นางสาวปาณิสรา หลีค้วน
นักศึกษาปริญญาเอก เก็บข้อมูลการศึกษาวิจัยเรื่อง " การศึกษาปรากฏการณ์วิทยา การตั้งครรภ์วัยรุ่นในจังหวัด
ภาคเหนือ ของประเทศไทย" กลุ่มเป้าหมายเป็นหญิงตั้งครรภ์ครั้งแรกที่อายุ ระหว่าง ๑๕ – ๑๙ ปี ที่มาฝากครรภ์
ในโรงพยาบาลกำแพงเพชร พรานกระต่าย ไทรงาม นั้น

สำนักงานสาธารณสุขจังหวัดกำแพงเพชร ได้พิจารณาโครงการวิจัย และแบบสอบถามแล้ว
จึงอนุญาตให้เก็บข้อมูลเพื่อการศึกษาวิจัย ได้

จึงเรียนมาเพื่อโปรดทราบและแจ้งผู้เกี่ยวข้องดำเนินการต่อไป

ขอแสดงความนับถือ

(นางกาญจนา สิ้มเลิศเจริญวนิช)
นักวิชาการสาธารณสุขเชี่ยวชาญ (ด้านส่งเสริมพัฒนา) รักษาราชการแทน
นายแพทย์สาธารณสุขจังหวัดกำแพงเพชร

กลุ่มงานพัฒนายุทธศาสตร์สาธารณสุข
โทรศัพท์ ๐๕๕ ๗๐๕๑๙๖
โทรสาร ๐๕๕ ๗๐๕๒๐๐

Appendix 4: Ethical Approvals

(UK and Thailand)

The University of **Nottingham**

Faculty of Medicine and Health Sciences

Research Ethics Committee
School of Medicine Education Centre
B Floor, Medical School
Queen's Medical Centre Campus
Nottingham University Hospitals
Nottingham
NG7 2UH

Direct line/e-mail
+44 (0) 115 8232561
Louise.Sabir@nottingham.ac.uk

2nd November 2015

Panitsara Leekuan
PhD Student
c/o Dr Sheila Greatrex-White
Assistant Professor/Principal Supervisor
Nursing Sciences
School of Health Sciences
QMC Campus
Nottingham University Hospitals
NG7 2UH

Dear Panitsara

Ethics Reference No: G13102015 SoHS OVS PhD – please always quote
Study Title: Understanding adolescent pregnancy from the perspectives of pregnant adolescents in a Northern Thailand province: A phenomenological study.
Chief Researcher/Academic Supervisors: Dr Sheila Greatrex-White , Assistant Professor (Principal Supervisor, Dr Kim Watts (Co –supervisor) Assistant Professor, School of Health Sciences.
Lead Researcher/student: Panitsara Leekuan PhD Student, Nursing Sciences, School of Health Sciences.
Duration of Study: 01/12/2015-31/05/2016 6 mths **No of Subjects:** 30 (15-19 yrs)

Thank you for submitting the above application which was reviewed by the Committee at its meeting on 13th October 2015 and the following documents were received:

Understanding adolescent pregnancy in Thailand:
- FMHS Research Ethics Committee Application form version 1.0: 24/9/2015
- Protocol Final Version 1.0: 24/9/2015
- Draft letter of invitation/permission to the person in charge at Kamphaengphet Hospital, Phran Kratai Hospital and Sai Ngman Hospital, Kamphaengphet province.
- Recruitment Poster Version 2.0: 02/11/2015
- Participant Information Sheet: final version 1.0, 24/09/2015
- Parent's or Guardian Information Sheet, final version 1.0: 24/09/2015
- Consent Form (participants) final version 1.0: 24/09/15
- Consent Form (Parents/guardian) Final version 1.0: 24/09/15

These have been reviewed and are satisfactory and the study is approved.

Approval is given on the understanding that the Conditions of Approval set out below are followed.

1. A Favourable opinion is given on the understanding that all appropriate ethical and regulatory permissions are respected and followed in accordance with all local laws of the country in which the study is being conducted and those required by the host organisation/s involved.

2. Please can you submit a copy of the letter of approval from the Univesity of Phayao, Thailand Research Ethics Committee when this is available for our records.

3. Please can you submit copies of letters from the Kamphaengphet Hospital, Phran Kratai Hospital and Sai Ngman Hospital confirming their permission for you to conduct your study via their organisation to recruit and interview participants.

4. You must follow the protocol agreed and inform the Committee of any changes using a notification of amendment form (please request a form).

5. You must notify the Chair of any serious or unexpected event.

6. This study is approved for the period of active recruitment requested. The Committee also provides a further 5 year approval for any necessary work to be performed on the study which may arise in the process of publication and peer review.

7. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely

pp *Lamaegabn*

Professor Ravi Mahajan
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

เอกสารรับรองโครงการวิจัย

คณะกรรมการจริยธรรมการวิจัยในมนุษย์ มหาวิทยาลัยพะเยา ดำเนินการให้การรับรองโครงการวิจัยตามแนวทาง หลักจริยธรรมการวิจัยในคนที่เป็นมาตรฐานสากลได้แก่ Declaration of Helsinki, The Belmont Report, CIOMS Guideline และ International Conference on Harmonization in Good Clinical Practice หรือ ICH–GCP

ชื่อโครงการ : การศึกษาปรากฏการณ์วิทยา การตั้งครรภ์วัยรุ่นในจังหวัดทางภาคเหนือของประเทศไทย

: Understanding adolescent pregnancy from the perspectives of pregnant adolescents in a Northern Thailand province: A phenomenological study

เลขที่โครงการวิจัย : 3/015/58

ผู้วิจัยหลัก : นางสาวปาณิสรา หลีด้วน

สังกัดหน่วยงาน : คณะพยาบาลศาสตร์ มหาวิทยาลัยพะเยา

วิธีทบทวน : คณะกรรมการเต็มชุด (Full board)

รายงานความก้าวหน้า : ส่งรายงานความก้าวหน้าอย่างน้อย 1 ครั้ง/ปี หรือส่งรายงานฉบับสมบูรณ์ หากดำเนินโครงการเสร็จสิ้นก่อน 1 ปี / ส่งรายงานความก้าวหน้าอย่างน้อยทุก 6 เดือน / ส่งรายงานความก้าวหน้าอย่างน้อยทุก 3 เดือน

เอกสารรับรอง

ลงนาม

(ผู้ช่วยศาสตราจารย์ ดร.วิบูลย์ วัฒนาธร)
ประธานคณะกรรมการจริยธรรมการวิจัยในมนุษย์

วันที่รับรอง : 2 ธันวาคม 2558

วันหมดอายุ : 2 ธันวาคม 2559

ทั้งนี้ การรับรองนี้มีเงื่อนไขดังที่ระบุไว้ด้านหลังทุกข้อ (ดูด้านหลังของเอกสารรับรองโครงการวิจัย)