

# Parental Care for Unplanned Pregnant Adolescent Daughters: A Qualitative Descriptive Study

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**Abstract:** Adolescent pregnancy is a critical and global problem having a significant impact on the adolescent mother, father, and the child of adolescent parents and grandparents. Pregnancy during puberty has significant health consequences for teenage mothers and their babies, so they need special support from their parents. This study aimed to describe parental care for unplanned pregnant adolescents. A qualitative descriptive study was conducted in six districts in a northeastern province of Thailand with 12 families made up of 57 informants. This included 12 parents of the pregnant daughter, who were the key informants, and a general informant group of 12 pregnant adolescents, ten of their boyfriends, four grandfathers, four grandmothers, one parent's older sister, one older sister, and one female cousin. Data were collected through in-depth interviews, participant observation, field notes, and photographs. Content analysis was used to analyze the data.

Parental care indicated six themes: (1) dealing with the unplanned pregnancy with two subthemes; (2) giving love without conditions with two subthemes; (3) promoting the health of the pregnant daughter and her fetus with four subthemes; (4) providing emotional, spiritual, and financial support; (5) planning for the care of a grandchild; and (6) directing and helping the daughter for future achievements. The findings inform nursing and midwifery practice and other involved health professions and form a foundation for further research relating to the study area. In addition, the findings could be used for the evidence-based development of programs of care for parents with pregnant adolescents.

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## Introduction

Adolescent pregnancies occur in all countries. The World Health Organization (2020) reported that an estimated 21 million adolescent girls aged 15–19 years become pregnant, and approximately 12 million of these give birth each year in developing regions such

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as Thailand.<sup>1</sup> The majority of pregnant Thai adolescents experience unplanned pregnancies.<sup>2</sup> The adolescent birth rate was highest in the northeastern region of

Thailand, accounting for up to 19.2% of total births.<sup>3</sup> The 7th District Health Center in Khon Kaen reported that the situation of recurrent pregnancies in Roi-Et Province was 17.45% and 17.15%, respectively, the highest in the 7th District Health Center of Khon Kaen.<sup>4</sup>

The impact of pregnancy on the health of adolescents has both physical and psychological aspects. There are numerous physical effects, such as the link between being pregnant during adolescence and the increased risk of complications from unsafe abortions.<sup>3</sup> Other physical aspects include anemia, pre-term labor, pre-eclampsia, eclampsia, puerperal endometritis and systemic infection.<sup>5,6</sup> The psychological impacts include stress, sadness, depression, guilt, low self-esteem, and fear of childbirth.<sup>7-9</sup> The impact on the parents of the pregnant adolescent included feelings of shock, sadness, shame, and fear of social stigma.<sup>10-11</sup>

In Thailand, parents who have a pregnant teenage daughter have reported struggling with feelings of disappointment, regret, social stigma,<sup>12</sup> sadness, shock, embarrassment, anger, and stress, saying that they did not want to stay at home, that they felt they wanted to escape the problem and the inconvenience and gossip that came with pregnancy.<sup>13</sup> In addition, social stigma from those closest to them, such as neighbors, schoolmates, and other community members, can be difficult for parents and pregnant adolescents.<sup>14</sup> Social stigma may push pregnant adolescents to marry their partner before they might otherwise have done so, as marriage is a way for Thai culture to accept adolescents with unplanned pregnancies.<sup>3</sup> Previous studies have been limited to the emotional aspects and associated positive and negative evaluations. Therefore, parents need to know how to exercise parental care when they have a pregnant adolescent in the family. The information arising from this study will serve as a foundation for nurses to plan for the care of parents and their daughters in the future.

## **Review of Literature**

Adolescent pregnancy is a critical problem and of social concern worldwide, for it has a tremendous impact on the physical and mental development of teenagers. However, not only the teenage mother is affected by a pregnancy, but also the newborn, the father, the teenage mother's family, and society.<sup>15</sup> The role of parents involves providing different types of support, such as caring for the adolescents physically and emotionally, providing material goods, offering mentoring support and providing daily child care. Material support may mean helping the teenage parents with goods and services such as providing healthy food, helping with housework, or giving financial support. Mentoring support includes teaching primary baby care such as bathing and feeding using one-to-one mentoring when the teenage mothers are new learners.<sup>16</sup> Parents provide mental and emotional support such as being open-minded and listening to their child's problems, acting as counselors in all matters and providing guidance on problems in daily life or school or work.<sup>17</sup>

In a study in northeastern Thailand, Phon District, Khon Kaen Province, researchers found that parents provided for their adolescents monetarily during pregnancy until postpartum, paying for their studies and daily cost of living.<sup>12</sup> In addition, research in Chum Phae District, Khon Kaen Province, found that parents cared for their pregnant adolescents by taking them to an antenatal care clinic.<sup>18</sup> Caregivers can take steps to encourage and support pregnant teens through counseling, collaborating, teaching, or coaching.<sup>19</sup> The most common forms of support are emotional, informational, and material.<sup>20</sup>

The principal factors influencing parental care for adolescent pregnancy were religious beliefs.<sup>21,22</sup> Buddhism also has an extensive influence on Thai social and cultural life.<sup>23</sup> The family has a vital role in developing adolescents' spirituality by teaching the Buddha's principles and religious beliefs. The religious beliefs practiced

included observing Buddhist precepts, refraining from sin, *tamboon* (donating money or materials) and *saibart* (offering food to monks), chanting religious prayers, practicing meditation, maintaining consciousness, and showing wisdom by abstaining from inappropriate behavior.<sup>24</sup>

Providing parental support is positively and significantly associated with health-promoting behaviors in pregnant teens,<sup>25</sup> for example, giving information can increase breastfeeding success.<sup>26</sup> Thus, parents are the most important people who can help their pregnant teens achieve good health and successful life.

### **Study Aim**

This study aimed to explore and understand parental care for Thai adolescents who had unplanned pregnancies.

### **Methods**

**Study Design:** This study used a qualitative descriptive approach, a pragmatic one that helps uncover the facts of a phenomenon. In addition, a qualitative description is a theoretical approach that helps researchers discover and understand a phenomenon.<sup>27</sup> The Consolidated Criteria for Reporting Qualitative Studies (COREQ) checklist was used to report the findings.

**Study Setting and Sample:** This study was conducted with the parents of pregnant adolescents attending the health-promoting hospitals in six districts of Roi-Et Province in Northeastern Thailand. There were recurrent pregnancies in the six districts, and they were highest in Roi-Et Province. Data were collected between May and September 2019 and between May 2020 and January 2021. The gap in the data collection was due to the COVID-19 pandemic. Purposive sampling was used to recruit informants based on the following inclusion criteria. The key informants were parents who cared for their adolescent experiencing an unplanned pregnancy at the time of the study in one of the six districts,

able to speak and understand the Thai language, and living in the same family home with the pregnant adolescent. The adolescent needed to be 13 to 19 years and pregnant for 28 weeks or less before starting the study. General informants were pregnant adolescents and other family members who lived in the same household, such as siblings, boyfriends, and grandparents.

**Ethical Considerations:** Before this study began, the principal investigator (PI) obtained approval from the Center for Social and Behavioral Sciences Institutional Review Board, Prince of Songkla University (SBSIRB-PSU-2018-NS1051), Thailand, and the Ethical Committee Review Board of the Provincial Public Health Office in Muang District, Roi-Et Province in Northeastern Thailand. The informants were informed of the purpose of the study, the researcher's approach and methods, the time frame, the potential risks and benefits to the informants, and the informants' right to withdraw from this study at any time without any adverse effects from the health community hospital involved. In addition, written informed consent was obtained from each of the informants. All pregnant adolescents gave assent, and their parents gave consent. The informants were informed that their data would be kept in a secure, locked cabinet and destroyed after the study was completed. The data were accessible only to the researcher, and confidentiality of the information was maintained; transcripts will be destroyed three years after publication.

**Data Collection:** The head of the district public health office introduced the PI to the pregnant adolescents who were selected using the inclusion criteria and had visited the health-promoting community hospital. After the informants decided to join the study, the PI visited their homes and interviewed them. A digital recorder and interview guide were used for the interviews, which lasted 30–60 minutes (See **Table 1**). Additional probing questions were asked for further clarification. Appointments were made for additional interviews until the data were saturated.

**Table 1** Semi-structured interview conducted using an interview guide

Key informants	General informants
<p>1. Main semi-structured interview</p> <p>1.1 Fathers “When your daughter became pregnant, how did her mother take care of her?”</p> <p>1.2 Mother “When your daughter got pregnant, how did her father take care of her?”</p> <p>2. Probing “Please explain more about the things parents helped their daughter with during pregnancy, e.g., financial status, education, help with prenatal care, buying food/books for pregnant women.”</p>	<p>1. Main semi-structured interview</p> <p>1.1 Pregnant adolescents “During pregnancy, how were you given care by your father?” “During pregnancy, how were you given care by your mother?”</p> <p>1.2 Family members “What kind of care did you notice the parents’ giving to their pregnant daughter, physically, mentally and socially?”</p> <p>2. Probing “Please explain more about the matters in which the parents helped their daughter during the pregnancy other than what has been talked about, such as financial status, education, helping in getting antenatal care, buying food/books for pregnant women.”</p>

**Data Analysis:** Content analysis was conducted using the technique described by Creswell.<sup>28</sup> It consisted of data preparation, coding, and presenting the data. The data preparation process consisted of transcribing the qualitative data transcribed from the interviews and field notes recorded with the smartphone. The PI transcribed the data from Isan dialect to Thai language and from Thai to English. The data were transcribed verbatim. Analysis was started on the first day of the interviews and continued until the end of the study. Second, the coding process was conducted classifying the data into broader categories or themes. In addition, the codes provided saturation of ideas and recurring patterns when comparing the data for similar and different parental care. As a result, the PI had to reassemble the coding categories according to the emerging themes in the data. Finally, the process of presenting the data in theme and subthemes with quotes to verify the data. The PI confirmed the data with the informants giving them a copy of their interview to verify, and through phone calls or the Line app to clarify the interpretations and findings.

**Trustworthiness:** Lincoln and Guba defined four criteria for assessing the trustworthiness of qualitative research, one of which is triangulation.<sup>29</sup> Triangulation ensures the reliability of data, e.g., triangulation of time, space, and personnel. Key informant and general informant data were used to verify the conclusions of this study. Temporal triangulation means collecting data about the same phenomenon over a period of time. In this study, the PI spoke with informants several times. In addition, spatial triangulation was conducted by collecting data on the same phenomenon in six different districts to verify consistency between locations. Finally, this study triangulated individuals by using different types of informants such as parents, their daughters, the daughters’ boyfriends, grandparents, and a female cousin. The researcher used four procedures to increase the credibility of the data: prolonged engagement, sustained observation, debriefing with peers, and member checking. An audit trail technique was used to enhance through detailed field notes and observations during and after the interviews, as well as by recording the interviews with a cell phone. The PI also read

through the data several times to confirm the relationship between data points, codes, and categories.

### Findings

There were 12 families that met the study criteria for this study. They were divided into two groups: the key informant group and the general informant group.

The key informants were 12 fathers and 12 mothers of the pregnant adolescents. The age of the fathers ranged from 36 to 63 years with a mean age of 48 years, while the age of the mothers ranged from 33 to 58 years with a mean age of 44.33 years. Most of them had a primary school education and were employees. Their average income was in the range of 5,000–20,000 Baht/month (166–666 USD/month). The largest group, consisting of six families, lived with their grandparents, while the parents of five families owned their own homes. All the families were Buddhist.

The general informants included 12 adolescents undergoing unplanned pregnancies, ten boyfriends, four grandfathers, four grandmothers, an aunt, one older sister of an adolescent, and one female cousin. The largest group of general informants were the pregnant adolescents. Their ages ranged from 15 to 19 years with a mean age of 16.83 years, and their gestational ages ranged from 10 to 26 weeks. The second-largest group of general informants were the pregnant adolescents' boyfriends (n = 10). Their ages ranged from 16 to 29 years with a mean age of 20.10 years. The third group of general informants were the grandparents (n = 8). Their age ranged from 62 to 73 years with a mean age of 66.63 years. Finally, the general informants included an older sister aged 31 years, an aunt aged 48 years, and a female cousin aged 19 years (see Table 2).

Six themes with eight subthemes emerged from the findings (Table 3) as presented below:

**Table 2** Informants' characteristics (N = 57)

Characteristics	Key informants		General informants		
	Fathers of pregnant adolescent (n = 12)	Mothers of pregnant adolescent (n = 12)	Pregnant adolescents (n = 12)	Boyfriends of pregnant adolescent (n = 10)	Other (n = 11)
	n	n	n	n	n
<b>Gender</b>					
Male	12	0	0	10	4
Female	0	12	12	0	7
<b>Age (years)</b>					
15–24	0	0	12	8	1
> 24–34	0	1	0	2	1
> 34–44	3	5	0	0	0
> 44–54	7	4	0	0	1
> 54–64	2	2	0	0	4
> 64–74	0	0	0	0	4
<b>Highest education level</b>					
Did not attend school	0	1	0	0	0
Primary education	11	11	11	8	10
Secondary education	1	0	1	2	0
Bachelor's degree	0	0	0	0	1

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**Table 2** Informants' characteristics (N = 57) (Cont.)

Characteristics	Key informants		General informants		
	Fathers of pregnant adolescent (n = 12)	Mothers of pregnant adolescent (n = 12)	Pregnant adolescents (n = 12)	Boyfriends of pregnant adolescent (n = 10)	Other (n = 11)
	n	n	n	n	n
<b>Occupation</b>					
Rice farmer	0	0	0	0	4
Rice farmer and family business	3	2	0	0	2
Rice farmer and employee	4	3	0	0	2
Employee	2	3	0	5	2
Family business	3	3	1	4	0
Homemaker	0	1	1	0	0
Student	0	0	9	0	0
Student and family's business	0	0	1	1	0
Office worker	0	0	0	0	1
<b>Income per month</b> (Thai baht/month, USD/month)					
No income	0	1	10	0	0
Uncertain	3	3	0	1	9
< 5,000 (<166 USD)	0	0	0	1	1
5,001-10,000 (167-333 USD)	7	5	1	7	0
10,001-15,000 (168-500 USD)	1	1	1	1	0
15,001-20,000 (169-666 USD)	0	1	0	0	1
> 20,000 (>666 USD)	1	1	0	0	0

**Table 3** Summary of the theme and subthemes of parental care

Theme	Subthemes
1. Dealing with the unplanned pregnancy	1.1 Discussions among parents and their daughter about how to deal with the unplanned pregnancy 1.2 Contacting daughter boyfriend's family to request forgiveness and plan the wedding
2. Giving love without conditions	2.1 Providing unconditional love and acceptance 2.2 Forgiving their daughter's mistakes when she became pregnant
3. Promoting the health of the pregnant daughter and her fetus	3.1 Advising pregnant daughter on nutrition and buying food for her 3.2 Advising daughter on her safety during pregnancy 3.3 Accompanying daughter to the antenatal clinic and providing advice 3.4 Teaching daughter how to care for herself during pregnancy
4. Providing emotional, spiritual, and financial support	-
5. Planning for care of a grandchild	-
6. Directing and helping the daughter for future achievements	-

**Theme 1: Dealing with the unplanned pregnancy**

After learning that their daughter had an unplanned pregnancy, both parents helped come to terms with the pregnancy through discussion. Because of the social stigma surrounding adolescent pregnancy, steps were generally taken to soften the blow and make things right in the eyes of the community. Parents talked to their daughter about how to deal with an unplanned pregnancy, told the daughter's boyfriend to request forgiveness and plan the wedding, and contacted their daughter's boyfriend's family about marriage.

**Subtheme 1.1: Discussions among parents and their daughter about how to deal with the unplanned pregnancy.** Parents discussed how they would inform the daughter's boyfriend and his family about the pregnancy. The goal was often to encourage the daughter's boyfriend to prepare to make a proposal of marriage.

*"...Father told mother to discuss with their daughter's boyfriend about the unplanned pregnancy after the father knew about it. Father also asked mother to tell the boyfriend; he could not let the situation keep going on like this..."* (Father 2)

*"...Father told mother to discuss with boyfriend's relative in a polite and calm manner, without threatening them..."* (Mother 7)

*"...We did not tell anyone. We both discussed and agreed, as father and mother, to talk with the boy's relative at their house concerning their next action..."* (Father 8)

**Subtheme 1.2: Contacting daughter boyfriend's family to request forgiveness and plan the wedding.**

The ways chosen by the parents were a phone call and a meeting with the boyfriend's family. In addition, the parents met with the boyfriend's relatives at the boyfriend's family home to inform them of their daughter's pregnancy. The result seemed to be that the boyfriend accepted his responsibilities. Three of the boyfriends suggested an engagement, eight of the boyfriends initiated a

wrist-binding ceremony and apologized, and one of the boyfriends planned a wedding.

*"...Father and mother told the boyfriend to make a formal wedding proposal. Both of us went to our daughter's boyfriend's house..."* (Mother 1)

*"I called. I told my daughter's boyfriend to inform his parents that he had made our daughter pregnant...when our daughter was pregnant for nearly two months, I called the boyfriend to prepare for a formal wedding proposal. They agreed only to do a forgiveness request in June..."* (Mother 2)

*"...Mother appointed boyfriend's relative to discuss the wedding proposal ceremony which the boyfriend's relative agreed to make in June. Mother said to them a wrist-binding wedding was enough when my daughter's pregnancy was still not apparent. The boyfriend's relatives were cooperative and friendly..."* (Mother 4)

*"...We (parents) went to the daughter's boyfriend's house to tell his parents about the pregnancy. His mother proposed to have a wrist-binding wedding. The boy's father passed away when he was young. We sympathized with his family so we requested the bride price of twenty thousand Baht and fifty satang gold..."* (Mother 8)

*"...I told my daughter's boyfriend to inform his mother that he had made our daughter pregnant... We went to their home. Nobody else did because there were only two of us..."* (Father 8)

*"...mother, grandpa, and grandma went to the boy's house and told his mother and relative about our daughter's pregnancy. The boy's relatives committed to take responsibility for the pregnant daughter..."* (Father 11)

**Theme 2: Giving love without conditions**

After the parents found out that their daughter became pregnant, their lives changed because the parents had another role added to the roles they already performed. That role meant giving love to their daughter without conditions. They provided warmth and love, and forgave their daughter's mistakes when she became pregnant, as defined in the two subthemes below.

**Subtheme 2.1: Providing unconditional love and acceptance.** The parents accepted and supported their daughter's pregnancy. They gave warmth and love unconditionally and cared more about the daughter's health than before the pregnancy.

*"...I loved my daughter and was so concerned about her so much I cannot eat nor sleep as this was her first pregnancy..."* (Father 1)

*"...I complained to the mother that she loved her daughter so much that she provided everything her daughter wanted..."* (Grandmother 5)

*"We (parents) took care of our daughter more closely than before her pregnancy. We gave her love and warmth. We encouraged her to ease her suffering from the unplanned pregnancy situation..."* (Father 9)

**Subtheme 2.2: Forgiving their daughter's mistakes when she became pregnant.** The parents talked about their feelings after discovering their daughter was pregnant. They were concerned about their daughter's psychological health and felt pity for her. They gave advice, encouraging words, and they refrained from complaining.

*"...My daughter got pregnant. It was the past, I did not blame her to make her feel guilty. This was the way she chose to live, she had to keep on fighting for it..."* (Father 2)

*"...We as parents also changed by forgiving our daughter. We did not insult her or hurt her. We provided her food..."* (Father 7)

*"...I just wanted to see her cheerful. I did not want her to take it too seriously. She already made a mistake and she had to accept it, so did we, as parents..."* (Father 12)

**Theme 3: Promoting the health of the pregnant daughter and her fetus**

The parents looked after their daughter's nutrition and safety, accompanied her to the antenatal clinic, and taught her how to look after herself during pregnancy. This theme comprised the following subthemes as below.

**Subtheme 3.1: Advising pregnant daughter on nutrition and buying food for her.** The parents looked after the daughter's eating by preparing food for her, telling her to eat on time, telling her to eat meat, and drink milk. The right fruits to eat were coconuts and jackfruits. In addition, on the aspect of medication, the parents made sure that their daughter took a pregnancy tonic daily as prescribed by the doctor.

*"...Mother bought food and fruit for me. She also did laundry for me and did not allow me to do any chores. She also did not allow me to take any medicine..."* (Pregnant adolescent 1)

*"...I went out to find food to nourish her pregnancy. I got some aromatic coconuts to help make the fetus healthy..."* (Father 3)

*"...I saw her father take the coconuts from his workplace. He also bought some food for her..."* (Grandfather 3)

*"... My parents advised me to take care of myself, have beneficial food, and not have spicy food which I loved. They also told me to drink a lot of milk, but I prefer drinking soybean milk..."* (Pregnant adolescent 5)

*"...I told my daughter not to eat any unhealthy food such as carbonated drinks and bought the milk for her. I also disallowed her to eat durian as it induces bodily inflammation..."* (Mother 6)



“...Father bought his daughter food. He asked her what she liked to eat and bought it, mostly food and fruit” (Boyfriend 9)

“...Acquaint yourself with taking medication and eating nutritious food. Eat vegetables. I told her not to eat only sweets, they aren't nutritious...” (Mother 11)

“Mother told daughter to have only nutritious food according to the five nutritional food group principle for example, meat, milk, egg, and vegetables. The vegetables should be well washed to eliminate chemical residue. Carbonated drinks and intensely spicy food should not be eaten as they are unhealthy...” (Mother 12)

**Subtheme 3.2: Advising daughter on her safety during pregnancy.** The parents provided for the safety of their daughter by preventing accidents from working too hard, riding a motorcycle, and leaving the house. When there were complications during pregnancy, the parents tried to look after their daughter to make her safe.

“...She's been pregnant. So, I told her not to work hard. I was afraid of a miscarriage. I told her not to walk too much. If she had fallen down, it would have been really troublesome...” (Mother 8)

“...We tell her not to go to bed late because she has a baby in her belly. She needs to give the baby good development.” (Father 9)

“...I don't want her to ride the motorcycle often because she's pregnant, but she says she likes to ride it.” (Mother 4)

“...I warned her about a motorcycle accident. She loved riding the motorcycle but I was concerned about an accident which would be harmful to her and her baby...” (Father 1)

**Subtheme 3.3: Accompanying daughter to antenatal clinic and providing advice.** The parents looked after antenatal care by giving advice and taking the daughter to the antenatal care clinic right away after discovering the pregnancy.

“...I rode a motorcycle to bring her to hospital for antenatal care...” (Mother 2)

“... Mother rode a motorcycle to bring me to a hospital for antenatal care. My boyfriend did not do it as he worked in an ice-making plant.” (Pregnant adolescent 2)

“...I just bring my daughter for antenatal care today. She used to visit with her mother. Today is my day off so I am free to ride a motorcycle to bring her here. (Father 11)

“...We will bring her to a hospital for antenatal care tomorrow. Father will drive the car to bring us there.” (Mother 12)

“...Mother advised me not to ride the motorcycle because my pregnant belly was getting bigger. I am quite stubborn and rarely follow my parents' advice.” (Pregnant adolescent 3)

**Subtheme 3.4: Teaching daughter how to care for herself during pregnancy.** Parents focused on self-care for their daughter during pregnancy. They taught her about hygiene care, physical exercise during the pregnancy. They helped her with housework, which would help bring about her health and her fetus.

“...I taught her everything. How to do things after waking up, such as washing her face, bathing, brushing her teeth, punctual eating. She told me exactly what the doctor advised her...” (Mother 1)

“...Mother told me to take a shower before sunset. Actually, I took a late shower, like midnight or 1 am but she told me to take a shower at 4 to 5 pm. ...” (Pregnant adolescent 4)

*“...I told the daughter to do walking exercise because she ate a lot. I told her to walk in the morning and evening in front of the house or around the village...” (Father 11)*

*“...Exercise every day. That’s walking. You may walk around our garden, or stroll in the garden to make your mind cheerful. Then your baby will not be sad.” (Mother 12)*

**Theme 4: Providing emotional, spiritual, and financial support**

Parents looked after the daughter’s emotional and spiritual health more closely during her pregnancy. The parents in this study practice Buddhism. Buddhist activities typically performed include going to the temple to do religious activities, chanting, and doing activities according to their beliefs about merit, sin and destiny. The activities that were performed at the temple were offering alms to the monks, and meditating in order to ask for blessings for the safety of the family, the daughter and the grandchild. In chanting, a prayer is used. The parents chanted to ask for blessings for their daughter and themselves. The blessings requested for the daughter were about being a good person, being healthy, and having true friends. In addition, parents gave encouraging words to support her mental health such as not worrying about her past or what happened surrounding the pregnancy. Furthermore, parents often lent money to support their daughter, especially for antenatal care, and for buying food.

*“...I give her mental support. Talked to her and gave encouraging words. I make myself an example for her to live on.” (Father 8)*

*“...I want her to be cheerful. I don’t want her to think of what has passed. I don’t want her to be serious about it.” (Father 12)*

*“...My parents loved to go to the temple. They also asked me to accompany them to pay homage at Buddhist temples...” (Pregnant adolescent 1)*

*“...In the morning, mother took my daughter to offer food to Buddhist monks then prayed and paid homage to Buddha to bless her with an easy labor. I also told my daughter to pray and pay homage to Buddha often...” (Mother 6)*

*“...Go to the temple to meditate. I pray for our family’s safety, no harms... The praying was different before and after pregnancy. When my daughter was a student, I prayed for her to graduate. But after her pregnancy, I prayed for her and her baby to be safe and healthy without any disability...” (Father 12)*

*“... I bought things for her to support her...I often lend her money because she is my daughter, especially for antenatal care. I lent her 500 Baht (16 USD) a time. I didn’t have much either.” (Father 2)*

*“...I saw the mother giving her daughter money to buy food. Mother also told me that she deposited money in her daughter’s bank account” (Grandmother 6)*

**Theme 5: Planning for care of a grandchild**

The parents looked after the fetus in their daughter’s womb by preparing the baby’s items and living environment, and they prepared to take care of their grandchild as well. The parents remodeled the house for the daughter and her baby. The preparations included buying a new mattress, paving the floor, and building a new room. The parents prepared baby items for their expected grandchild. The items were diapers, towels, baby clothes, a mosquito net, sleeping pads, socks, gloves, hats, and a cradle.

*“...We bought construction materials for paving the floor and making the ceiling. At first, we were going to pave the floor with tiles, but we couldn’t do it. We have to fill it first. So, I bought linoleum, and a mattress for them.” (Mother 3)*

*“...I built an additional room for my daughter. I got money, not very much, just enough for building the room”* (Mother 10)

*“...My parents are building a new room attached to the rear of the house. They said it will be the room for the new born baby.”* (Pregnant adolescent 10)

*“...Mother bought baby clothes but did not bring them to the house. She made items and kept them in her workplace, baby clothes, diapers...”* (Pregnant adolescent 3)

*“...My husband made a couple of cradles. All finished. This is a new one. If there are not enough diapers, we buy them. We haven’t bought swaddles and towels yet.”* (Mother 4)

*“... I saw them preparing baby clothes and accessories.”* (Aunt 9)

*“... Yes, everything has been prepared. Diapers, towels and many other things. We talked about preparing clothes. I talked to mother about what to prepare. We went together.”* (Father 12)

**Theme 6: Directing and helping the daughter for future achievements**

As for the daughter’s education during pregnancy, the parents expected her to complete her current schooling and wanted her to continue her education in the future. To this end, they guided their pregnant daughter’s academic studies in both formal and nonformal education systems and helped her plan her future work. The parents promoted their pregnant daughter’s academic studies and achievements by supporting her education. They helped her to resume her studies during pregnancy and after delivery, gave her advice for a better future, and guided the pregnant daughter’s academic studies.

*“...I took her to apply for a non-formal education...”* (Mother 7)

*“About her education, at first she wanted to stop learning. She asked me whether she should end her study or go on. I said that she must not stop. I wanted both of them to go on studying...”* (Father 9)

*“...She is doing some work for grade improvement. The teachers assigned some work to do at home and it could be handed in by a parent or her sister...”* (Father 12)

*“... I told my daughter and her boyfriend to continue studying. We will fully support them, just keep on studying...”* (Father 11)

*“... I just want my daughter to get a higher academic degree so that she can pursue a high-profile career...”* (Father 12)

*“...Daughter told us that she wanted to work as she wanted to support us. We were glad. However, it would be much better if she continues studying and graduated with her bachelor’s degree. We will support her with everything we have, all of our land and money...”* (Mother 10)

*“...We run a brick factory. Our daughter and her boyfriend were employed in the factory. There was a brick factory for sale, so I told my daughter to buy that brick factory for her family.”* (Father 8)

## Discussion

The aim of this study was to describe the care behaviors of parents of adolescents with unplanned pregnancies in six districts in Northeastern Thailand. The findings revealed that parental care in the context of adolescent pregnancy had six major themes: dealing with the unplanned pregnancy; giving love without condition; promoting the health of the pregnant daughter

and her fetus; providing emotional, spiritual, and financial support; planning for care of a grandchild; and directing the pregnant daughter's academic study and achievement for a better future.

*Dealing with the unplanned pregnancy.* Discovering that one's daughter has an unplanned pregnancy while still an adolescent can take a toll on a parent, and has an impact not only on the daughter, but also on the family and the community in general. Adolescent pregnancy can be stigmatizing, and this stigma can affect related family members and their standing in the community.<sup>12-14</sup> In Thai culture, due to the close relationships between family members, most family members feel responsible for helping each other solve problems for all family members. In addition, effective communication in the family can help people understand and accept each other, which can help them solve the problem.<sup>31</sup> Parents discussed how they would inform their daughter's boyfriend and his family about the pregnancy. The goal was often to encourage the daughter's boyfriend to propose marriage. Marriage is one way to reduce the stigma for their daughter and family.<sup>3</sup> This study found that the threat of social stigma can push pregnant adolescents to get married to their partner before they might have otherwise done as marriage is one way for Thai culture to accept adolescents with unplanned pregnancies.<sup>3</sup>

*Giving love without conditions.* Parents who have a pregnant daughter report struggling to cope with feelings of disappointment and regret.<sup>11-13</sup> On the other hand, this study found that parents feel unconditional love for their daughters. Together they care for their daughter by forgiving her mistake. This study showed that parents who have a pregnant daughter accepted her mistake and continued giving her love without conditions. Continuing in the same vein, parents also requested a formal apology and acceptance of responsibility from the father of their adolescent's child. Forgiving their daughter also required forgiving the boyfriend, which was possible only be done after he had performed these duties. The boyfriend demonstrated his acceptance

that he was the father of the baby in the womb by, among other things, asking the elders of his family to come to him and propose, offer the dowry, and perform the wrist-tying ceremony—activities called *sama* in the Isan dialect, meaning “to apologise.” This situation is consistent with the findings of a study in the Isan region that the girl's pregnancy leads to the creation of a family of her own through a *sama* rather than a marriage, and that this ceremony served to save the face of the families on both sides.<sup>31</sup>

*Promoting the health of the pregnant daughter and her fetus.* Parents need to be more attentive to their daughter as pregnancy progresses. There are real health risks associated with pregnancy in general and teenage pregnancy in particular, and parents need to help their daughters manage their health during pregnancy. This meant that parents supported each other in the physical care of their daughters. Physical care included making sure their daughter ate foods from the five main food groups.<sup>12</sup> Parents also counseled their adolescent on personal safety issues and took her to the antenatal care clinic. The parents suggested that she read books for pregnant women and prayed for the health of their daughter and her fetus. The parents in this study offered caregiving support by providing daily care and education.<sup>16</sup>

*Providing emotional, spiritual, and financial support.* When it came to psychological care, parents were most concerned about the emotional well-being of their daughters. They gave advice, used encouraging words, and refrained from complaining because they feared it would affect their daughter during pregnancy. Parents offered mental and emotional support to their pregnant daughters, were open-minded, and acted as counselors.<sup>17</sup> In addition, parents offered care related to their religious beliefs, such as prayers and temple visits.<sup>22,24</sup> All parents in this study were Buddhists, and their beliefs included earning merit, praying, and asking for blessings of health and safety for their daughter and the baby. In addition, they helped their daughter by supporting her financially, such as providing healthy food and money for prenatal care.<sup>16</sup> Consistent

with one study, pregnant teens were also found to have supporters, including boyfriends, mothers, fathers, friends, and older sisters, who helped them make decisions and played a large role in guiding them through difficult times.<sup>32</sup>

*Planning for care of a grandchild.* Parents got ready for the impending birth by preparing the living environment and the baby's items. They sometimes remodeled the house, building a new room for the new family. Moreover, parents prepared baby items for their grandchild. Previous studies have reported that parents gave support by providing healthy food, helping with housework, and teaching basic baby care for their grandchildren.<sup>16</sup> These studies reported only material support<sup>20</sup> and did not explain what that support entailed. Consistent with a study in the northeast Thailand, it was found that families of pregnant teenage women are supported by their parents financially, in housing, and in caring for their grandchildren. Parents are very supportive financially because teenage families do not have enough income to take care of their children.<sup>32</sup> This study found that the preparation of the family home and purchase of new baby items for welcoming the new family member was usual.

*Directing and helping the daughter for future achievements.* Finally, parents also monitored their pregnant adolescent's academic education in the hope that she would have a better future. They advised their daughter to continue her studies, informed the school and teachers about the pregnancy, instructed them to submit their daughter's assignments to her teacher, took their daughter to class by motorcycle, and visited the non-formal education system with their daughter. They believed that higher education would help their daughter have a good job and a good life. The results of this study are consistent with a study that found that parents should support their children's education.<sup>17</sup> This is consistent with previous research that found that parents in the northeast of Thailand usually expect their daughter to complete secondary education or a higher vocational degree or a bachelor's degree and have a secure job, income, and a perfect family.<sup>31</sup>

## **Limitations**

The local geographic limitation of the study may mean that the data cannot be transferred to a larger population. Further research is needed to determine whether the results apply to pregnant Thai adolescents throughout the country and the rest of the world.

## **Conclusions and Implications for Nursing Practice**

The findings of this study suggest that parents who have a daughter with an unplanned pregnancy often struggle with problems related to early pregnancy. These are issues such as providing appropriate care for their daughter, financing the costs associated with pregnancy, and encouraging their daughter to continue her education. These observations can inform nursing practice. Nursing practice will help prepare parents who care for pregnant adolescents from the prenatal to the postnatal period.

This study should be replicated with other groups of people from different cultures to determine the similarities and differences in experiences related to unplanned pregnancies in adolescents. Consideration of these similarities and differences may improve care for these adolescents and their families. In addition, the findings could be used to inform evidence-based development of care programs for parents with pregnant adolescents in Thai culture.

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## การดูแลของบิดามารดาต่อบุตรสาววัยรุ่นที่ตั้งครรภ์โดยไม่ได้ตั้งใจ: การวิจัยเชิงคุณภาพแบบบรรยาย

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**บทคัดย่อ:** การตั้งครรภ์ในวัยรุ่นถือเป็นปัญหาวิกฤติทั่วโลก การตั้งครรภ์ในวัยรุ่นส่งผลกระทบต่ออย่างมากต่อแม่วัยรุ่นเอง บิดาของทารก ทารก และปู่ย่า ตายาย ดังนั้นสตรีตั้งครรภ์วัยรุ่นจึงต้องการความช่วยเหลือเป็นพิเศษจากบิดามารดา วัตถุประสงค์ของการศึกษานี้คือเพื่ออธิบายการดูแลของบิดามารดาสำหรับวัยรุ่นที่ตั้งครรภ์โดยไม่ได้ตั้งใจ ด้วยวิธีการศึกษาเชิงคุณภาพแบบบรรยาย ดำเนินการใน 6 อำเภอของจังหวัดหนึ่งของภาคตะวันออกเฉียงเหนือของประเทศไทย ผู้ให้ข้อมูลมาจาก 12 ครอบครัว รวม 57 คน ประกอบด้วยบิดามารดา 12 คู่ ซึ่งเป็นผู้ให้ข้อมูลหลัก ผู้ให้ข้อมูลทั่วไปประกอบด้วย หญิงตั้งครรภ์วัยรุ่น 12 คน แฟนหนุ่มของหญิงตั้งครรภ์วัยรุ่น 10 คน ปู่ย่า 4 คน ตายาย 4 คน ป้า 1 คน พี่สาว 1 คนและลูกพี่ลูกน้องหญิง 1 คน การเก็บรวบรวมข้อมูลใช้การสัมภาษณ์เชิงลึก การสังเกตอย่างมีส่วนร่วม การจับบันทึกงานภาคสนาม และการบันทึกภาพ การวิเคราะห์ข้อมูลใช้วิธีวิเคราะห์เนื้อหา

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