

Sexuality of Thai Unintended Teenage Pregnancies

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Abstract. The statistic of unintended teenage pregnancy in Thailand has been the highest rate in Asia. This problem issue is great importance to the quality of life of people in the future. There are a wide range of studies about adolescent sexual behavior and health, and health care behavior of teenage mothers. But few studies focused on understanding the sexuality of young people who were not ready to be pregnant. This phenomenological research aimed to illustrate teenage sexuality with unintended pregnancy. Samples were 12 teenage mothers with unintended pregnancy who gave birth at hospital during 2012. Purposive sampling was used. Data were gathered from documents and in-depth interviews. The data analysis was conducted in accordance with the guidelines of Cohen, Kahn, & Steeves. The result revealed that the age of teenage mother ranged from 19-14 years old. The majority of them were Buddhists, living with single parent and studying in secondary school level. Teenage sexuality that leads to pregnancy includes two main themes: I obsession to going out and fun-loving, and having boyfriend, and II Teen sex is common and should be prevented. The findings from this study suggest that we should promote the understanding and accessibility to contraceptive services among at-risk youth.

1. Introduction

Thailand has a high rate of sexually transmitted diseases [1] and teenage pregnancy [2] that are the common problems around the world. Report of the Center for Disease Control and Prevention, United States [3] found that the population in the age group 15-19, and 20-24 years are the highest risk group of those problems leading to many consequences such as teenage motherhood, illegal abortion, and abandon of baby. Economic and social consequences are such as lack of maternal opportunity to get education and a good career. Family life that begins in adolescence often ends in divorce, which would affect the development of children. Furthermore, adolescents who choose to do abortion might have a chance of complications such as hemorrhage, infection, stress, guilty, and quitting school. Teenage pregnancy has been the most challenging problem of society in Thailand for 10 years. Despite the efforts of many organizations to prevent the problem, it found that this problem is relentless expansion. Thai adolescents are more likely to have sex at a younger age than in the past.

According to a surveillance of teen pregnancy in Saraburi Province in 2009, the birth rate of mothers under 20 years of age was 16.67 percent. It was the 17th problem in the ranking of the country [4], which was higher than the indicator of World Health Organization (less than

10 percent). In 2010, the teen pregnancy rate was higher than 70 per 1,000 of female adolescents at 15-19 years old. It was the 8th ranking in the country [5]. In 2011, a rate of childbirth among mothers under 20 years of age was 16.38 percent. It was the 29th problem in the ranking of the country [6].

Due to the significance of problem as mentioned earlier, the researchers undertook the study to understand sexuality of unintended pregnancy and related factors to pregnancy among adolescents who lived with their families in communities under the context of Saraburi Province which locates in the central part and near the capital city, the center of development, of Thailand. The research findings will be useful for risk reduction, decreasing unplanned pregnancy rate, and program development to educate adolescents.

2. Research objectives

To better understand the sexuality of adolescents concerning unintended pregnancy.

3. Methods

Phenomenological research with interpretation (hermeneutic phenomenology) based on the concept of Martin Heidegger was applied to describe and interpret the sexuality of adolescents before pregnancy. The study was conducted in 2012 in regional hospital (700 patient beds).

Sample was selected using purposive sampling with the inclusion criteria as followed: 1) teenage mothers aged 13-19 years with unintended pregnancy, 2) living in Saraburi, 3) delivery baby in Saraburi hospital, 4) being able to communicate in Thai, and 5) willing to provide information. There were 12 key informants in this study.

Research instruments used in this study were: 1) the researchers, the main research instrument, who were well-equipped and had experience in qualitative research, 2) the main questions for the in-depth Interview including 5 items and divided into four dimensions of sexuality [7], namely sexual partner, sexual acts, sexual meaning, and sexual drive and enjoyment, 3) the sub-questions including consequences of having sex and problem solving, and the social and cultural context, 4) personal information record form, 5) field study form, and 6) sound recorder. The instruments were validated by a panel of 3 experts, and trialed with 3 adolescent mothers.

Data collection:

1. The researcher sent a letter to get an approval from the director of the Saraburi hospital and coordinate with the nursing department and the postnatal ward to clarify the research objective and data collection.

2. The researcher recruited participants following the inclusion criteria, informed research purposes, and asked for their readiness to provide information.

3. The researcher collected data by using in-depth interview, observed their face expression, gestures and emotions. The in-depth interview was set in a private and quiet room that made the participants feel comfortable to provide personal information. The interview lasted about 45-60 minutes. The first interview was transcribed and then checked the accuracy of the data. The second interview was done to gather additional information.

Informed consent was operated by permission from the samples and their parents. They were free to ask any question concerning the study before signing the consent form. The researchers explained that the information will be kept confidential and true anonymity. An overview of the research findings will be presented. The information will be destroyed after the publication of research results. The samples can refuse to provide any information that

they do not want to reveal. This research project was approved by the Human Research Ethics Committee of the institution.

4. Data Analysis

Data were analyzed using a phenomenological qualitative data analysis, namely thematic analysis following the guidelines of Cohen, Kahn and Steeves [8] , which operated along with the data collection process including six steps: 1) read the data from the tape recording repeatedly until clear understanding of overall information, 2) deleted irrelevant information without data transformation, 3) read the left information to identify the crucial meaning by using code, 4) categorized the group of related code into categories and subcategories, 5) categorized the main theme, 6) checked the validity of the main themes and categories.

Trustworthiness was confirmed in 3 dimensions: 1) the researchers were well-prepared in conducting a qualitative research. And the trial of interview was done and adjusted debugging before collecting the actual data, 2) the data were validated by using methodological triangulation including in-depth interviews of key informants, conversation with the key informants' husbands and relatives, and searching data from patients' files, 3) the data analysis was carefully operated in every step. During the interview period, the researchers summarized and checked information periodically with the key informants for accurate understanding. Verbatim transcription after the interview, checking the accuracy of the content by listening to the tape repeatedly, reading data several times to fully understand the content, coding, categorization, and data interpretation by 3 researchers in order to reduce the bias were operated.

5. Results

The findings of this study will be presented into 3 parts: 1) the context of adolescent mothers, 2) Family context of adolescent mothers, and 3) sexuality of the adolescent mothers before having unintended pregnancy.

1. The context of adolescent mothers: All 12 key informants were Buddhists, aged range between 13-19 years, lived and studied in Saraburi province. The majority of them (8 people) studied in high school during pregnancy. They gave birth with normal labor and no complications (8 people). Most of newborns were healthy. Only one baby had weigh less than 2,500 grams.

2. Family context of adolescent mothers: Characteristic of most families (10 people) was single-parent family (divorced/separated/dead). Fathers and /or mothers of all teens were employed. The adolescent mothers were raised by single parent (8 people) or grandmother (3 people). Most parents worked outside the home and did not have time to spend together. Some teenagers did not want to stay home if adults complaining or blaming. And some of them felt a lack of warmth.

“I am alone. I rarely talk to anyone. My grandma likes nagging and complaining. I am bored, so I do not want to be back home” (case 1,16 years old).

"Lacking of biological parents makes me feel lonely. Having step-parent is nothing” (case 2,13 years old).

Most parents admitted to changing social conditions and lifestyles of teenagers. Teaching their offspring in a family is superficial. There were some advices in families, such as paying attention in school, quitting of going out, no boyfriend, breaking up with boyfriend practicing safe sex (abstinence, using condom or contraceptive pills) to prevent pregnancy until graduation, etc. The majority of the adolescent mothers said that they were stubborn and disobedient to adults' teachings.

3. Sexuality of the adolescent mothers before having unintended pregnancy: The findings revealed that the adolescent mothers defined unintended pregnancy in two meanings that were being pregnant when they are not ready or unplanned pregnancy, and being pregnant during studenthood. Findings on sexuality consisted of 2 themes: 1) obsession to going out and fun-loving, and having boyfriend, and 2) teen sex is common and should be prevented. The details of each theme are followings;

Theme I: obsession to going out and fun-loving, and having boyfriend

Most adolescent mothers began to change sexuality when entering the junior high school. They exposed new environment and friends. They did not care about learning. They also liked to dress up and go out to different places. They persuaded for truancy. They looked for a lover.

"My friends in secondary school are much different from my primary school. I have seen many couples. Seniors students are very cute. I saw them brush lip gloss and did makeup in school. I would like to mimic them. I do not follow to school's rules (case 3, 14 years)."

"I go to a restaurant to meet new friends. We get to know to each other. Later on, we had sex. I feel that he is a good person. He does not have a girlfriend. He usually buys many things for me and gives me some money every day (Baht 1,000-2,000). And I like to spend money (case 4, 14 years)."

Peer pressure plays a crucial role to having lover and sex among the teenagers. They like to hang out with friends instead of staying at home. They are curious to try new things. And they exchange experiences to each other.

Getting to know new friends, they started with exchanging phone numbers. They made the calls often. Some teenagers fought to get a man.

"Some girls like to take a man from his girlfriend. Fighting happens just because she wants to win. (Case 2, 13 years)."

Teenagers often have a couple more than 1 person to 9 persons. They like men who are sincere, honest, supportive, responsible, and humorous. They prefer internal beauty. Teens also said that the internet may lead to meeting lover. Social media may result having sex.

Theme II : Teen sex is common and should be prevented.

Factors leading to having sex; 1) Most of female adolescent cannot refuse men's desire of having sex, and 2) They are afraid of not being loved from their lovers.

Female adolescents have sex with lovers ranging from 1-4 times per month, 1-3 times per week to every day. Sexual intercourse often happens at men's house with private atmosphere.

Feelings toward having sex among female adolescents are because of curiosity at first and later on, they just want to meet the needs of men. Most of them do not have the desire to have sex.

Knowledge about safe sex and preventing pregnancy: Adolescents are taught about sex education from teachers such as condom use to prevent AIDS, oral contraceptives. Most of them know that there are 2 types of pills; daily pills (28 tablets) and emergency pills (2 tablets). But they do not remember drug details. They know principle but do not practice safe sex. Some adolescents said that teachers did not teach them about contraception in schools. They got information from their friends or lovers. But sometimes they do not have correct understanding. They do not know how to use contraception properly.

“I do not know how to take the pill it. I just took without counting the day. And it did not work then (case1, 16 years)”.

Teenagers were not able to deploy knowledge in a real life situation correctly. Some information was not clear enough. Some people did not dare to buy. They did not know where to buy. When there was some side effect from birth control pills such as vomiting, they stopped taking the pills without any other protection methods. In addition, some male adolescents asked their lovers for having sex and claimed their responsibility of pregnancy.

“I do not know how to use and where to buy (case 5,15 years)”.

“I do not know how to use regular birth control pills. I only use an emergency birth control pill; there are only two tablets (case3, 14 years)”.

Causes of having sex without protection among adolescents were: 1) no intention to having sex so they do not prepare for the protection, 2) men do not like using condoms because it reduces sexual pleasure, 3) they are careless because of having sex for a long time, 4) men claimed to be responsible for pregnancy, and 5) being molested/raped by lovers.

6. Discussion

The results of this study were similar to other previous studies in term of relationships within the family, adolescents' attitude toward having sex [9], lack of awareness and accurate knowledge about sex, and contraception [10]. The different finding found was parents' acceptance of having sex among adolescents. Discussion of the results of this study will be presented only the important findings that could be applied as followed;

Age range of teen pregnancy was in the period of junior high school which was consistent with several studies [11]. Therefore, the key target of the campaign and sex education is students who finish elementary and start junior high school. This transition is very important.

The sexuality of adolescents found that there were four factors leading to teen pregnancy: 1) Having a group of friends who have sex, 2) the attitude of having sex is common, 3) lack of knowledge to prevent pregnancy, and 4) weak relationship within family. Both knowledge and good relationship in family were the factors that could predict abstinence in adolescents (73.20%). The recommendations to prevent teen pregnancy included: 1) value change toward having sex, and practicing safe sex, 2) providing practical knowledge and skills about sex and risk prevention, 3) promoting family bonding/relationship. The previous study found that parents/guardian's monitoring was negatively related to risk sex behavior, and delayed having sex in adolescents [12].

Male adolescents should also change their attitude toward condom use. This study showed that male adolescents did not use condom even though female adolescents asked them to do so. And most of female adolescents needed to use oral contraceptive pill which was similar to previous studies [13].

Factors related to continuing pregnancy among female adolescents were media campaign about sin of doing abortion, and social support, promoting awareness of family and society to support pregnancy of adolescents. Society should not stigma adolescent who pregnant. They should give adolescents a chance to continue their studying either formal or informal education.

7. Suggestions for research

This study aimed to better understand about adolescent sexuality. The findings found were similar to other studies. Therefore, the further research should be continued to focus on building the knowledge and understanding to families, youth and society by developing

these education programs for parents and children, media to campaign people's awareness, and effective teen clinics.

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