



**Striving for a Better Life: The Role Adaptation Process of  
Adolescent Mothers Returning to School**

**Benyapa Thitimapong**

**A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of  
Doctor of Philosophy in Nursing (International Program)**

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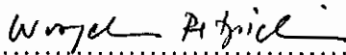
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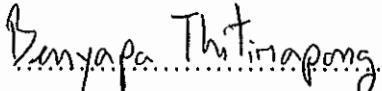
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ชื่อเรื่องวิทยานิพนธ์	ความปรารถนาที่จะมีชีวิตที่ดีกว่า: กระบวนการปรับตัวต่อบทบาทของมารดาวัยรุ่นที่กลับมาเรียนหนังสือในสถานศึกษา
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### บทคัดย่อ

การวิจัยนี้มีวัตถุประสงค์เพื่อศึกษากระบวนการปรับตัวต่อบทบาทการเป็นมารดา และนักเรียนของมารดาวัยรุ่นมีบุตรคนแรกที่กลับมาเรียนหนังสือในสถานศึกษาในช่วงของการเลี้ยงดูบุตร โดยใช้ระเบียบวิธีทฤษฎีฐานรากในการศึกษา การเก็บข้อมูลใช้วิธีสัมภาษณ์เชิงลึกและการสังเกตแบบไม่มีส่วนร่วม ผู้มีส่วนร่วมวิจัยทั้งสิ้น 17 คนเป็นมารดาวัยรุ่นที่มีประสบการณ์ของการเป็นแม่และนักเรียนหลังคลอดบุตรคนแรก ซึ่งบุตรมีสุขภาพดีและอายุไม่เกิน 3 ปี ผู้มีส่วนร่วมวิจัย 5 คนแรกถูกเลือกแบบเจาะจง ผู้มีส่วนร่วมวิจัยที่เหลือถูกเลือกโดยการเลือกตัวอย่างเชิงทฤษฎี รวมถึงการใช้เทคนิคการแนะนำกลุ่มตัวอย่างแบบปากต่อปาก การวิเคราะห์ข้อมูลใช้กระบวนการสร้างรหัสและการเปรียบเทียบข้อมูลเพื่อสร้างแบบจำลองแนวคิดทฤษฎี

ผลการศึกษาแสดงให้เห็นว่ากระบวนการทางจิตวิทยาขั้นพื้นฐานของกระบวนการปรับตัวต่อบทบาทของมารดาวัยรุ่นมีบุตรคนแรกที่กลับมาเรียนหนังสือในสถานศึกษาคือ “ความปรารถนาที่จะมีชีวิตที่ดีกว่า” กระบวนการมีทั้งสิ้น 3 ระยะคือ: ระยะเปลี่ยนผ่าน ระยะการฝ่าฟัน และระยะสมดุล มี 3 หมวดหมู่ความคิดคือ: การตัดสินใจซ้มน้ำหนัก การปรับโครงสร้างชีวิต และการทำให้บรรลุสมดุล ในระยะหลังคลอดผู้ร่วมวิจัยทุกคนกลับไปเรียนหนังสือและได้สวมหลายบทบาทในเวลาเดียวกัน พวกเขาได้สร้างกลยุทธ์ในการจัดการกับหลายบทบาทและมีการปรับเปลี่ยนทัศนคติใหม่ กลยุทธ์ที่ใช้ในการปรับตัวกับการจัดการกับหลายบทบาทเพื่อให้บรรลุสมดุลชีวิตแบ่งเป็น 4 ประเภทคือ ปรับตัวเข้ากับอัตลักษณ์ใหม่ การปรับวิธีการดำเนินชีวิต การรับมือกับบทบาทใหม่ และการขอความช่วยเหลือ นอกจากนี้ผู้ร่วมวิจัยทุกคนได้รับการช่วยเหลือสนับสนุนจากบุคคลสำคัญในครอบครัว โดยเฉพาะมารดาของแม่วัยรุ่น

ความรู้ที่ได้จากการวิจัยครั้งนี้สามารถนำมาประยุกต์ใช้เป็นความรู้พื้นฐาน เพื่อนำไปสู่การปฏิบัติทางด้านการพยาบาลและพยาบาลผู้ให้คำปรึกษา เพื่อเตรียมการสนับสนุนให้กับหญิงตั้งครรภ์วัยรุ่นและมารดาวัยรุ่นที่กลับมาเรียนหนังสือที่สถานศึกษา เพื่อใช้ในการจัดการกับ

การปรับตัวต่อการเป็นแม่และนักเรียนในเวลาเดียวกัน เพื่อให้พวกเขาได้คงความสมดุลของชีวิต อีกทั้งผลการศึกษานำมาพัฒนาในเชิงนโยบายการศึกษาเพื่อส่งเสริมให้ทุกระบบการศึกษาช่วยให้มารดาวัยรุ่นได้เรียนหนังสืออย่างต่อเนื่อง เพื่อความสำเร็จระยะยาวในอนาคต รูปแบบความคิดที่ได้นี้ยังอธิบายกระบวนการปรับตัวซึ่งสามารถนำไปใช้พัฒนารอบความคิดสำหรับการศึกษาในอนาคตเกี่ยวกับมารดาวัยรุ่นที่ต้องจัดการกับหลายบทบาทต่อไป

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### ABSTRACT

This study aimed to explore the role adaptation process of maternal and student roles of first-time Thai adolescent mothers who returned to school while engaged in childrearing. The grounded theory methodology was employed in the study. Data were collected by means of in-depth interviews and non-participant observation. The participants were 17 adolescent mothers who had undergone the experience of a mother and a student after giving birth with a healthy baby no more than 3 years. The first five participants were selected using purposive sampling and the rest were recruited through theoretical sampling including snow ball technique. Data were analyzed using coding procedures and constant comparative analysis to generate a conceptual model.

The findings showed that the basic psychological process on role adaptation process of maternal and student roles of first-time adolescent mothers returning to school was “Striving for a better life”. The life journey consisted of three stages: transitioning, striving, and balancing stages. Three axial categories emerged as weighing decisions, restructuring life, and achieving balance. The thought process to remain in education was

begun during pregnancy. After giving birth, all participants returned to schools and performed multiple roles simultaneously. They created strategies to manage their roles and also changed their attitudes to deal with them. The strategies used to adapt themselves in dealing with the roles in order to achieve their life balance were: adjusting to new identities, adapting lifestyles, coping with the new roles, and asking for supports. In addition, all participants got support from their significant family members, especially adolescent's mother.

The knowledge gained from this study is applicable to be as the basic knowledge for guiding nursing practice and for nursing educator to provide support to pregnant adolescents and adolescent mothers who return to school in dealing with motherhood and student simultaneously in order to attain a balance in life. The findings suggest for the development of education policy to promote in all educational system to enable adolescent mothers to continue their education to get their life-long success in the future. The conceptual model explaining the role adaptation process can be used to develop a conceptual framework for further studies on adolescent mothers in dealing with multiple roles.



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Benyapa Thitimapong

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## CHAPTER 1

### INTRODUCTION

This chapter describes the background and significance of the problem, research questions, research framework, definition of term, scope of the study, and significance of the study.

#### **Background and Significance of the Problem**

In recent years, teenage pregnancy and adolescent mothers have become a matter of increasing concern in a great number of countries. According to World Health Organization (World Health Organization [WHO], 2013) about 16 million adolescent girls 15-19 years, roughly 11 percent of global births, give birth each year. Ninety-five percent of these births occur in developing countries (WHO, 2013).

In Thailand, birthrate is downward trend, but it is increasing trend in adolescent birthrate (Ministry of Public Health, 2012). The proportion of teenage mothers who have given birth in 2012 was 16.6% which is higher than the WHO criteria of less than 10% (Bureau of Reproductive Health, 2012). Moreover, eighty-four percent of these pregnancies were unplanned (Dampreeda, 2010). Since adolescent mothers have become a great concern in many societies, they have been of concern for two main consequences; health outcomes and socio-economic impact (WHO, 2010).

Adolescent mothers and their babies present higher than average risks of undesirable progress during pregnancy, trouble with giving birth, and poor health in



subsequent years (WHO, 2010). Moreover, adolescent mothers and their families have also been shown to experience social disadvantages. For example, adolescent mothers are less likely to complete their education and end up dropping out of high school (Bowlby & McMullen, 2002; Luong, 2008; Strunk, 2008), unemployment and an ongoing cycle of poverty (Harden, Brunton, Fletcher, & Oakley, 2009; Luong, 2008). These disadvantages are negative and have long-term effects on adolescent mothers, their families and the community (WHO, 2007). The opportunity to go back to school is difficult for the person who has to be a mother and a wife at young age (Thai Health, 2010). Adolescent mothers often have poor living conditions, limited financial resources, high stress, family instability, and limited educational opportunities. These factors contribute to inadequate parent-child interactions and decreased infant development (Letourneau, Stewart, & Barnfather, 2004).

Furthermore, Bornstein and Putnick (2007) studied the cognitions and practices in Caucasian-American mothers of 15 to 47 years of age. They found that younger mothers are less knowledgeable regarding parenting and the growth development of infants, and they are also less confident in their parenting abilities and show less pleasing childrearing attitudes when compared to older mothers. Likewise, a study from Thailand found that adolescent mothers had lower levels of knowledge of infant development than adult mothers (Ruchala & James, 1997). Therefore, role adaptation to motherhood is of great concern in these women.

Many researchers carried out studies relating to the role adaptation of adolescent mothers. Becoming a mother during teenage years is a struggle, because they are juveniles with a lack of getting ready for motherhood. Besides, they depend

on welfare support, and experience negative public attitude (Hanna, 2001). The study of Pungbangkadee, Parisunyakul, Kantaruksa, Sripichyakarn, and Kools (2008) showed that adolescent mothers experienced conflict between role needs as a mother and as an adolescent. Adolescent mothers have been found to interact more negatively with infants than adult mothers (Hurlbut, Jambunathan, & Butler, 1997). Adolescents undergoing the transition to motherhood in Uganda reported more anxiety, a loss of self esteem, and difficulty in accessing financial and material support from parents or partners (Kaye, 2008). Darvill, Skirton and Farrand (2010) studied first-time mothers aged 16 years and above who experienced the transition to motherhood in communities within one region of the UK. The results showed that they faced difficult periods both during early pregnancy and after giving birth, and that their need for support in those periods was not met.

First parenthood produces changes that necessitate adaptation within the family, a change to physical and cognitive abilities, and social reality. In particular, in adolescents, they must adjust to changes in the original relationship with their family, changes in their physical condition, and perceptions. Moreover, these changes increase stress resulting from adolescent parenthood (Futris & Pasley, 2003). Further, adolescent mothers are significantly more likely to become depressed after delivery than adult mothers, and depression was negatively related to adapting to parenting practices (Lanzi, Bert, & Jacobs, 2009). However, maternal role adaptation by first-time Thai adolescent mothers was found to be at a fairly good level (Masusai, 2004), and also was reported to be at a high level (Amphai, 2007; Thitimapong, Keawpimon, Kritcharoen, & Sripotchanart, 2010). In addition, social support can promote

successful adaptation for adolescent mothers and their children (Letourneau et al., 2004; Sartore, 2004; Thitimapong et al., 2010). Any difficulty in adaptation to the maternal role can impact on the mother, the infant and the entire family especially for those adolescents who study simultaneously. Conflict between the maternal and student roles is an important concern for adolescent mothers.

There have been some studies on adolescents who were studying and being mothers at the same time. Students with babies in the southern United States expressed feelings of love and care for their babies, and were able to provide physical and emotional needs after birth (Spear, 2001). The demands and responsibilities of caring for a child inspired many adolescent mothers to return their education in order to improve their life opportunities and long-term success (SmithBattle, 2006, 2007; Spear, 2002). However, women who are both mothers and students may not be able to adapt effectively to their new roles nor balance demands of their maternal and student roles (Lin, 2005). Most of these studies found that adolescent mothers had increased problems compared to adult mothers. Younger women experienced slightly more stress due to conflicts between their maternal and student roles than did older women (Gigliotti, 2004). A higher education level was a positive factor in regard to adolescent mothers' self-perception in respect to their role as a mother (DeVito, 2007). Stephens and colleagues (1999) offered a comprehensive set of suggestions for strengthening school policies to help adolescent parents by improving the opportunities to study and recommit to school.

Dealing with both maternal and student roles is an important concern for young women. Therefore, the Student Pregnancy Bill proposed by the Thai

government has recently been implemented in some schools as a pilot project. The draft bill proposed by National Reproductive Health Committee would give pregnant students the right to take maternity leave and to return to classes if they desire to after giving birth. It also seeks to make available facilities to provide reproductive health counseling and assistance for pregnant women who are not ready to bear children or who are not ready to raise a child (Bureau of Reproductive Health, 2010).

To solve these problems, society should not blame adolescent mothers as being a source of the problem. Authorities and health care providers should facilitate adolescent mothers to return to school and help them adapt to both roles. This is a major concern of young mothers who are studying. Public and private organizations in many countries have introduced various services. For example, the Taking Charge Group curriculum presents a statistically effective method of improving school attendance and grades of adolescent mothers (Harris & Franklin, 2009). In Thailand, The Ministry of Social Development and Human Security in cooperation with the Ministry of Education introduced "*Mae Wai Sai*"(young mother) project in the year 2009 to prevent unplanned pregnancy resulting in adolescent mothers (Thai Health, 2010). However, this project is still a "pilot project". Thus, the authority should have a process and explicit guidelines to solve the problem and implement in all high schools. In addition, health care providers and school staff are the key persons to help student mothers to overcome the situation of both mothers and students by providing knowledge and promoting healthy family adjustments.

Based on the reviewed literature from ThaiLIS, international dissertation including the articles from E-databases 1998 - 2014, there have been many studies of

role adaptation among adolescent mothers and some studies of adolescent mothers who were also students. However, there is little known study of how adolescent mothers adapt to contemporary maternal and student roles in a Thai context, Therefore, this study explored the process of role adaptation in this group.

### **Objectives of the Study**

This study aimed to describe the adaptation process of first-time adolescent mothers to their roles of being a mother and a student simultaneously. In addition, the development of a conceptual model of the role adaptation process was constructed.

### **Research Questions**

Two principal research questions were employed in this study. In an attempt to describe the role adaptation process of first-time adolescent mothers, the following questions were considered:

1. What is the role adaptation process of first-time adolescent mothers who return to school?
2. How do adolescent mothers adapt themselves to maternal and student roles simultaneously?

## **Research Framework**

The research framework of this study was based on grounded theory which was used as the methodology. A feminist perspective was incorporated as a frame of reference to guide exploring social oppression of adolescent mothers in the Thai context. Feminism would not limit the construction of the theory emerged from the data of the phenomenon being studied.

Grounded theory is a qualitative research approach aimed at exploring the social processes that are present within human interactions. Grounded theory was developed from the symbolic interactionism theory which speculates on issues related to human behavior (Glaser & Strauss, 1967), and seeks to explain human behavior based on a social constructionist approach to the understanding of social life, and focuses on how reality is constructed by active and creative actors through their interactions with others.

Grounded theory is used to generate theory in a specific area. The primary purpose of grounded theory research is to discover the theory from the methodological generation of data. The goal of grounded theory investigation is to discover theoretically completed explanations about specific phenomena. An important concept of grounded theory is that researchers do not commence research with a theory, but instead, identify essential constructs from the data generated, from which the theory emerged. The processes of grounded theory are specific and occur simultaneously because the information came directly from the data, and the theory is derived through induction from the data (Glaser & Strauss, 1967; Stern, 1980; Strauss

& Corbin, 1990). In symbolic interactionist theory, it is believed that people behave and interact based on how they interpret or give meaning to specific symbols in their lives, such as the nurse's cap, or a certain style of dress that gives meaning to clients (Blumer, 1969).

The methodology of grounded theory combines both inductive and deductive research methods (Glaser & Strauss, 1967; Stern, 1980). From an inductive perspective, a theory emerges from specific observations and the data generated. Using a deductive method, the theory could then be tested empirically to develop predictions from general principles. However, a deductive method was not employed in this study. All participants in the study were involved in the process, and the development of the theory helped to describe practice or provide a framework for further research. A key idea was that a theory was developed or rather generated or grounded in data from the participants who had experience in the process (Strauss & Corbin, 1998).

The systematic procedure of Strauss and Corbin (1990, 1998) is one of two popular approaches to grounded theory. In a systematic procedure, the researcher seeks to systematically develop a theory that explained processes, actions, or interactions on a topic. Each category represents a unit of data composed of events, happenings, and instances. "The investigator typically conducts 20 to 30 interviews based on several visits in the field to collect interview data to saturate categories" (Bryant & Charmaz, 2007, p.117).

Grounded theory is an important research methodology for the study of nursing phenomena. The method explores the richness and diversity of the human

experience and contributes to the development of middle-range theories in nursing (Fawcett, 1995). This study employed grounded theory to explore the adaptation process of adolescent who became a mother and a student simultaneously. The outcome of the study was to discover a theory or a model of the role adaptation process of adolescent mothers.

Moreover, a feminist perspective was taken to better explore how reproductive rights and women's gender roles influenced the maternal and student role adaptation process. An adolescent who became a mother and was a wife at a young age has limited opportunity to return to school; some schools were reluctant to readmit school-aged mothers because of the attitudes of the staff at schools (Dawson as cited in Holgate, Evans & Yuen, 2006). School-aged mothers were often forced to drop out of school because of pressure from society. When female adolescents became mothers, they took care of their child as mothers while in some cases had to return to study in order to have a chance of future employment. Therefore, they might face difficulties in the adaptation to both roles if they did not have any support. A feminist perspective was taken to guide questions in order to better explore how reproductive rights and women's gender roles influenced the maternal and student roles adaptation process of adolescent mothers in the light of the oppression of a Thai traditional society as experienced by student mothers.



### **Definition of Term**

The role adaptation process experienced by adolescent mothers returning to school can be described as follows:

Adaptation to motherhood and student-hood was defined as the process of response to reciprocal mother-child interaction while engaged in childrearing and schooling at the same time from the first day the participant takes on both roles.

### **Scope of the Study**

The study aimed to generate a conceptual model of the adaptation process of adolescent mothers and focused on the role adaptation process of those mothers who resumed study after giving birth. The participants were selected based on information from regional hospitals in Songkhla province, southern Thailand, and some participants were recruited via the snowball technique; all participants matched the inclusion criteria. Only those adolescents reported as being a mother and a student simultaneously in southern Thailand were selected.

### **Significance of the Study**

Health care providers and nursing educators need to be aware of the difficulties faced by these adolescent mothers in dealing with multiple role situations. Nurses can help by assessing the needs of these mothers and by supporting policies

that promote the future success of adolescent mothers and by providing knowledge and appropriate support to them as they strived to cope with their multiple roles. Moreover, encouraging adolescent mothers to complete their education successfully should be a top priority of health professionals, educators, and policy makers.

This study explored how adolescent mothers adapted to the changes in their roles to that of mothers and students in the Thai context and how that adaptation was affected by recent changes in public acceptance. The findings of this study contributed to the advancement of nursing knowledge development (Carper as cited in Reed, Shearer, & Nicoll, 2004, p. 221-228): (1) empirics; the finding is the concept of multiple roles adaptation of first-time Thai adolescent mothers that will be central for explanation, and conditions relating to the adaptation process are incorporated. The role adaptation process is crucial in not only providing the knowledge base for professional preparation but also for the development of the nursing discipline. This contributed to greater understanding of the process of maternal and student role adaptation of Thai adolescent mothers, (2) aesthetics; nurses use empirical knowledge to approach those adolescent mothers who perform multiple roles in order to assess their needs, provide knowledge, and take care of them with better understanding caring practices dependant on different persons and different problems. Moreover, nurses should have empathy and focus on the adolescent mother as a unique individual, (3) personal knowledge; the empirical knowledge of this study will be used to promote the wholeness of the adolescent mother, and she will gain insights in her knowledge to adapt herself when she confronts the situation of role adaptation, and (4) ethics; nurses increase an awareness of potential bias in caring for adolescent

mothers, and consider the sensitive context of unplanned motherhood outside of marriage. Furthermore, evaluating personal feelings and beliefs help nurses to deal with moral issues that influence perceptions and interactions with young mothers.

In short, understanding the roles adaptation process is important for not only professional practice but also for the development of the nursing discipline. This study contributed to a greater understanding of the process of maternal and student roles adaptation of first-time Thai adolescent mothers. Furthermore, the knowledge gained from this study will enable nurses to proceed with an appropriate approach to help adolescent mothers succeed in their roles.

### **Summary**

Younger women experience slightly more maternal–student role stress than do older women. The demands and responsibilities of caring for a child inspire many adolescent mothers to return their education in order to improve their life opportunities and long-term success. Women who are both mothers and students might not be able to adapt their roles effectively nor balance the demands of their maternal and student roles. Social support is an important factor in supporting and promoting the role adaptation of adolescent mothers and their children. Public policy and the educational system can assist adolescent mothers to continue studying successfully and to create opportunities for employment. Grounded theory and feminism were employed as the research framework in this study to explore the adaptation process of maternal and student roles in the face of the oppression

presented by traditional Thai society. The findings of this study contributed to nursing knowledge and nursing practice in the area of adolescent mothers who take on both maternal and student roles at the same time.

## **CHAPTER 2**

### **LITERATURE REVIEW**

The review of literature related to this study is divided into seven main parts: (1) the current situations of adolescent mothers, (2) Thai culture and socioeconomic status affecting adolescent mothers, (3) role attainments of adolescent mothers, (4) conditions relating to maternal role adaptation, (5) the outcomes of adolescent motherhood, (6) feminism, and (7) grounded theory.

#### **The Current Situations of Adolescent Mothers**

Each year, 16 million children are born to adolescent girls aged between 15 and 19, representing approximately 11% of all births worldwide (WHO, 2013). In some societies, girls are often married as adolescents and adolescent childbearing is considered a social norm in marriage or proof of fertility (WHO, 2008; Zabin & Kiragu, 1998). It is thus common for adolescents to become mothers. Their pregnancy may be accepted by their family and society in general. However, both married and unmarried adolescents experience unplanned and unwanted pregnancies, even in countries where early marriage and childbearing are the norm (WHO, 2007). These pregnancies tend to result in induced abortions, which in many countries, can lead to complications (Ipas, 2004). In Sub-Saharan Africa and South-Central and South-East Asia, almost 10% of females are mothers by age 16, and more than half of all adolescent births take place in seven countries: Bangladesh, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Nigeria and the United States (WHO, 2013).

Within developed countries, the United States has higher rates of teenage pregnancy and teenage birthrate than in other western industrialized countries. The U.S. teenage birthrate was at 41.9 births per 1,000 women in 2006. This rate was lower than the peak rate in 1991, but higher than in 2005 (Guttmacher Institute, 2010). The lowest rate of adolescent birth rates is found in Europe (Cartes & Araya, 2012). Regarding adolescent births in less developed countries such as Japan and the Republic of Korea, less than 1 % of girls between 15 and 19 years old give birth annually (WHO, 2010). The tendency for teenagers to become mothers in the United States has decreased in recent years (Martin et al., 2009). Similarly, adolescent pregnancy between the ages of 15 to 19 in Europe has been decreasing since 2000, with the most remarkable downward trend in the United States (WHO, 2010).

It was reported that 95 % of adolescent birth rates occur in developing countries (WHO, 2013). The countries of Sub-Saharan Africa have the highest rate of adolescent childbearing. More than 50% of women in these countries give birth to their first child before the age of 20. In general, these teenage girls usually get married much earlier than women elsewhere (WHO, 2010). Early marriage is common in southern Asia, and parents and society expect couples to have a child soon after marriage (Mathur, Mehta, & Malhota, 2004; Shrestha, 2002; Stone, Ingham, & Simkhada, 2003). In Asia, the rate of early marriage is higher in rural regions than in urban areas. South Asian countries (India, Pakistan, Sri Lanka, Nepal, Bangladesh, and Bhutan) have high incidences of adolescent motherhood. However, the overall trend of first-time births of married adolescents is slightly downward (WHO, 2010).

In Thailand, the figure of Thai pregnant adolescents was the fifth in the ASEAN region (UNFPA Thailand, 2013). The birthrate of women aged 15 to 19 was at 53.8 per 1,000 in 2012 which is an upward trend from the year 2000 when it was at 31.1 per 1000 (Ministry of Public Health, 2012). In addition, the amount of teenage mothers who gave birth in Thailand increased to 16.6% in 2012 which is higher than the WHO criteria of less than 10% (Bureau of Reproductive Health, 2012).

To summarize, the rate of adolescent fertility in developing countries is significantly higher than in developed countries. The highest rates of adolescent childbearing and adolescent parenthood occur in Sub-Saharan Africa and southern Asia subsequently due to earlier marriage and the cultural norms of these societies. In contrast, adolescent childbearing is least common in Europe and is proportionately lower in developed countries. Although the United States has the highest teenage birthrate among developed countries, the trend has been on the decrease in recent years. Likewise, the overall trend of first births of adolescents within marriage has slightly declined. In Thailand, the current adolescent birthrate is still high, and it is an upward trend. Therefore, this is an important issue which needs to be recognized and addressed: solutions should be formulated to deal with the problem of adolescent mothers. To better understand the situation of adolescent Thai mothers in context, Thai culture and socioeconomic status affecting adolescent mothers will be described below.

### **Thai Culture and Socioeconomic Status Affecting Adolescent Mothers**

This section describes how Thai culture and current socioeconomic status affects adolescent mothers, and includes an explanation of the Thai norm and Thai beliefs regarding sex and schooling, the Thai tradition of motherhood, and current socioeconomic status.

In the past, premarital sex among Thai girls was considered unacceptable (Jenkins & Kim 2004; Thato, 2003), and the pregnancy of unmarried adolescents attracted disapproval from society (Muangpin, Tiansawad, Kantaruksa, Yimyam, & Vonderheid, 2010) . However, studies have reported that premarital sex has become increasingly common among Thai adolescents in the last two decades (Liu et al. 2006; Thato, Jenkins, & Dusitsin, 2008). Regarding adolescent Thai mothers, especially those who fell pregnant unintentionally, their families, and society in general, were considered to be at fault. (Neamsakul, 2008). Therefore, they usually hide themselves from society, for instance by discontinuing their education, or they may seek to induce an abortion (Teen Pregnancy in Thailand, n.d.). However, Buddhism has extensive influence in Thai social and cultural life (Komin, 1991; Teen Pregnancy in Thailand, n.d.); abortion is morally wrong, and having an abortion is unlawful in Thailand (Guttmacher Institute, 2009). Abortion is permitted to only preserve a woman's mental health and save her life including her physical health. Hence, unintended pregnancy usually leads to unsafe and criminal abortion (Chaturachinda, 2011). It is reflected that there is an obstacle preventing women to access a safe abortion service. To avoid being ostracized socially (to save family-face), once the



pregnancy was accepted by the family, the pregnant adolescent would have a traditional wedding ceremony given by their parents (Neamsakul, 2008; Suwansuntorn & Laeheem, 2012).

Regarding schooling, young mothers who still studied were usually forced to leave school after becoming pregnant due to the dilemmas arising from their physical changes and the negative attitudes of school staff (Thai Health, 2010; WHO, 2007), and most parents asked them to leave school during pregnancy (Suwansuntorn & Laeheem, 2012). These factors place adolescent mothers at a long term disadvantage since they are less likely to finish high school, and therefore less successful in the job market, and consequently have a lower income. The study of Neamsakul (2008) found that the majority of pregnant adolescent Thais skipped school temporarily because they felt ashamed, and later returned to non-formal education (NFE). They stated that NFE suited their needs and available to those mothers who had to raise a child.

Traditionally, Thais have different attitudes towards male and female (Pattaravanich, 1998). A Thai man was regarded as the leader of his family; his role was working outside the home and showing the success of his work while the role of the woman was to support her husband and promote love within the family (Komin, 1991). Motherhood is the major role for Thai women, and women would not work outside the home. They are expected to nurture their children, and do household tasks including taking care of all the family members (Komin, 1991). Household tasks were ranked as the second duty expected from wives (Lawantrakul, Thassri, Chunuan, & Lawantrakul, 2008), and they learned to perform this role, as a norm within the context of the marital relationship from their parents and people surrounding them.

When they became mothers, they also became housewives and were thus responsible for household tasks, nurturing the child, including taking care of all family members. Social support could promote successful adaptation to their motherhood and their children (Phahuwatanakorn, 2003; Thitimapong et al., 2010). The strong bonds within Thai families, particularly between an adolescent and her mother, could aid first-time young mothers in adaptation to the maternal role (Krongrawa, 2006; Pungbangkadee et al., 2008).

Recently, the Thai economy has been growing rapidly, and with this comes economic problems which have increased the burdens for Thai women. This social change has had an impact on motherhood in as much as Thai mothers are increasingly taking on professional goals (National Statistic Office, 2004). The new Thai mothers work outside the home and take care of their child at the same time (Phahuwatanakorn, 2003). Adolescent mothers set their future goals by continuing their education and work (Pungbangkadee, 2008). Therefore, education is an important component to achieve competency in their professional life. Thai women are now no longer subordinate to men due to an increase in female educational levels and working status. Although social norms still dictate that Thai mothers primarily care for the child and do the housework, they also need to set educational and professional goals to improve their chance for long-term success.

As mentioned earlier, new Thai adolescent mothers have to perform many roles simultaneously in order to survive in the current socioeconomic climate. These roles include being a mother, student, employee, housewife, and so on. Although they might have social support to help them adjust to the maternal role, it could be possible

that they might face difficulties adapting to the multiple roles during and after pregnancy. Therefore, the role attainments of adolescent mothers are a concern.

### **Role Attainments of Adolescent Mothers**

After giving birth, the adolescent mother returns to school and has to deal with multiple roles. This study observes the role adaptation process of first-time adolescent mothers who return to school during their child's infancy in particular, the maternal role and student role. To gain a better understanding of role adaptation, their role attainments are reviewed. Accordingly, an explanation of maternal role attainment, student role attainment, and studies related to student and maternal roles attainment are provided.

#### **Maternal role attainment**

This part comprises of the concept of Maternal Role Attainment (MRA) by Rubin (1967, 1977) and Mercer (2004) and is described below.

A nursing theorist, Rubin (1967, 1977) introduced the concept of Maternal Role Attainment which was described as the process of accomplishing the development tasks of a maternal role. This process is learned, and is both interactive and reciprocal which leads a mother to achieve a maternal identity. After delivery, the new mother shifts her attention to her relationship with her infant. The process of the maternal role was identified as having three adjustment phases as follows:

Phase I: The taking-in phase: The mental changes which occur in the second or third day following birth. After delivery, the mother focuses on herself and displays dependent behavior. She wants to recover physically from the birth and has basic needs involving rest, nutrition, and comfort. The mother observes and begins to care for her infant in this phase. Thitimapong et al. (2010) examined the level of postpartum adaptation to motherhood during the taking-in phase of 100 first-time adolescent mothers who gave birth and recovered in postpartum units in Hatyai Hospital, southern Thailand. The result shows that the adolescent mothers had a high level of adaptation to motherhood, and had a high level of maternal-infant attachment as measured by the adaptation to motherhood after birth measurement and relationship between mothers and infants measurement. Moreover, these mothers had social support from nurses and their families.

Phase II: The taking-hold phase: The mental changes occur between 3 - 10 days following birth. The mother displays both dependent and independent behavior. She can control the balance of her bodily functions after undergoing the taking-in phase. Mothers begin to adapt to their new roles with enthusiasm, and are interested in participating in their infant's care. If the mothers have appropriate help, they will adapt to their maternal role faster.

Phase III: The Letting-go phase; from about two weeks after birth, the mental changes from the second phase continue to occur. This phase is characterized by role attainment and relationship adjustment. Maternal role attainment occurs when maternal self confidence increases and maternal-child attachment strengthens. The mother understands how to raise the child and how to create a new family life. This

requires an adaptation in the family system from two to three people as the new baby becomes a family member. The previous study examined the effect of a maternal role promoting program on maternal role attainment of adolescent mothers with unplanned pregnancies. The results strongly suggested that this program can promote maternal role attainment of adolescent mothers to internalize the maternal role successfully at four weeks postpartum (Srisomboon, Serisathien, Yusamran, & Phahuwatanakorn, 2011).

Another author, Mercer (2004), a student of Rubin, defined Maternal Role Attainment (MRA), as a psychosocial development process of the mother. The mother becomes attached to her infant and obtains capability in the care-taking tasks and expresses gratification involved in the role. Furthermore, maternal identity was identified as a woman having an internalized sense of herself as a mother. The study of Mercer reviewed the evolution of MRA and a synthesis of *Becoming a Mother* (BAM). She compared the MRA among three age groups: 15-19, 20-29, and 30-42 years. The results showed that the maternal behaviors, feelings of attachment for the baby, and observed maternal competence of these age-groups were not different. The highest levels of maternal behavior were observed at four months following birth, and the mothers' feelings of attachment for their infants were also highest at four months. All mothers experienced increased role gratification as mothers at four months. However, adolescents showed a decrease between eight and 12 months, whereas older mothers reported increased gratification. Comparing adolescent mothers and adult mothers revealed no significant differences in maternal-infant adaptation (Kemp, Sibley, & Pond, 1990).

Becoming a mother requires active involvement and a process of preparation implementing self-care and care for their infants. The process began when the women became pregnant, the pregnancy was confirmed, and when they decided to continue the pregnancy (Mercer, 2004; Sawyer, 1999), and it continued throughout pregnancy and extended into the postpartum period and beyond until the woman was comfortable with her maternal role (Darvill et al., 2010; Mercer, 2004).

To conclude, maternal role attainment is a process leading mothers to achieve maternal identity. Maternal role attainment occurs in different stages from the time that the woman becomes pregnant and extends until the postpartum period. To fully accomplish the maternal role, the woman will adopt her new maternal identity and take responsibility for her infant.

### **Student role attainment**

This section describes the Thai educational system and education policy in respect to adolescent mothers in Thailand. More than half of the teenage women were studying when they became pregnant, a third had dropped school and did nothing and 12% had been in the workforce (Cartes & Araya, 2012). Traditionally, adolescents have been forced to leave school when they become pregnant (WHO, 2007, 2008). Recently, however, a new policy has been promulgated that seeks to enable pregnant adolescents and adolescent mothers to continue their schooling. This new policy is designed to keep girls in school to allow them to acquire education and develop the skills that will enhance their ability to care for themselves and their children and to increase their long-term occupation opportunities (WHO, 2007, 2008). Some

governments have adopted laws and policies to protect and promote the rights and health of adolescents. In Thailand, the National Reproductive Health Committee has proposed a controversial act which would give pregnant students the legal right to take maternity leave and to continue their studies after giving birth (“Teen Pregnancy in Thailand”, nd).

The Thai education system has 12 years of free basic education: six years of “*Prathom*” (primary education, P1 to P6) and six years of “*Mattayom*” (secondary education, M1 to M6). Enrollment in the basic education system begins at the age of six. The current Thai education system stems from the reforms set by the 1999 National Education Act which implemented new organizational structures, promoted the decentralization of administration and called for innovative learner-centered teaching practices. The Thai education system provides nine years of compulsory education, with 12 years of free basic education guaranteed by the constitution (Ministry of Education, 2008, p. 2).

In addition, the Thai educational system under the Ministry of Education (2008) provides many options for people to select a curriculum that fits their needs and interests. There are three types of educations: formal education, non-formal education and informal education.

### **1. *Formal education (FE)***

Formal education is divided into basic education, vocational and technical education, and higher education. Basic education is provided before higher education covering pre-primary, six years of primary education, three years of lower secondary education, and three years of upper secondary education. In addition,

formal vocational and technical educations are provided at three levels: upper secondary (leading to the Lower Certificate of Vocational Education), post secondary (leading to a Diploma or Vocational Associate Degree) and university level (leading to a Degree). Furthermore, higher education is available such as a four-year, professional baccalaureate degree in a university or college. The means for university entry is the High School Entrance Examination taken at the end of Mattayom 6 (Grade 12) for university entry. The two levels of educational attainment are the diploma level and graduate degrees.

## ***2. Non-formal education (NFE)***

Non-formal education provides lifelong learning opportunities to the out-of-school population. The services of NFE have expanded into secondary and vocational levels. Strategies include developing a range of life skills through distance learning, establishing workplace and community learning centers and promoting the joint sharing of resources with the formal school sector. NFE has more flexibility than formal education in its purpose, management, process, duration, and assessment and evaluation. The contents and curricula of non-formal education can be adapted to meet the needs of individual students and group students. The four levels of NFE include national level, regional level, provincial level, and district level.

Particularly, non-formal education (NFE) is provided for those who have missed the opportunity to study in formal educational system or have dropped out of school, and would like to return or continue their education. Also, adolescent mothers who lacked formal education are in NFE target groups (The Promotion of Non-Formal and Informal Education Act A.D. 2008 in Office of The Non-Formal and



Informal Education, (nd), p.9-10). The objectives of NFE are to increase knowledge and issue certificates equivalent to those offered upon completion of Grade 6, 9 and 12 of general formal schools. This educational system might be beneficial to adolescents who become mothers and students at the same time.

### **3. *Informal education***

Informal education enables learners to study by themselves in accordance with their interests, capabilities, readiness and the available opportunities from individuals, society, environment, media and other sources of knowledge. The vision of developing informal education is to promote the idea that learning can take place outside the classroom. Support for informal learning is reinforced by a network of libraries at district and provincial levels, educational television and radio programs together with a network of science museums.

#### **Studies related to student and maternal roles attainment**

This section looks at studies relating to women who take on the student and maternal roles simultaneously, studies relating to educational attainment, programs helping adolescent mothers to complete their education, and the prospects of school-aged mothers returning to school.

There have been a number of quantitative studies relating to women who take on the student and maternal role simultaneously which are listed as follows: Lin (2005) studied the role adaptation between maternal and student roles of 118 mother-students who had at least one child, younger than age 18, and returned to study in nursing programs in Taiwan. A cross-section correlational study was conducted using

Roy's adaptation model (1984) as the theoretical framework for the study. The results found that those women who were both mothers and students might not be effective in adapting to their new roles and might not be able to balance the demands of the maternal and student roles. To better understand psychological adaptation to dual roles, Gigliotti (2004) studied the psychological involvement in both the student and the maternal role of women who experienced both roles in the United States. The two groups of participants were women aged 21 to 36 and 37 to 53, and all had at least one child under the age of 19. The study used the Perceived Multiple Role Stress Scale (PMRS), the Maternal Role Involvement Questionnaire (MRIQ) and the Student Role Involvement Questionnaire, and the Norbeck Social Support Questionnaire (NSSQ) as instruments. The results showed that although there were no statistically significant differences between the groups in maternal role involvement, there was a significant difference between the groups in their adaptation to maternal-student role stress with younger women experiencing slightly more maternal-student role stress than the older women. Further, as the total network support increased, maternal-student role stress decreased in both groups.

Studies relating to the educational attainment of student mothers are needed to further explore how this can be achieved. In regards to educational attainment, SmithBattle (2006) reviewed the literature in the United States on adolescent mothers' educational attainment, their school aspirations, and the policies affecting their education. The findings revealed that 25% of adolescent dropouts returned to high school during pregnancy (Pillow as cited in SmithBattle, 2006). Many adolescents recommitted to school because they realized that completing their high school

education was essential for employment opportunities (Camarena et al., 1998; Spear, 2001). The briefing paper on teenage parents in the United States (Neeley, Baldwin, & Beckwith, 2011), found that new young parents experienced a change in attitude and focused on returning to school even though pre-pregnancy attitudes were not positive toward graduation. Moreover, the schools often have a lower expectation for young parents, and they do not truly support the policies. Likewise, Berg and Mamhute (2013) studied the socio-educational challenges of pregnant students and student mothers in adult students at a teachers' college in Zimbabwe. The study found that support from peers was the main challenge, and inadequate resources and limited support from teaching staff and college administration were indicated. Furthermore, Stephens and colleagues (1999) offered a comprehensive set of suggestions for strengthening school policies to help teenage parents by improving the opportunities for them to study and recommit to school.

A number of programs exist around the world to help adolescent mothers adapt and to achieve educational attainments while they are students and mothers at the same time. For example, the Taking Charge group intervention (TC group) program which aims to help adolescent mothers complete their school by using an evidence-based life skills intervention was tested. The results showed that the treatment group experienced a statistically significant improvement over the control group in both school attendance and grades (Harris & Franklin, 2009). The Better Life Options Program (BLO), which combined life skills including literacy and vocational training in India, was implemented to broaden the life options of adolescent mothers aged 12–20 years. This program supported entry and continuation in school, teaching

family life education, and leadership training. BLO participants learned a vocational skill and increased their self-esteem and confidence by taking a greater role in decision-making. These participants were found to frequently access health-care services for themselves and their children (The Centre for Development Population Activities, 2001). However, no program has been established in Thailand yet.

Other considerations that assist adolescent mothers to return to school are their own attitudes toward education and what obstacles exist to their returning to school. The perspectives of school-aged mothers returning to school were surveyed by Dawson (as cited in Holgate, Evans, & Yuen, 2006) who looked at various aspects of their education and their possible return to school in the UK. The main findings were as follows: (1) adolescent mothers were reluctant to return to school after having a baby. After child-birth, most young mothers wished to stay at home with their new baby. In addition, there was often nobody to look after the child, (2) adolescent mothers felt reluctant to go back to some schools and some schools were reluctant to reintegrate school-aged mothers because of the attitudes of school staff, (3) adolescent mothers are affected by peer pressure. Young mothers feel pressure from their friends and also worry that their reaction might be unfavorable, (4) adolescent mothers often had poor attendance at school before their pregnancy, (5) adolescent mothers feel more mature than their peers. They feel that it is not appropriate for them to be schoolgirls when they have become mothers, and (6) a lack of suitable child care is often a problem preventing young mothers returning to school.

In conclusion, school-aged mothers returning to school during their child's infancy have to deal with many roles simultaneously; they need to adjust themselves

to both the mother role and student role. A new mother achieves maternal identity after she obtains the maternal role attainment and can define her new self as a mother. Thai adolescent mothers who have dropped out of school usually return or continue their education in NFE because it's convenient. The previous studies relating to simultaneous maternal and student roles found that a woman who is both a mother and a student might not be able to effectively adapt herself to both roles nor to balance the demands them. The Taking Charge group and BLO programs have been able to help adolescent mothers to complete their schooling, which is essential for their future employment. However, some studies have shown that adolescent mothers feel reluctant to return to school due to a lack of child care facilities, the attitudes of school staff, and peer pressure. Public policy and the educational system can assist them to have long term success by helping them to continue their studies and creating opportunities for employment. Being aware of the perspectives of adolescent mothers towards returning to school can help authorities and health-care providers to render assistance and to reduce or remove barriers to their further education. Therefore, the next section highlights the issue on understanding the conditions relating to maternal role adaptation.

### **Conditions Relating to Maternal Role Adaptation**

This section focuses on the conditions relating to maternal role adaptation across cultures. A review of the literature dealing with this subject suggests the conditions influencing maternal role adaptation, particularly in adolescent mothers.

## **1. Social support**

Social support has been defined as social system relationships or availability of interpersonal resources that offer advice and material aid, and result in positive effects on both physical and mental health (Steward, 1993). Social support may come in many forms, such as affirmational, informational, emotional, and instrumental, and its sources may include the putative mother's family, partner or peers, or professionals (Steward, 2000).

Several studies have assessed the factors relating to the maternal and student role adaptation of adolescent mothers: Social support can promote successful adaptation in adolescent mothers and their children (Letourneau et al., 2004; Thitimapong et al., 2010). Social support is a factor that facilitates the way in which the transition to motherhood occurs (Darvill et al., 2010; Ngai, Chan, & Holroyd, 2011). Gigliotti (2004) found that low social support tended to increase maternal-student role stress, and that maternal-student role involvement is influenced by the degree of network support. Typical sources of support for adolescent mothers are support network members such as families, partners, friends, and professionals as detailed below.

### **1.1 *Family members***

Women, pregnant for the first time, and young mothers need a mentor to guide them through the transition. The mother of an adolescent mother is the most important mentor who can offer support during her daughter's pregnancy and during the period of childrearing. Most adolescents, particularly first time mothers state that they obtain practical and emotional support from their mothers and other relatives.

They learn how to approach pregnancy, birth and motherhood from their mothers (Darvill et al., 2010). Many studies have found that the adolescent's mother (the child's grandmother) is an important source of social support (Burke & Liston, 1994; Domian, 2001; Letourneau et al., 2004). Intimacy with the mother has a significant positive relationship with maternal role attainment in first-time adolescent mothers (Krongrawa, 2006). The family is the focus of the woman's role, and it dominates a woman's self-identity and her perception of herself as a mother (Lin, 2003).

### ***1.2 Partner***

Adolescent mothers tend to be insecure about their capabilities, and depend on their partners for encouragement. Support from the baby's father enhances adaptation to parenting and the quality of the adolescent mother-infant interaction (Letourneau et al., 2004; Oxley & Weekes, 1997; Ruff, 1990). A close and satisfying relationship between the young mother and the father of the baby may increase the attachment behaviors and parenting abilities of adolescent mothers. Therefore, the baby's father should be included in caring for the mother and the child (Murray & McKinney, 2010). Adolescent mothers selected their baby's father as the second most important source of social support (Burke & Liston, 1994). The study of Razurel, Bruchon-Schweitzer, Dupanloup and Irion (2011) indicated that after birth and upon returning home, the baby's father was expected as the major contributor of material support among first-time mothers in Geneva, Switzerland. Likewise, un-partnered first-time mothers who were over 19 years of age in the U.S. reported that they felt multiple losses and slowly adapted to motherhood because they lacked support and financial resources from the father of their baby (Keating-Lefler & Wilson, 2004).

Adolescent women generally expect their boyfriends or partners to show a degree of loyalty and maturity and when this is absent, they will be less likely to successfully adapt to motherhood (Hanna, 2001; Letourneau et al., 2004). In addition, a spousal relationship had a positive influence on maternal role attainment of first-time adolescent Thai mothers (Krongrawa, 2006).

### ***1.3 Friends or peers***

Peer support is based on the fact that young people usually seek out other young people when they face concerns or problems. Peers are more influential during adolescence than at any other stage in life. The quality of the relationship between adolescents and their peers plays an important role in supporting or obstructing their current and future functioning. Adolescents who receive low peer support have increased feelings of isolation and lower educational aspirations (Valaitis & Sward, 2005). Thus, relationships with past friends and new friendships affect the adaptation of teenage mothers to motherhood (Hanna, 2001; Letourneau et al., 2004).

### ***1.4 Professionals***

Professional support is provided to adolescent mothers by health professionals (e.g. physicians, nurses, and other allied health professionals) after delivery. This support includes counseling or behavioral intervention geared to improve motherhood skills. The primary focus of support is counseling and practical support to mothers. The secondary purpose is education (“Professional Support,” n.d.). Professional support can be a greater source of education and accurate informational support to adolescent mothers than other sources of support (Hanna, 2001). Health professionals such as nurses can convey knowledge of adaptation to motherhood, and



nurses can also play an important role in adolescents' confidence in mothering (Letourneau et al., 2004; Ngai, Chan, & Holroyd, 2011). The study of Kiehl (2003) recommended that nurses can assist pregnant women to achieve a maternal role by focusing on maternal adaptation strategies after attending prenatal classes. Furthermore, during the early postpartum period at hospital, health professionals mostly provided support to primiparous women (Razurel et al., 2011).

## **2. Family structure**

Family structure refers to the composition and membership of the family and the pattern of relationships between individual family members (Farlex, 2014). Hanna (2001) reported that family structure is a condition affecting motherhood adaptation of adolescent mothers. If her parents' marriage is intact, the adolescent mother is more likely to adapt herself to motherhood successfully. Conversely, adolescent mothers might have difficulty in adapting to motherhood if they come from a broken family. If an adolescent mother felt unloved it would have a negative effect on bringing up her own child. In addition, a single mother significantly presented less comfort with the maternal role when compared to a married mother (Copeland & Harbaugh, 2004).

## **3. Age**

Different ages may affect adaptation to the maternal role of women. Hanna (2001) found that becoming a mother was a difficult struggle for teens because of their youth and lack of preparation for motherhood. Mothers in later adolescence had more positive self-perceptions of their parenting ability and their role as a mother than did younger mothers during the four to six weeks postpartum period (DeVito, 2007).

Hurlbut and colleagues (1997) also found that adolescent mothers who are more mature are better adapted to parenthood when compared with less mature mothers. Likewise, the study of Nelson (2004) showed that first-time mothers aged 35 years and older had an enhanced sense of their developmental maturity and highly appreciated their baby. However, Kiehl and White (2003) studied maternal adaptation during childbearing among first-time mothers in Norway, Sweden and the U.S. The findings showed that younger mothers had both more positive and less positive attitudes in some maternal adaptation aspects than older mothers.

#### **4. Education**

A women's level of education affects her adaptation to a maternal role. DeVito (2007) found that the level of education of adolescent mothers was a significant factor in their self-perception of parenting. The higher the grade level accomplished by the adolescent mother, the more positive were her self-perceptions of parenting and the feeling of how important the child was to her life. Self-perception of parenting is how mothers perceive themselves as parents and Spear (2001) also found that higher levels of education are associated with a positive self-perception of parenting as well as a high level of hope and vision for the future of their babies. Women who had a higher level of education showed higher confidence in being first-time mothers than did women with less education (Russell, 2006). Mothers who have completed more years of education are more likely to report higher levels of parenting satisfaction and are more positive nurturers in interactions with their children (Hess, Papas, & Black, 2002).

### **5. Para / parity**

The term of para refers to “a woman whose pregnancy has resulted in viable offspring, regardless of whether the child was alive at birth” (Davies, 2008, p. 471). Primiparous mothers who had an unplanned caesarean birth reported lower emotional and social adaptation than multiparas in the first two weeks after birth (Weiss, Fawcett, & Aber, 2009). In that way, the study of O’Reilly (2004) showed that second-time mothers had a wealth of knowledge and experience of newborn-infant care and the ability to deal with the role changes. Mothers had more comfort ability and less stress during the second-time transition to parenthood. Similarly, the study of Lederman and Weis (2009) described multiparas as having prior experience of pregnancy as well as delivery, and childcare. However, the multipara woman is subject to greater anxiety, faced with the demands of her newborn and providing care to the older child or children. Also, one’s career and financial issues associated with children’s expenditure, including maintaining a relationship with the baby’s father simultaneously, is a concern.

### **6. Maternal perception of parenting**

The maternal perception of parenting can be defined as how mothers give meaning to their experiences of parenting. Mothers who evaluate their experiences in parenting as positive will likely have an easier adaptation to motherhood (Pridham & Chang, 1992). The positive perception of a mothers’ experience in parenting leads them to have a positive attitude toward their parenting role and encourages them to try to perform well. Naphapunsakul et al. (2007) found that maternal perception of

parenting had a significantly positive effect on the maternal role performance of first-time mothers.

### **7. Emotional intelligence**

According to Mayer, Caruso and Salovey (1999), “Emotional intelligence refers to an ability to recognize the meanings of emotion and their relationships, and to reason and problem-solve on the basis of them” (p. 267). Krongkawa (2006) found that emotional intelligence had a significant positive relationship with maternal role attainment in first-time adolescent mothers, and helped create the ability to deal with their new role as well as feeling happiness with it.

### **8. Maternal confidence**

Maternal confidence has been identified as an important factor in adaptation to motherhood and the maternal role (Mercer, 2004). Mothers who have a high level of maternal confidence reported that they achieved satisfaction in motherhood. A positive maternal perception of parenting therefore, leads to greater confidence in performing the maternal role (Naphapunsakul et al., 2007). Mothers who believed in themselves and their families indicated better maternal adaptation than those who did not (Kiehl & White, 2003). The maternal confidence of an adolescent mother significantly affects providing infant care (Ruchala & James, 1997).

### **9. Prior childcare experience**

Prior childcare experience has been found to be a positive factor relating to role adaptation in adolescent mothers (Russell, 2006; Thitimapong et al., 2010). First-time mothers who have childcare experience have more confidence in their maternal role and achieve better infant outcomes (Kiehl & White 2003; Ngai & Chan, &

Holroyd, 2011; Russell, 2006). Lack of preparation may make motherhood a difficult struggle for adolescent mothers (Hanna, 2001).

### **10. Sleep quality**

Sleep quality refers to as one's satisfaction of the sleep experience, involving aspects of sleep initiation, sleep maintenance, sleep quantity, and refreshment upon awakening (Kline, 2014). Lin (2003) found that student mothers who had better quality sleep adapted more effectively to their maternal and student roles than those who did not sleep well. Their sleeplessness and tiredness becomes a barrier to a successful transformation to motherhood because chronic tiredness can lead to a mother having a lack of patience in taking care of her infant (Hanna, 2001). In addition, the study of Taylor and Johnson (2010) suggested several fatigue management strategies in parenting classes to help mothers who were in the first six months after childbirth in Australia to manage postnatal fatigue.

### **11. Maternal competence**

Maternal competence refers to the ability to do maternal role efficiently. Maternal competence develops when mothers have the knowledge and skills of infant care that is required for the maternal role (Lowdermilk et al., 2000). First-time mothers with maternal competence will employ the skills of motherhood and sensitive care to respond to their infants' needs, and to nurture their infants' growth. Naphapunsakul et al. (2007) studied the factors influencing maternal role performance in first-time mothers. The results showed that mothers who had high maternal competence were able to enhance the performance of their maternal role.

## **12. Self-esteem**

When adolescents have a positive sense of worth and a basic sense of continuity of self, they are more prepared to succeed during psychosocial stages (Erikson, 1963). According to Erikson's theory, positive self-esteem may be a predictor of positive parenting; that is, a high level of self-esteem in adolescent mothers is likely to be a positive predictor of their readiness to adapt to parenting. High self-esteem in adolescent mothers was also found to be related to positive parenting skills and knowledge by Hurlbut et al. (1997).

## **13. Depression**

According to the WHO (2012), depression is “a common mental disorder that manifest as: loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and can lead to substantial impairments in an individual’s ability to take care of his or her everyday responsibilities” (p. 6). Depression correlates negatively with parenting and affects the babies of adolescent mothers, and it has been found to be negatively related to parenting practices and babies’ behavior (Hurlbut et al., 1997). Fowles (1998) found that depression in first-time mothers had a significantly negative effect on maternal role performance, and Russell (2006) showed that depression was a factor that interfered with the maternal role. It has also been noted that adolescent mothers were significantly more likely to be depressed after delivery than adult mothers (Lanzi, Bert, & Jacobs, 2009). Panzarine & Sharps (1995) studied primiparous adolescent mothers during the first postpartum year. The finding showed

that the mothers with symptoms of depression reported less parenting abilities and less gratification from their maternal role than those who were not depressed.

#### **14. Welfare support**

Most adolescent mothers live in poverty, and they are disadvantaged in a number of ways, such as less education, less support, and no job stability (Harden, Brunton, Fletcher, & Oakley, 2009). As a result they are unable to afford supporting their children. Adolescent mothers who have insufficient economic resources have greater difficulty to fulfill their maternal role (Cartes & Araya, 2012). Therefore, young mothers usually become welfare dependent for both their own needs and those of their children. Hanna (2001) found that becoming a mother during the teenage years was a difficult struggle for the adolescents because of lack of welfare support.

To summarize, social support is the most important condition influencing adaptation to maternal role of adolescent mothers, especially the support of the adolescent's mother. Furthermore, the child's father is the second most important source of social support helping adolescent mothers to adapt to parenting and to maximize the quality of adolescent mother-infant interaction. Other conditions, such as age, education, prior childcare experience, health perception and maternal confidence also have an effect on the maternal role adaptation of adolescent mothers. These findings provide insights for health professionals about how best to assist adolescent mothers' unique needs. In addition, the outcomes of adolescent mothers that have an influence on their future are a great concern.

## **The Outcomes of Adolescent Motherhood**

This section describes the outcomes of motherhood and their influence on adolescent mothers. There were many outcomes of motherhood affecting adolescents and parenthood. In addition, sources of support on adapting to motherhood are provided.

There were both positive and negative outcomes of motherhood. Motherhood changed female adolescents' priorities, such as increasing educational goals, professional goals, and an enhanced enjoyment of life (Baker-Spann, 2001). A meta-synthesis of qualitative studies of adolescent motherhood discovered five categories: (1) the reality of motherhood brings difficulty, (2) living in two worlds: the teenager and the mother, (3) motherhood as positively transforming, (4) the baby as a motivational factor to do better, and (5) supportive context as turning point for the future (Clemmens, 2003). Becoming a parent made adolescent mothers feel that they lived in the two worlds of adolescence and motherhood. They reported that they felt alone and desperate, and should have realized the importance of the future prior to becoming pregnant (DeVito, 2010). In addition, Abram (2008) found that first-time mothers used motherhood as an opportunity to reorganize their identity. It not only affects maternal identity but also functions as a transformer of the mother's and future development. A synthesis of the qualitative studies about transition to motherhood found four categories; (1) commitment to mothering, (2) using a variety of resources to assist them in daily life, (3) changing relationships with partner, and (4) decision making regarding return to work (Nelson, 2003). In the same way, a research



synthesis of first-time motherhood found two categories; mother's discloses their needs for paid employment after becoming a mother, and mother's views about the quality of care in the transition to motherhood (Brunton, Wiggins, & Oakley, 2011).

There were outcomes of motherhood affecting adolescent parenthood.

Adolescent mothers are at risk of having negative mother-infant interactions and becoming non-nurturing mothers (Murray & McKinney, 2010). The ability of adolescents to handle stress is an important part of the skill of motherhood. Young mothers may be unable to handle the stress of their immaturity; namely, the stage of development of their coping mechanism. For instance, if the infant cries the mother may not be able to offer it comfort. They may neglect or punish the infant when they feel stress from such issues as social isolation or inadequate financial resources. Adolescent mothers tend to be less sensitive to the actions of infants and often have little understanding about infant development, and they may have unrealistic expectations of their babies. For example, young mothers may anticipate that their babies will sleep through the night, or complete toilet training before the babies are developmentally able to do so. Adolescent mothers often do not actively seek information about child care and development even though they may want to be good mothers. Thus, adequate preparation for parenting is important to help adolescent mothers cope with this new role. George and Lee (1997) found that the children born to teen mothers are at greater risk of becoming a case of child neglect and being placed in foster care than are those born to older mothers. The quality of interactions between mothers and children of adolescent mothers showed less positive parenting behavior (Barratt & Roach, 1995).

However, the strong bond of family relations in Thai families can support adolescent mothers in their adaptation to motherhood (Pungbangkadee et al., 2008). Intimacy with the adolescent's mother has a significant positive relationship with maternal role attainment in first-time Thai adolescent mothers (Krongrawa, 2006). Likewise, many studies have found that the adolescent's mother is an important source of social support in the USA (Domian, 2001; Logsdon, 2002). Moreover, a study of adolescent mothers in Taiwan and south Asia found that the family is the focus of the woman's role, and it dominates a woman's self-identity and her perception of herself as a mother (Lin, 2003; Raj, 2010). Furthermore, a study in the UK found social support is a factor that influences the process of transition to parenthood of adolescent mothers (Davill et al., 2010). They learn how to approach pregnancy, birth and motherhood from their mothers. Nevertheless, the context and conditions that influence the maternal role among Thai adolescents differ from adolescent mothers in the West, in particular support from the family. For example, Norway and Sweden offer excellent welfare for their citizens and their health care services cover adolescent mothers. This kind of support could better help these mothers to adapt themselves to the maternal role than those who do not have it (Ministry of Health and Social Affairs, 1999; The Swedish Fact Sheet as cited in Kiehl & White, 2003).

In brief, motherhood changed adolescent mothers in both positive ways and negative ways. For examples, outcomes of motherhood included increasing educational goals and professional goals, positive transformation, their baby as their strong motivation, and living in the two worlds of adolescence and motherhood.

Although strong family bonds in Thai families can help adolescent mothers to adapt to motherhood, their youth is more likely to have a negative effect on parenting. As mentioned earlier, this is of major concern for public policy and health care providers, who must provide the knowledge and skills to help adolescent girls deal with the new role of motherhood and their continuing their studies simultaneously.

Furthermore, a feminist perspective was adopted as the frame of reference to guide questions in order to better understand how reproductive rights and women's gender roles influence the maternal and student role adaptation in the Thai social context which is the focus of this study.

## **Feminism**

Feminism is rooted in critical theories and the belief that women are oppressed or disadvantaged in comparison to men and that the oppression of women is unfair and in some cases illegal (James as cited in Fricker & Hornsby, 2000). Feminism appears to challenge conceptions of women and sexual differences in traditional thought; female oppression is characterized as the restriction of a female's human potential (Beasley, 1999). Critical theory perspectives and feminism are perceived as significant to nursing knowledge development because of their emphasis on vulnerable populations, social analysis and critique, and action to promote social justice in the context of women's issues (Browne, 2000).

Historically, the feminist movement is divided into two eras or two waves. The first is the period prior to about 1945, and the second is the era surrounding the

movement in the latter half of the twentieth century. Moreover, there are two varieties of feminists (Lawhead, 2000). The first group is composed of equity or liberal feminists. Equity feminists believe that the intellectual traditions and basic social structures of Western culture should be maintained. This allows women to have full intellectual and political participation in society. The terms *freedom* and *opportunity* characterize their concerns. The second group is called gender or radical feminists. Gender feminists challenge and try to change the fundamental structures, assumptions, methods, and discourse of society, in particular, those aspects of society which show male-dominated distortions. Okin (1989) stated that gender-structured marriage makes women vulnerable, and her opinion was that justice has neglected women and created inequalities between the sexes.

The philosophy and epistemology of feminism studies the ways in which gender creates and influences the concept of knowledge attribution, and the practices of inquiry, and the justification of the systematic disadvantage of women, and fights to reform the conceptions and practices on behalf of women (Lawhead, 2000). Ginzberg (as cited in Omery, Kasper, & Page, 1995) stated that feminist approaches to the main problems in the field are as follows: feminist approaches seek to establish feminist critiques of science, and feminist science attempts to define the proper roles of social and political values in inquiry, evaluate ideals of objectivity and rationality, and reform structures of epistemic authority. Feminism has been described as a movement aimed at establishing and defending equal political, economic, and social rights and equal opportunities for women. The movement focuses on gaining equal rights and opportunities for women (Chodorow, 1989). Feminist philosophers strive to

find answers relating to the meaning of life and place high value on different experiences of diverse women of different classes, races, ethnicity, sexual orientation and age. They pay particular attention to the ways in which the oppression of women relates to other themes of oppression, e.g., racism and women's oppression, intersex with sexism. The wide variety of views among women has introduced an interesting controversy about whether it is possible to talk about "women's voices" or a "feminist voice" (Garry & Pearsall, 2000).

In brief, feminism is relevant to this study as a way of representing the woman's voice and protecting women's rights. The use of feminist theory will be taken up as a form of consciousness that conducts the researcher's interactions with participants. The researcher employs feminism to guide the initial questions to explain phenomena in light of how adolescent mothers exercise their rights to continue their study, and how they adapt themselves to the maternal and student role simultaneously in the Thai social context.

This study will explore, in-depth, the process of multiple role adaptation in adolescent mothers. The researcher has decided to use a grounded qualitative methodology in order to ground the theoretical basis in its substantive phenomena (Strauss & Corbin, 1990, 1998). Grounded theory affords the opportunity to gain an understanding of the participants' experiences in the context of their situation, and to understand their experiences by analyzing the verbal and nonverbal behaviors arising from their perceptions. For these reasons, grounded theory is the most appropriate method to employ in this research.

## **Grounded Theory**

The review of literature relating to grounded theory in this study will focus on the philosophy of grounded theory, its evolution, selecting Straussian grounded theory as the methodology to be employed, and essential grounded theory procedures guiding the research methodology of the study.

### **Philosophy of grounded theory**

Grounded theory is a qualitative research approach applied to explore social processes. The aim of grounded theory is to develop a theory about social processes from a particular phenomenon (Strauss & Corbin, 1998). Anell (1997) commented that the ontology of grounded theory was influenced by critical realists and relativists. Traditional grounded theory, according to Glaser and Strauss (1967), arose from the ideas of critical realists. Critical realism is a philosophical view of knowledge. It is described as the acquisition of knowledge about the external world as it really exists, independent of the human mind or human subjectivity. Strauss and Corbin (1990) asserted that reality is socially constructed and cannot actually be known, but reality can be interpreted by analyzing it. Both the theory and data analysis involve interpretation (Strauss & Corbin, 1990, 1998, 2008), and the findings of grounded theory are theoretical formulations of the reality under investigation, and are always interpreted. In addition, the methodology is its capability not only to generate theory but also to derive that theory from data. Grounded theory is generated from data. Thus, it is likely to offer insights, enhance conceptual understanding, and provide a

meaningful guide into the human interaction processes (Strauss & Corbin, 1998). The grounded theory methodology combines both inductive and deductive research methods (Glaser & Strauss, 1967; Stern, 1980; Strauss & Corbin, 1990, 1998). From an inductive perspective, theory emerges from specific observations and generated data. The theory can then be tested empirically to develop predictions from general principles, based on a deductive methodology.

There are two types of theories that can be generated from grounded theory methodology; a substantive theory and a formal theory (Glaser & Strauss, 1967). First, a substantive theory is developed which describes the relationship of the emergent concepts in the particular situation area, such as high-risk pregnancy care. Second, the formal theory is developed for a formal or conceptual area of inquiry, which is broader than the substantive theory, for instance, professional nursing. Substantive theories and formal theories are classified as middle-range theories (Glaser & Strauss, 1967) which have a narrower scope than grand theories and are most useful in nursing research (Fawcett, 1995). In this study, the researcher will formulate a substantive theory to reveal the process of role adaptation among adolescent mothers to their simultaneous roles as mothers and students. The outcome of a grounded theory design is not only to generate a theory but also to ground that theory in data, and it is therefore based on systematic data collection from the study of the phenomenon (Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998).

Epistemology refers to the assumptions regarding knowledge and how it can be obtained (McCann & Clark, 2003). The epistemology of grounded theory is that of modified objectivism and subjectivism (Annells, 1997). Traditional grounded theory

adopted an objectivist view which was based on the application of a systematic and rigorous research method. However, Straussian grounded theory also values subjectivist views (Annells, 1997). Subjectivism can be described as the expression of views which are dependent on the opinion of the person making the statement. The theoretical underpinning of grounded theory is the exploration of social processes based on symbolic interactionism, which is derived from the work of George Herbert Mead (1964) and Herbert Blumer (1969). From a symbolic interactionist perspective of human behavior, people interact and behave based on how they interpret or give meaning to specific symbols in their lives, such as words, objects, style of dress or verbal and nonverbal expression. According to Blumer (1969) there are three core concepts of symbolic interactionism. First, meaning is derived from the way in which humans act towards other humans and towards things, based upon the meanings that they have given to those people or things. Second, language has given humans a means of deriving meaning from symbols. Lastly, thought transforms each individual's interpretation of symbols. The epistemology of grounded theory can be seen through the process of data collection, coding, theoretical sampling, comparative analysis, interpretation and the generation of the theory.

### **Evolution of grounded theory**

Grounded theory was first developed by two sociologists, Barney Glaser and Anselm Strauss in the early 1960s. They published a book entitled "The discovery of grounded theory" in 1967. Glaser and Strauss proposed a general method of comparative analysis in which the emergence of categories comes from the data.



Strauss had a strong background in qualitative research and was influenced by symbolic interactionist and pragmatist writing from the University of Chicago. His thoughts were inspired by men such as Dewey (1922), Mead (1934), Hughes (1971), and Blumer (1969). Glaser on the other hand had a quantitative background from Columbia University.

After publishing "The Discovery of Grounded theory" Glaser and Strauss' views diverged and they both went on to publish books separately. In 1990, Anselm Strauss and Juliet Corbin published the book entitled "Basics of Qualitative Research: Grounded Theory Procedures and Techniques", which was revised in 1998, with the most recently updated edition being published in 2008, while Glaser became a crucial opponent of Strauss' idea of forcing categories on data, and published the book, entitled "Basics of Grounded Theory Analysis" in 1992. The development of grounded theory can be divided into two main directions, based on the Straussian and Glaserian paradigms. Glaser (1992) suggested the use of a variety of "coding families" while Strauss proposed to use a general theory to build an axis for an emerging theory and advocated the use of coding paradigms. Glaser criticized the concept of "coding paradigm" described by Strauss and Corbin said that can lead to forcing categories on data. Glaser's method (1978, 1992) remained a classic grounded theory while Strauss and Corbin (1990, 1998, 2008) reformulated the classical method by developing analytic techniques and providing guidance to the novice researchers.

Grounded theory was used in nursing to explain important phenomena in professional nursing as early as the 1960's and has been used more extensively in the last two decades (Beck, 1993; Hutchison, 1992; Meeker, 2004). Benoliel (1996)

suggested that grounded theory began to influence the development of nursing knowledge in the early 1960s. Grounded theory has developed, and has become an extensively applied research approach. The methodology makes important contributions to developing a substantive body of nursing knowledge because it is able to generate middle-range theories which can be tested empirically. Benoliel (1967) suggested that grounded theory can focus on adaptations to illness, nurse adaptation and interventions, and status passages of vulnerable persons and groups. Mishel's theory of uncertainty in illness is one of the middle-range theories that are grounded in data derived from nursing knowledge (Mishel, 1988).

#### **Selecting Straussian grounded theory as the study's methodology**

Strauss and Corbin stated that it may be appropriate to review the available literature that focuses on the area which is studied (1990, 1998, 2008). A literature review is important to guide the research questions but does not frame the data analysis. Existing theory helps providing the way of approaching data. For instance, it can help to derive a list of questions to ask the participants or guide initial observations. The list of questions may change after the first interview, but it assists the researcher to start the research. As the theory is developed, the researcher can incorporate relevant theories in the study (Strauss & Corbin, 1990, p.50). Furthermore, when the theory of the study is well developed, the researcher can reference the literature, validate the findings, or indicate how it differs from the literature. On the other hand, Glaser (1992) argued that there was no need for previous theoretical knowledge in the substantive area under study, since the arguing of this

would create preconceptions in the mind of the researcher. Glaser also suggested that researchers must approach their field without any research questions or research problems.

Moreover, Strauss and Corbin's concept of a "coding paradigm" is a useful theoretical framework within which to develop empirically grounded categories whilst Glaser's criticized that applying a "coding paradigm" might cause the "forcing" of categories on the data.

The Strauss and Corbin version of grounded theory (1990, 1998, 2008) was employed to investigate the role adaptation process of adolescent mothers returning to school during childrearing. Since the researcher is a novice in both the role adaptation of adolescent mothers and grounded theory methodology, a literature review is important to guide the research questions but does not frame the data analysis. In particular, the literature review enhanced the researcher's theoretical sensitivity about role adaptation in adolescent mothers bearing in mind the little knowledge the researcher has in this field.

### **Essential grounded theory procedures**

In this study, the essential grounded theory procedures are described based on the ideas of Strauss and Corbin, and are divided into four aspects; theoretical sensitivity, theoretical sampling, theoretical saturation, and criteria for a well-constructed grounded theory.

## **1. *Theoretical sensitivity***

Strauss and Corbin, (1990) defined theoretical sensitivity as referring to the ability of the researcher to develop a theory that is grounded in the area being studied. They suggested that theoretical sensitivity comes from several sources; literature, professional experience, and personal experience.

### **1.1 *Literature***

There are various kinds of literature, such as published theoretical work, previous research and other relevant documents therefore, this rich background of information can sensitize the researcher to look deeply into the phenomena being studied.

### **1.2 *Professional experience***

If researchers have experience in a field of the study, this gives the researchers more understanding and helps them to complete the research quicker than they would do if they did not have this background. For example, nurses doing research on the work of nurses in hospitals can gain insight more quickly than someone who has never worked in a hospital. On the other hand, professional experience can sometimes hamper the researchers in seeing what conclusions can be drawn from the phenomena observed.

### **1.3 *Personal experience***

Personal experience refers to direct experience which the researcher has had that is relevant to the field of study. For example, if the researcher has experienced the death of a loved one, he/she has a basis for making comparisons with the experience of participants in the study who suffer the loss of someone close to

them. However, the researcher must be careful not to assume that his/her experience has been similar to that of others. In this study, the researcher has professional experience relevant to maternal-infant attachment and postpartum adaptation to motherhood among first-time adolescent mothers. The researcher has also reviewed related literature to gain insight about this phenomenon.

## ***2. Theoretical sampling***

Theoretical sampling is data collection in grounded theory research. It is a proven sampling technique based on concepts derived from the evolving theory and is based on the idea of “making comparison” (Strauss & Corbin, 1990, 1998). The purpose of theoretical sampling is compare events, incidents, or happenings to determine categories in terms of their properties and dimensions. In the initial sampling, the researcher collects data and then analyzes that data to generate as many categories as possible. The emergent concepts are then used to guide the further collection of data to develop the theory as it emerges until category saturation occurs. Hence, sampling becomes more specific with time and the process of data collection is directed by the emerging theory. Theoretical sampling is carried out based on three types of coding procedure: open coding, axial coding, and selective coding.

### ***2.1 Sampling based on open coding***

Sampling based on open coding is open to those persons, places, and situations that will provide the opportunity to gather the most relevant data from the phenomenon under investigation. The aim of open coding is to discover, name, and categorize phenomena in order to develop categories in term of their properties and dimensions. Open sampling will be in collecting data from the first participant, and

while looking for emergent concepts after analyzing the initial data. The concepts emerged during analysis of five or six interviews (Strauss & Corbin, 1998).

### *2.2 Sampling based on axial coding (relational and variational sampling)*

Sampling based on axial coding is used to look for variation and relationships among the concepts (categories). The aim of axial coding is to relate more specifically the categories and subcategories, as well as to further develop categories in terms of their properties and dimensions. The researcher compared incidents and events to find something different that provides the basis for discovering variations to the concepts. It takes longer to disclose process and variation, as well as to achieve density.

### *2.3 Sampling based on selective coding (discriminate sampling)*

Sampling based on selective coding is to choose the places, participants, and documents that can maximize opportunities for comparative analysis to saturate categories and complete a study. The aim of selective coding is to integrate the categories to form a theory, validate the relationship among the categories, and is finally used to refine a theory.

Theoretical sampling will be employed when the researcher recruits new participants to compare with emerging concepts and establish categories that will be related to the evolving theory. The sampling will continue until theoretical saturation is reached and that is when the participants say no new data to be emerged. This means that no new properties and dimensions, condition, action/ interaction, and consequences are seen in the data (Strauss & Corbin, 1998).

### ***3. Theoretical saturation***

Theoretical saturation is of great importance in grounded theory. The object of grounded theory research is to gather data until saturation of each category is reached, that is no new relevant data emerges to support the category (Glaser, 1978; Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998). Saturation of a category is considered to have been achieved when the following indicators co-occur: (1) no new relevant data emerges regarding a category, (2) the categories are well formulated, and (3) the relationships among concepts (categories) are verified (Glaser, 1978, p.124-126; Glaser & Strauss, 1967, p.61-62, 11-112).

### ***4. Criteria for a well-constructed grounded theory***

There are four criteria by which to judge a well-constructed grounded theory and whether that theory can be applied to a phenomenon (Glaser & Strauss, 1967; Glaser, 1978; 1992). First, *fit* refers to the validity of the study. A theory is said to fit a substantive area if it represents the realities under study. Second, *workability* refers to whether its concepts are able to explain the major variations in behavior relating to the main concerns of the participants. Third, *relevance* refers to how broad and comprehensive the theory's concepts are, and whether the theory is abstract enough and includes sufficient variation to allow it to be applicable to other contexts related to the phenomena being studied. Lastly, *modifiability* refers to how readily a grounded theory can be modified when new relevant data is compared to existing data.

## **Summary of Literature Review**

This chapter has described the literature review conducted relating to the maternal and student roles of adolescent mothers under seven aspects: the current situation of adolescent mothers, Thai culture and socio-economic status affecting adolescent mothers, role attainments in adolescent mothers, conditions relating to maternal role adaptation, the outcomes of adolescent motherhood, feminism, and grounded theory.

Adolescent birthrate has an increasing trend in Thailand. Most adolescent mothers are of school-aged and their pregnancies are unintentional. It causes disadvantages to these women, such as dropping out of school, unemployment and an ongoing cycle of poverty. This is a major concern to the government which has put forward a new draft of the Student Pregnancy Bill which aims to protect the rights of pregnant students and student mothers. School-aged adolescents are usually forced to leave school after becoming pregnant due to dilemmas arising from physical changes they undergo and the negative attitudes of school staff. Consequently, the majority of them returned to their school-studies in non-formal education (NFE) because of its convenience. After giving birth, Thai mothers are expected to be the primary caregiver of the child and to be a housewife. However, the current socioeconomic climate pushes a new mother to work in paid employment. Therefore, adolescent mothers perform multiple roles simultaneously during childrearing.

The outcomes of motherhood influence adolescent mothers in both positive and negative ways, particularly in increasing educational goals, professional goals,



positive transformation, caring for a baby as strong motivation to do better things, and living in the two worlds of adolescence and motherhood. Student mothers may face difficulties in adapting themselves to their multiple roles because of physiological and psychosocial immaturity and lack of preparedness. However, the strong bond of family relations in Thai families can help adolescent mothers on the adaptation to maternal roles, especially the support of the adolescent's mother.

Feminism is a relevant concept in investigating the process of role adaptation among adolescent mothers in order to better understand how reproductive rights and women's roles influence the maternal and student role adaptation simultaneously which is the focus of this study. However, the feminist perspective of this study is not restrict the way in which the data will be analyzed nor the formation of the theory.

Finally, the philosophical foundation and essential features of grounded theory have been reviewed as these underpin the implementation of the study. The concepts, categories, and theory are formulated through the coding procedures described until theoretical saturation of the categories is reached and the theory is then refined based on the analysis of the data.

## **CHAPTER 3**

### **METHODOLOGY**

Research methodology provides the foundation in understanding the process of the maternal role and student role adaptation of adolescent mothers by focusing on research design, participants and settings, participant recruitments, ethical consideration, data collection, data analysis, and trustworthiness.

#### **Research Design**

Grounded theory aims to develop a theory about social processes from a particular phenomenon being studied, and the findings of grounded theory are theoretical formulations of the reality under investigation (Strauss & Corbin, 1990, 1998, 2008). It is likely to offer insights, enhance conceptual understanding, and provide a meaningful guide into the human interaction processes (Strauss & Corbin, 1998).

In this study, Straussian grounded theory was used as the methodology for this study because the study aimed to generate a conceptual model and develop a theory related to role adaptation process in the perceptions, action, and interaction of adolescent mothers returning school during childrearing. Grounded theory provided guidance to explore basic social process including human actions and interaction of adolescent mothers who performed multiple roles. The adolescent mothers' responses to their roles were collected within their social context, and then interpretation was derived from the data. Grounded theory is also suggested to be appropriate for

exploring and conceptualizing the social phenomena of a sensitive group, namely school-aged mothers, which in turn, highlight the values and the meanings of their role adaptation behaviors during childrearing and schooling. The findings provide insights and a better understanding related to the social interaction about role adaptation process from the adolescent mothers' perceptions and their behaviors. Consequently, the theoretical model on role adaptation process of adolescent mothers who returned to school during childrearing emerged. In addition, this methodology also resulted in the identifications of conditions under which the behaviors occurred.

### **Participants and Settings**

This section consists of the details of the participants, inclusion criteria, the settings, and place of interview. The place of interview was the participant's natural private setting. The descriptions are described as follows.

#### **The participants**

A total of 17 participants saturated the categories who had experience being a mother and a student simultaneously after giving birth were involved in this study. All of them were first-time school-aged mothers who met the inclusion criteria were invited to share their experiences about combining mother and student roles after giving birth.

### **Inclusion criteria**

In the initial stage of sampling, six inclusion criteria were set for selecting female participants who: 1) were 10-19 years old when they gave birth (WHO, 2010), 2) had given birth to their first child, 3) had a healthy baby and their child was no more than 3 years old; in other words, mothers who had either infants or toddlers were included in order to see their role adaptation to both maternal and student roles in this period, 4) had returned to school after birth within 1.5 years to see their role adaptation during childrearing, 5) had been the caregiver for her baby, and 6) subject to an unintended pregnancy because it influenced their role adaptation on the thought process on dealing with pregnancy and dealing with schooling. In addition, the mothers who had any severe physical history, such as diabetes mellitus, hypertension, or heart disease, mental problems, and history of substance abuse were not included in order to control the effect of potential complication that might influence the role adaptation process.

### **The settings**

Initially, the recruitment of participants was conducted at the well-baby clinics of Songklanagarind Hospital, Hadyai Hospital and Songkhla Hospital in Songkhla Province, southern Thailand.

Well-baby clinics: They are similar in their designs and utilities in all settings. There are nurses' desks in front of the seats of clients and relatives that are located parallel to a line of physical exam rooms, treatment rooms and a supply room. At Songkhla Hospital, there is a playground corner for children and that is quite

attractive for them. The researcher and the nurse searched for the participants by reviewing the demographic data of the child's mother in the Personal Child Health Record (PCHR) at the nurse's desk. Following that, the interview took place at the participant's convenient place.

### **Place of interview**

**Participant's home:** The 14 participants preferred to be interviewed either at their parent's home or parents-in-law's home. Every home was separated into a bedroom, living-room, and kitchen. Before the interview, the researcher asked the guardian and the participant for permission to talk in private with no disruption. Ten of the participants were interviewed in their bedroom. Both participants and the researcher sat on the floor beside the bed, and the door was closed. Four preferred to talk in the living room (in private). During the interview, the parents looked after the participant's child. Noticeably, one of them took care of the child while being interviewed because there was no one taking care of the child at that time. Interviews were conducted without interfering with the mother's nurturing. Every interview lasted from 40 to 60 minutes.

**Researcher's office:** Three participants preferred to share their experiences on their maternal role and student role adaptation at the researcher's office. They came there by motorcycle. The researcher's office is a classroom for PhD students. There was no class or activity on that day. In the room, there were student desks, chairs, and the opposite sides are white board, projector, and presenting desk. The researcher and participant sat on and faced each other with the student desk in the middle. During the

interview, the door was locked, and the researcher provided some refreshments for the participant. The interview was 40 to 60 minutes in duration.

### **Participant Recruitments**

Initially, purposive samples were selected from those who met the inclusion criteria, and then the data were analyzed to see the emergent concepts. Subsequently, the recruitment of the participants was guided by theoretical sampling to select participants on the basis of concepts and categories in terms of their properties and dimensions to the evolving theory (Strauss & Corbin, 1990, 1998). Participants were recruited to the study and data were collected from them until theoretical saturation of the categories has been reached that was no new data emerged regarding those categories which were well developed and the relationships among the categories were finally validated (Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998). New participants would be recruited by using the suggested hypotheses such as the variations of adolescent mothers' ages and variations of adolescent mothers' educational levels to develop and to validate the categories. After that, the core category emerging from the process of maternal and student roles adaptation was used in discriminate sampling to recruit the participants in order to verify the emergent theory with additional data. The sampling continued until theoretical saturation was obtained. In addition, some subsequent participants were recruited via the snowball technique due to difficulty to find these women by asking the current participants to suggest another person to participate in this study.

In this study, participant recruitment was open to all those who met the inclusion criteria. The first five participants were first-time mothers who were 16 to 18 and both Buddhist and Muslim. They all had a healthy child. All of them were the caregiver of their child and were a student during childrearing. Four of them returned to school in non-formal education, and one returned to school in formal education after giving birth. After analyzing the initial data, the emergent concepts were then used to guide the theoretical sampling to develop and verify the theory. The core category emerged as “striving for a better life.” The other categories related to the core category were weighing decisions, restructuring life, and achieving balance. All participants used the strategies to adapt themselves to multiple roles in order to balance their life. Subsequent participants were recruited to develop and refine the concepts of striving for a better life as it emerged until category saturation occurred. Therefore, the subsequent participants were adolescent mothers who studied in either formal education or non-formal education; there were a variety of the characteristics of mothers’ ages, children’s ages, and levels of education. A total of 17 adolescent mothers who had undergone as mothers and as students simultaneously were thus included in this study. Moreover, some of them worked as well.

All pregnancies were unintentional. The participants’ age was 16 to 19. Their children consisted of nine boys and eight girls. Eleven participants were studying in non-formal school, and six were studying in formal school at the time of participation. Subsequent participants were recruited to validate codes and verify categories until saturation was achieved.

## **Ethical Considerations**

The research proposal, data collection instruments (Appendix A, B, and C), and informed-consent form (Appendix D) were approved by the Research Ethics Committee of the Faculty of Nursing, Prince of Songkla University. Then the researcher obtained the letter from the Dean of the Faculty of Nursing, Prince of Songkla University asking for permission from the study settings.

The informed-consent form was separated into two forms that depended on the age and maturity of the participants. Appendix D1 was consent for the parent or legal guardian of the participant who was under 18 years of age. However, it did not include the participant who reached maturity by marriage of age 17 years old, and who was allowed by court to marry even though the spouse had not reached the age of 17. Nevertheless, the court does not allow marriage of anyone under the age of 15 years. Appendix D2 was consent for the participant who was 18 years of age and over, including the 17-year-old participants who reached maturity by marriage and who were allowed by the court to marry their spouse who was between 15 and 17. (Protecting Child Enactment, 2003). The informed-consent was obtained either in writing or by verbal consent, depending on the participant's preference.

The participants were informed of their freedom to participate or not to participate in the study, and all information would be kept confidentially. They would have rights to withdraw from the study at any time for any reason. The researcher assured the participants that their anonymity would be strictly protected, and all transcripts would be confidential and protected. Written or verbal consent was taken



from each participant or the participant's guardian including the participant prior to data collection. Privacy and confidentiality was assured throughout the research.

In addition, the interview may have induced psychological distress on the participants due to their feelings of social stigma. If the participants felt discomfort, apparent by their verbal expressions or non-verbal gestures (crying, etc.), the researcher would stop the interview and comfort them until they felt better. In case of encountering difficult conditions, the researcher would consult a psychological expert. In this study, there were no unexpected responses or moments of psychological distress.

### **Data Collection**

This section included details of research instruments, and data collection procedures. The data were collected only after the proposal was approved and the informed consent was obtained.

#### **Research instruments**

In this study, data were collected using three main instrument types: demographic data, the interview guide, and observation record form. The researcher used in-depth interviews as the key method of data collection to elicit experiences of studying and becoming a mother simultaneously. The observation record form was written to record the participants' responses and actions during the interviews. In

addition, the researcher was the key instrument who brought understanding, theoretical knowledge, and insights to the collection and analysis of the data.

### **1. *The researcher***

The researcher, as the instrument, took on responsibilities in transforming the information (Streubert & Carpenter, 2007). The researcher entered into the research situation with theoretical sensitivity (Strauss & Corbin, 1990, 1998) depending upon reading and experiencing relevant areas of the study. In this study, the researcher avoided bias by recognizing the principles of data collection, reporting the findings, and checking the interview guide. Additionally, the researcher obtained valid and reliable data and employed interpersonal and observational skills, analytical skills, and writing skills to enhance the theoretical sensitivity of the study. The researcher enrolled in the doctoral program: Advanced Qualitative Data Analysis and took self-training including a pilot study under the supervision of the advisory dissertation committee prior to the actual data collection.

The researcher read and studied the relevant data relating to adolescent mothers on role adaptation. Moreover, the researcher already had gained experience regarding adolescent mothers through a previous research in respect of maternal-infant attachment and postpartum adaptation among first-time adolescent mothers. In addition, a pilot study with two participants was conducted by the researcher to gain experience in data collection and data analysis. Detailed examples of data analysis of the two pilot cases were presented in appendix E.

### **2. *Demographic data form***

The demographic data form (Appendix A) consisted of 20 items that

designed to collect general data, obstetric history and child information, and demographic data of the father of the child. General data included present age, religion, marital status, residence, address, family members, educational level at present, period of time since delivery until returning to school, educational level at becoming pregnant, employment status, and income. Obstetric history and children data consisted of the age at pregnancy, gravidity/ parity/ abortion, abortion including method of abortion, and gender of child and age. Lastly, demographic data of the father of the child consisted of age, occupation, and income.

### ***3. Interview guide***

A set of interview guide (Appendix B) was used while conducting in-depth interview to explore the process of role adaptation of adolescent mothers during the period of contemporaneous mother and student. The interviews began with open-ended questions. For examples, why did you decide to return to school? Tell me about your feeling of being a mother? How do you do to get your life balance when you deal with multiple roles? In addition, probing questions regarding the adaptation process were provided. For instances, could you tell me what does it mean? Why do you feel like that? What has made you endure / adjust to the situation of being a mother and a student at the same time?

### ***4. Observation record form***

The observation record form (Appendix C) was used to record the setting and contexts of action and interaction of participants during the interview. Furthermore, the researcher took notes on the observation record form to keep a record of the event, and the responses and actions of the participant. The notes were taken thoroughly,

7. The researcher made an appointment interview at a time when the participants felt it was convenient. The interviewed places were their natural settings in which they felt comfortable and afforded them privacy, and the place was taken at her preference.

8. The researcher got the participant's consent before participation.

In the case of relatives or guardians taking the child to the clinic, the nurse asked for permission from them to participate if the characteristics of the child's mother met the inclusion criteria. The nurse would introduce them to the researcher if they agreed. The researcher would then explain that the mother of the child would be invited to participate in this study, and gave them information, verbally, concerning the aims of the study and the planned procedures for gathering data. If they were in agreement, the researcher would ask to appoint a time to meet the participant. After that, the researcher informed the participant the purposes of the study and data collection procedures. Written or verbal consent would be obtained from both the participant and the guardian before the interview. The appropriate number of participants was determined based on considerations related to achieve theoretical saturation. Seventeen participants completed the study.

The interviews were recorded using digital audio tape after gaining permission. The initial round of interviews was 45 to 60 minutes in duration. Observation records were noted during the interviews by using the keywords of the participants' responses, including noting responses such as crying and/or showing signs of stress. In addition, other meaningful actions/ interactions were observed and noted, such as being unwilling to response to some questions, or unexpected

responses e.g., critical emotion. In this study, one interview was interrupted by participant's father who was clearly intoxicated. As of consequence, the researcher decided to stop interviewing at that time and opted to interview by phone the next afternoon. After finishing the interview, the tape recording was transcribed verbatim in Thai and then translated to English. The researcher developed the probing questions for the second interview. For example, what do you want from your husband to involve and take responsibility in this situation?

During the second round of interviews, the participants were asked to clarify and validate some points from the previous interview data. Moreover, the researcher asked questions related to identified codes. The time interval from the first interview to the second interview was within a one week period. An audiotape recorder was used, and then the data was transcribed and added to the first transcription.

### **Data Analysis**

The data were analyzed in order to construct a theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998). In this study, data analysis aimed to discover the emergent concepts related to the role adaptation process of adolescent mothers who returned to school after giving birth and during childrearing. Data analysis was conducted after data collection of the first participant. Coding procedures and constant comparative analysis were employed to analyze data. In this way, the coding procedure conceptualized the data into codes, concepts, and categories. Constant comparative analysis was used during coding procedures in order to formulate the

core categories and conceptual model. This part involved coding procedures and constant comparative analysis.

### **Coding procedures**

The coding procedures employed in this study comprised of three steps: open coding, axial coding, and selective coding guided by the work of Strauss and Corbin (1990, 1998).

#### **1. *Open coding***

Open coding is the analytic process which generates categories, and in which their properties and dimensions are uncovered in the data (Strauss & Corbin, 1998). In this initial procedure, categories were named, labeled and their concepts were developed. The text was opened up and exposed as to the thoughts, ideas, and meaning. All the data collected included interview transcripts and observation notes, coded word-by-word, line-by-line, and paragraph-by-paragraph until they were completely coded. The key words emerging from the data during this process had conceptual codes assigned to them. After that, all the conceptual codes were grouped into concepts and categories.

In this study, the data were coded and given a name or code to represent it. The name of these codes came from either the researcher or from the words of participants, which were called “in vivo codes” (Strauss & Corbin, 1998). After that, the data were compared and emerged from the first interview to the next interview of each participant. Moreover, the researcher also compared the previous data with those of the other participants. The researcher grouped similar names or

codes that shared common characteristics or related meaning under more abstract codes that are called concepts. In this study, the first five interviews of the participants were coded and named. The examples of open coding were: (1) feeling stressed, (2) attempting abortion, and (3) managing time. Finally, the categories were discovered, and the process of developing categories came from in terms of their properties and dimensions.

## ***2. Axial coding***

Axial coding is the analytic process of relating categories to their subcategories and linking categories at the level of their properties and dimensions (Strauss & Corbin, 1998). The data were put back together in such a way as to categorize it and make relations between a category and its subcategories, which were guided by the “paradigm model” (Strauss & Corbin, 1990). In axial coding, categories are related to their subcategories using the paradigm model that consisted of phenomena; condition, action/interaction strategy, and consequences. The categories are made more precise to clearly explain the phenomena, and the preliminary core categories are conceptualized by the end of axial coding.

In this study, the basic components of the paradigm model were conditions, actions/interactions and consequences. The categories began to build up a dense texture of relationships around the axis to form more precise and complete explanations about the phenomena. The examples of codes for conditions were: (1) beliefs in Thai social contexts, (2) socioeconomic status changed, and (3) support from family members. The codes used for strategic actions / interactions were the adolescent mother’s role adaptation to strive for a better life: (1) contemplating

pregnancy, (2) contemplating schooling, (3) and adjusting to new identities. The example codes applied for consequences: (1) continuing school, (2) continuing with pregnancy, and (3) achieving balance. In addition, the preliminary core category was conceptualized at the end of axial coding. Samplings based on axial coding were the participants who were recruited with variations, such as variations of adolescent mothers' age, variations of educational levels, variations of religion, and variations of adolescent mothers who studied in formal school and non-formal school.

### ***3. Selective coding***

Selective coding is the process used to integrate and refine the theory (Strauss & Corbin, 1998). The first step in selective coding is to verify the core category which represents the main theme of the study. Several techniques used include writing a story line, using diagrams, and reviewing memos which could be used to assist the integration process. After that, the theory is refined and compared to the raw data or to the participants' reactions, that it is finally validated. In this stage of coding, theoretical saturation is obtained.

In this study, the researcher discriminated sampling of adolescent mothers returning to school in formal education with additional data to verify the core categories emerged as "striving for a better life", and validate the related categories that are weighing decisions, restructuring life, and achieving balance. In addition, three stages of the process on role adaptation process of maternal and student roles of first-time school-aged mothers emerged in the study and they were: transitioning stage, striving stage, and balancing.



### **Constant comparative analysis**

Constant comparative analysis is the process of comparing incidents to other incidents in order to stimulate a researcher's thinking on similarities and differences of dimensions and properties and then categorizing (Glaser & Strauss, 1967). This was applied in order to generate concepts, categories, conceptual model including the core category and its related categories until data saturation. In this study, the researcher compared data of a singular participant with the other participants in order to find the similarities and differences and then formed categories. The constant comparison was applied to generate concepts, categories, conceptual model including the core category.

To sum up, using three steps of coding procedure and constant comparative analysis were employed to analyze data. Moreover, memo writing was performed between data collection and data analysis in order to record the researcher's emerging ideas on the codes, concepts, categories, and the conceptual model. These conceptual ideas were involved to generate the findings of the study.

### **Trustworthiness of the Study**

According to Lincoln and Guba (1985), there are four criteria on which to evaluate the trustworthiness of qualitative research. The four criteria are credibility, transferability, dependability, and confirmability.

## **Credibility**

Credibility refers to the confidence in verifying the data. Credibility is achieved from methodological techniques that have been mutually established between the researcher and the participants. Actions which improved credibility included prolonged engagement, persistent observation, triangulation, peer debriefing, member checks, and negative case (Holloway & Wheeler, 1996). In this study, prolonged engagement and peer debriefing were used to enhance the credibility of the data collection and analysis.

### ***Prolonged engagement***

The researcher developed an understanding of the culture and the phenomenon of the study by reviewing the literature related to adolescent mothers who experienced both maternal and student roles including the other roles, such as the employee role simultaneously. For each visit, it took approximately 60 minutes. Altogether, the researcher spent 1 - 2 hours for each participant until no new data were sought. In addition, this involved building trust and rapport with participants during the interview process over two to three months in average.

### ***Peer debriefing***

The researcher and the advisory dissertation committee engaged in an ongoing discussion throughout the research process. The peer-debriefers assisted the researcher in offering different views to collect and analyze the data. One of them was a qualitative expert especially in grounded theory who had a doctoral degree from the University of Washington who works in the Faculty of Nursing at Prince of Songkla University, Thailand. Another international advisor, who is expert in qualitative study,

works at the School of Nursing, University of Texas Health Science Center in Houston, USA. The qualitative experts helped the researcher to check and clarify the process of grounded theory, including collecting data, analyzing data, and the accuracy of the findings and saturation of data.

### **Transferability**

Transferability refers to the findings of qualitative research being applied or transferred to other contexts or settings (Lincoln & Guba, 1985). The findings can be used to compare and contrast the process of maternal and student roles adaptation of other groups of adolescent mothers. To ensure transferability in this study, the researcher explicated clearly all of the study process. The characteristics of the participants, contexts, and settings in the study were described clearly. Interview data were translated to English and coded using both English and Thai languages which were similar in meaning. Therefore, the reader can then apply the findings to the other settings.

### **Dependability**

Dependability refers to the findings of qualitative research being consistent and capable of being repeated. The technique used to prove dependability is an inquiry audit (Lincoln & Guba, 1985). In this study, the verbatim transcriptions of the audiotape recordings and memos were kept as a record to provide an audit trail. In other words, the process of the research and the findings of this study can be audited.

### **Confirmability**

Confirmability refers to the objectivity or neutrality of the findings of a study which are confirmed by the participants without being biased by the researcher (Lincoln & Guba, 1985). In this study, confirmability was achieved through the researcher being aware of subjectivity by using a variety of participants, member checking, and peer review: (1) the 17 participants were selected by the initial criteria that was expected to be related to the role adaptation process of adolescent mothers who had reared a child while studying in schools. Notably, age (16-19 years old), religion, marital status, educational level, employment, and gender and age of child were all varied, (2) member checking was employed during data collection and data analysis. The researchers clarified unclear data and summarized emerging categories with each participant. Emerging codes were validated in the next interview with the subsequent participants, and (3) peer review, the researcher discussed interpretations of the study with other researchers who were abreast with subjects like women's health, adolescents, and qualitative study.

### **Summary**

Grounded theory was employed to explore the role adaptation process of first-time adolescent mothers who had returned to school while they engaged in childrearing. The participants were 17 first-time adolescent mothers, who had had the contemporaneous experience of being childrearing mothers and students. The first-five purposive convenient participants who met the inclusion criteria were recruited

from regional hospitals in southern Thailand. The subsequent participants were recruited by theoretical sampling and via the snowball technique to saturate and to validate codes. The data was collected through in-depth interviews, and observation records. Data collection and data analyzing occurred simultaneously until data saturation was achieved. Coding procedures and constant comparative analysis were used to analyze the data in order to formulate concepts, categories and a conceptual model. The four criteria of trustworthiness of qualitative research were implemented to identify the rigor of the study.

## CHAPTER 4

### RESULTS AND DISCUSSION

This chapter presents the research findings and discussion related to the role adaptation process of first-time Thai adolescent mothers in the context of being a mother and a student simultaneously during childrearing. The findings were derived from the data using the grounded theory method. It attempts to answer the research questions concerning the role adaptation process of first-time adolescent mothers returning to school. In addition, the development of a conceptual model of the process has been constructed from the data. The findings of this study are presented in three main parts. The characteristics of the participants are described in table format together with the participant's personal information in brief narrative text, followed by the role adaptation process of adolescent mothers returning to school. Finally, the discussion on research findings ends this chapter.

#### **Characteristics of the Participants**

All participants were recruited from Songkhla Province, southern Thailand. A total of 17 participants, who had given birth within the last three years and were still students, participated in this study. At the time of participation, the participants' ages ranged from 16 to 19 years old. The majority of them ( $n = 14$ ) were Buddhists, and three were Muslims. The marital status of the participants at the time of the interview was as

follows: 13 married, 3 lived with the father of a child but were not married, and 1 separated from her partner after getting pregnant. Fourteen participants were staying with their own family, and three were staying with the parent-in-law's family. The participants' age at becoming pregnant ranged from 15 to 18 years old. Educational levels at the time of becoming pregnant were as follows: lower secondary educations ( $n = 6$ ), upper secondary educations ( $n = 4$ ), vocational certificates ( $n = 4$ ), universities year 1 ( $n = 3$ ). Educational levels at the time of participating in this study were upper secondary educations in non-formal education ( $n = 9$ ), closed universities year 1, year 2 ( $n = 1, 3$ ), vocational certificates in formal education ( $n = 2$ ), lower secondary education in non-formal education ( $n = 1$ ), and open university ( $n = 1$ ). The duration since giving birth to returning to school was up to 10 months, and the duration since returning to school until the time of the participation was up to 21 months. There were five participants who were employed during childrearing and schooling, and their income ranged from 5,000 to 10,000 Baht. The majority of them had an income of 10,001 to 20,000 baht from their parents ( $n = 9$ ). The demographic data are presented in Table 1.

All pregnancies were unintentional. Sixteen of them were first-time pregnancies. One participant, who fell pregnant a second-time, had had an illegal abortion to terminate her first pregnancy. The children's ages ranged from 1 month to 24 months, and they were nine boys and eight girls. The obstetric history and children data are presented in Table 2.

The demographic data of the father of the child are presented in Table 3. The majority of them ( $n = 10$ ) were aged between 15 and 20 years. Eleven of them were

working and six were studying. Their income ranged from 5,000 – 10,000 Baht ( $n = 7$ ) and 10,001 - 15, 000 Baht ( $n = 4$ ).

Table 1

*Demographic Data of the Participants (N = 17)*

Demographic data of the participants	Frequency
Age at the time of participation (years)	
16	1
17	4
18	5
19	7
Religion	
Buddhism	14
Islam	3 (2 converted from Buddhism after marriage)
Marital status	
Married	13
Living together (not married)	3
Separated	1
Residence	
Stay with own family	14
Stay with a father of a child's family	3



Table 1 (continued)

Demographic data of the participants	Frequency
Educational level at the time of becoming pregnant	
Lower secondary education	6
Upper secondary education	4
Vocational Certificate	4
Closed university (year 1)	3
Educational level at the time of participation	
Lower secondary education in NFE	1
Upper secondary educations in NFE	9
Vocational Certificate at FE	2
Open University	1
Closed university (year 1, year 2)	1, 3
Duration since giving birth to return to school up to 10 months	
Duration since returning to school until the time of the participation up to 21 months	
Work status	
Yes	5
No	11

Table 1 (continued)

Demographic data of the participants	Frequency
Self income / month (Baht) ( $n = 5$ )	
5,000- 10,000	5
Parents' income / month (Baht)	
5,000- 10,000	6
10,001- 20,000	9
20,001- 30,000	1
30,001- 40,000	1

Table 2

*Obstetric History and Children Data (N = 17)*

Obstetric history and children data	Frequency
Age at becoming pregnant (years)	
15	2
16	6
17	3
18	6
Number of pregnancies	
1	16
2	1
Abortion history	
1	1 (illegal abortion)
Gender of children	
Male	9
Female	8
Age of children (months)	
1 - 6	5
7 - 12	3
13 - 18	6
19 - 24	3

Table 3

*Demographic Data of the Father of the Child (N = 17)*

Demographic Data of the Father of the Child	Frequency
Age (years)	
15 - 20	10
21 - 25	5
26 - 30	2
Occupation	
Employee	8
Rubber tapper	2
Soldier	1
Student	6
Income / month (Baht) ( <i>n</i> = 11)	
5,000 - 10,000	7
10,001 - 15,000	4

### **Participant's personal information**

All 17 participants (informants) were first-time adolescent mothers who had been a mother and being student simultaneously after giving birth. The real names of the participants are substituted by codes I1 to I17. The participant's personal information is described as follow:

#### **I1**

I1 was a 17-year mother who became pregnant when she was 16 years old, and studied at a vocational formal school at that time. She dropped out of school during pregnancy and switched to study at upper secondary education in a non-formal school after giving birth. She was married and stayed with her own family. She ran a small home-bakery business in the evening. Her husband was 21 years old, and he worked as an employee. Her son was 1 year and 3 months old.

#### **I2**

I2 was an 18- year mother who became pregnant when she was 16 years old, and studied at vocational formal school at that time. She dropped out of school during pregnancy and switched to study at upper secondary education in a non-formal school after giving birth. She was married and stayed with her own family. Her husband was 19 years old, and he worked as an employee. Her son was 1 year and 9 months old. Noticeably, she had experience of a criminal abortion on her first pregnancy, but she did not think of aborting her second pregnancy.

I3

I3 was a 17-year mother who became pregnant when she was 15 years old, and studied at lower secondary education in a formal school at that time. She dropped out of school during pregnancy and switched to study at vocational certificate in a formal school after giving birth. She was married and stayed with her own family. Her husband was 17 years old and a student. Her daughter was 1 year and 3 months old.

I4

I4 was a 16-year mother who became pregnant when she was 15 years old, and studied at lower secondary education in a formal school at that time. She dropped out of school during pregnancy and switched to study at upper secondary education in a non-formal school after giving birth. She was married and stayed with her own family. Her husband was 18 years old and was also a student. Her daughter was 1 month old.

I5

I5 was a 17-year mother who became pregnant when she was 16 years old, and dropped out of school after completed *Mattayom 2* (grade 8) in a formal school almost one year. However, she had to stop her plan to return school soon since she was pregnant. She returned to study at lower secondary education in a non-formal school after giving birth. I5 worked as a salesperson at school. She was separated from the father of the child and stayed with her own family. The father of the child was 17 years old and a student. Her daughter was 9 months old.

I6

I6 was an 18-year mother who became pregnant when she was 17 years old, and dropped out of school after completed *Mattayom* 3 (grade 9) in a formal school almost one year. However, she had to stop her plan to return school soon since she was pregnant. She returned to study at upper secondary education in a non-formal school after giving birth. She worked as a salesperson in the market. She was married and stayed with her own family. Her husband was 20 years old, and he worked as a rubber tapper. Her son was 7 months old.

I7

I7 was a 17-year mother who became pregnant when she was 16 years old, and dropped out of school after completed *Mattayom* 3 (grade 9) in a formal school almost one year. However, she had to stop her plan to return school soon since she was pregnant. She returned to study at upper secondary education in a non-formal school after giving birth. She worked as an employee at factory. She was living together with her husband (not married) and stayed with her own family. Her husband was 26 years old, and he worked as an employee. Her son was 10 months old.

I8

I8 was an 18-year mother who became pregnant when she was 16 years old, and studied at upper secondary education in a formal school at that time. She switched school to study at upper secondary education in a non-formal school during pregnancy. She was married and stayed with husband's family. Her husband was 21 years old and worked as an employee. Her son was 1 year and 2 months old.

I9

I9 was a 19-year mother who became pregnant when she was 18 years old, and studied at upper secondary education in a formal school at that time. She switched school to study at upper secondary education in a non-formal school during pregnancy. She was married and stayed with her own family. Her husband was 20 years old and worked as an employee. Her daughter was 1 month old.

I10

I10 was an 18-year mother who became pregnant when she was 17 years old, and studied at lower secondary education in a formal school at that time. She dropped out of school during pregnancy and switched to study at upper secondary education in a non-formal school after giving birth. She was married and stayed with her own family. Her husband was 26 years old, and he worked as an employee. Her son was 5 months old.

I11

I11 was a 19-year mother who became pregnant when she was 17 years old, and studied at upper secondary education in a formal school at that time. She dropped out of school during pregnancy and switched to study at upper secondary education in a non-formal school after giving birth. She worked as a salesperson in the market. She was married and stayed with husband's family. Her husband was 20 years old and was a student. Her daughter was 2 years old.

I12

I12 was a 19-year mother who became pregnant when she was 18 years old, and studied at upper secondary education in a formal school at that time. She completed grade



12 (*Mattayom* 6) and then returned to study at Sukhothai Thammathirat Open University (non-formal school) after giving birth. She was married and stayed with husband's family. Her husband was 22 years old, and he worked as an employee. Her daughter was 1 year 2 months old.

I13

I13 was a 19-year mother who became pregnant when she was 18 years old, and studied at vocational formal school at that time. She dropped out of school during pregnancy and switched to study at vocational certificate in another school after giving birth. She was married and stayed with her own family. Her husband was 21 years old and worked as a soldier. Her son was 1 month 3 weeks old.

I14

I14 was a 19-year mother who became pregnant when she was 18 years old, and studied at year 1 in a closed university. She switched to study at another campus of the same university after giving birth and studied during her second year at the time of the participation. She was married and stayed with her own family. Her husband was 19 years old and a student. Her son was 4 months old.

I15

I15 was a 19-year mother who became pregnant when she was 18 years old, and studied at year 1 in a closed university. She continued the study at the same university without disruption and studied at year 2 at the time of the participation. She was living together with her husband (not married) and stayed with husband's family. Her husband was 19 old years and was also a student. Her daughter was 2 months old.

I16

I16 was a 19-year mother who became pregnant when she was 18 years old, and studied at year 1 in a closed university. She did not realize she was pregnant until almost delivery. She continued the study at the same university without disruption and studied during her second year at the time of the participation. She was living together with her husband (not married) and stayed with husband's family. Her husband was 22 years old, and he worked as a rubber tapper. Her daughter was 1 year old.

I17

I17 was a 19-year mother who became pregnant when she was 18 years old, and studied at upper secondary education in a formal school at that time. She completed upper secondary education, and then returned to study in a closed university year 1 after giving birth and during the participation. She was married and stayed with her own family. Her husband was 20 years old, and he worked as an employee. Her son was 2 years old.

### **The Role Adaptation Process of Adolescent Mothers Returning to School**

The following section presents the findings of this study concerning the role adaptation process of adolescent mothers returning to school in Songkhla province, southern Thailand. The central category of this theoretical model is entitled "Striving for a better life". Striving for a better life explains the process by which the school-aged adolescents adapt to their motherhood and student-hood physiologically, psychologically,

socially, and spiritually. It also delineates how they move forward from the transitioning stage to the balancing stage.

The life-journey started from becoming pregnant until they returned to school within 1.5 years to 3 years after giving birth. The participants disclosed their turning points that made them remain in or return to schools. Their purposes were to achieve educational and career goals in order to achieve life-long success. All mothers performed many roles simultaneously during childrearing including maternal, student, housewife, and employee roles, as well as creating strategies to adapt themselves to these roles in order to achieve a balance in life. There were three stages connected to the role adaptation process of adolescent mothers namely; transitioning, striving, and balancing stages. Striving stage and balancing stage was dynamic that occurred concurrently. Three major categories derived from axial coding analysis emerged: (1) weighing decisions, (2) restructuring life, and (3) achieving balance. As their adaptation to these roles is situational specific, related conditions were acknowledged for both facilitating factors and hindering factors. The complete theoretical model is illustrated in Figure 1. Details are further described.

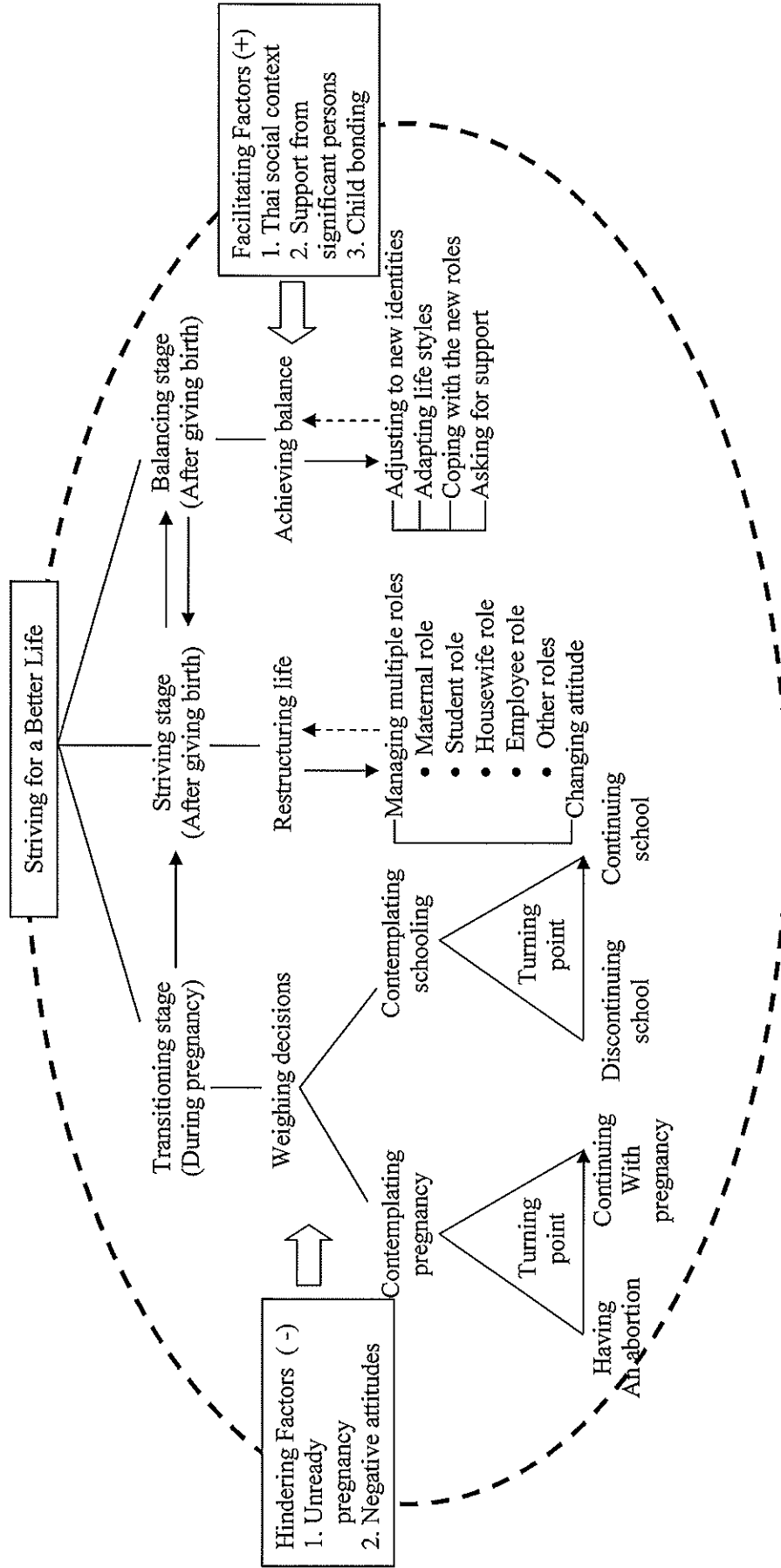


Figure 1. Striving for a better life: A model of role adaptation process of adolescent mothers returning to school

### **Transitioning Stage**

This stage began when the school-aged adolescents became pregnant and they managed life until they decided to carry on the pregnancy and to return to school again. All pregnancies were unintentional, and most of them ( $n = 14$ ) were still studying in formal school education at the time of becoming pregnant. All participants still resided with their guardians. They perceived that they would be rejected at school, and felt that they were unready to be mothers. Therefore, at this stage they had to come to a decision to deal with their pregnancy and schooling. However, all of them finally carried on the pregnancy to term and continued at school to pursue educational and career goals in the future in order to get life-long success. The axial category was identified as weighing decisions.

#### ***Weighing decisions***

Weighing decisions was a thought process to deal with unintended pregnancy and schooling after becoming pregnant. The participants decided on how to deal with their pregnancy and their schooling; having an abortion or carrying the pregnancy to its earliest stage, and they contemplated discontinuing school temporarily or continuing school. However, all of them carried on the pregnancy to term and continued with school because all of them got support from their family. The turning points to continue with pregnancy and to continue school were uncovered.

Once all participants found out they were pregnant, they felt fearful and unready. These feelings were expressed as fear, shock, stress, angst, sorrow, remorse, and guilt. Moreover, they feared their future life would end. For example, they feared being

ostracized by society. Their thoughts about solving this problem were getting an abortion and thinking of suicide. Some quotes on the participant's feelings after they confirmed that they were pregnant are given below:

*“When I knew I was pregnant, I felt very frightened because it was that my life would change. I was thinking about what to do next, and I couldn't let my parents know this matter. Moreover, how would I deal with my study?”* (I9 P1 L13-14)

*“I thought about suicide because I felt so stressed. I did not know how to deal with my life at that time. My parents wanted me to get abortion in order to remain in school, but I feared committing a sin. I did not care about others, but only my family. Therefore, I concealed my pregnancy and lied to my parents, and said that I already had an abortion, and I stayed my dormitory. After giving birth, my child was nurtured at my parents-in-law's home, and I also stayed with them.”* (I15P10L16-19)

Their thought process included weighing decisions related to dealing with an unintended pregnancy and dealing with their schooling. The two subcategories related to the thought process were contemplating pregnancy and contemplating schooling.

### 1. *Contemplating pregnancy*

Contemplating pregnancy referred to the thought of either having an abortion or not. Most participants considered having an abortion after realizing becoming pregnant while few of them decided to carry on the pregnancy. However, after all of them got support, they carried on with the pregnancy. Thus, weighing the decisions of an unintended pregnancy was either having an abortion or continuing with pregnancy.

#### 1.1 Having an abortion

Having an abortion referred to considering an abortion and committing to an abortion. Initially, most participants ( $n = 15$ ) considered having an abortion after they

acknowledged the pregnancy because they wanted to conceal this matter from others and wanted to continue at school. Some of them only thought about it while some experienced failed attempts. The decision was between holding the thought of having an abortion or having a possibly unsuccessful abortion.

1.1.1 Regarding the thought of having an abortion, the 15 participants who had thought about it, 12 of them conceived the idea at an early stage of their pregnancy, but they never tried it. Their rationale was that Thai society and formal schools do not accept adolescent pregnancy, and an abortion would allow them to complete their studies. Initially, they usually consulted their boyfriends on how to deal with this situation. Some participant's boyfriends said that it was her choice whether or not to get an abortion or to keep the baby. Some boyfriends agreed with having an abortion because they were also unready to be a father at that time due to being a student also. Nevertheless, a few boyfriends disagreed with that idea and persuaded the participant to keep the baby. Some participants consulted their friends, and were advised to tell the truth to their parents. Two of them consulted their mothers. Finally, all of them got support from their parents and/ or boyfriends and carried with pregnancy. In addition, they feared committing a sin and feared pain, and some felt sympathy for their unborn child. The following quotes are examples of the participants' expressions.

*"I was thinking of getting an abortion because I wanted to continue my studies. I was afraid that the baby might be a burden for my schooling. It made me stressed and think a lot."* (I4 P1 L16, I4 P2 L1)

*"Initially, I thought of getting an abortion. I consulted and discussed with my boyfriend. He hesitated to make a decision either getting an abortion or carrying the*

*pregnancy. Then, I consulted with my close friend. She suggested that I tell the truth to my mom. After that, my mom took me to the hospital for antenatal care.” (I11P3L2-5)*

Noticeably, two out of 12 participants knew that they were pregnant during the last trimester of their pregnancy. Even though they desired an abortion, they decided to continue with the pregnancy as they recognized the risks. One participant was persuaded by her boyfriend’s parents with financial support to have an abortion. However, the participant’s mother refused to, thus she continued the pregnancy to term, and consequently, her boyfriend left her. The participant’s expression is provided.

*“I had the idea about having an abortion because I didn’t know how to deal with my life at that time. My mom contacted my boyfriend’s parents and discussed my pregnancy, but they did not accept me. They refused to take responsibility for my pregnancy, and they wouldn’t propose me. They offered me 10,000 baht to get an abortion. However, my mom refused their money, and she told me to keep the baby. My mom supported me and my baby instead.” (I5P2L5-6, I5P2L12)*

1.1.2 Three participants out of 15 attempted an abortion, but they were unsuccessful. Fear of discontinuing their school, and being financially unstable drove them to these attempts. Moreover, they desired secrecy and consulted with close friends on how to terminate the pregnancy since abortion is illegal in Thailand. Their friends suggested abortion pills including taking women's menstrual blood-driven medicine and suppository drugs to bring about a miscarriage. They searched for these drugs on the internet and ordered them online. Some purchased them over the counter from a drugstore. Then they tried these medicines but nothing happened. All were unsuccessful.



One of them attempted to get an abortion again at an illegal private clinic. She needed consent from her parents, however her mother refused and convinced her to carry on with the pregnancy. The following excerpts are supporting evidence.

*“My friend suggested that I try a medication to induce an abortion. It looked like anti-flatulent medication. Um, it was women's menstrual blood-driven medicine. Sometimes my friend bought it for me. I took ten packs but nothing happened. I failed the abortion.” (I8P2L17-18)*

*“I took a suppository drug one time, but there was no sign of a miscarriage. After that, I felt sympathy for my child. Therefore, I went to hospital and told the doctor the whole truth of what I had done. I wondered if my child was alive or dead. The doctor did an ultrasound and told me that my child was still alive and normal. The doctor also told me not to do like that again because it was a sin.” (I9P2L5-8)*

Finally, all of them decided to carry on the pregnancy. The turning points to keep their pregnancy were Thai belief, child bonding, and support from family: (1) Thai belief is influenced by religious Buddhism. Most Thai people hold a doctrine that committed abortion is a sin, (2) as time progresses, child bonding between the mother and her child induced the mother to decide against abortion; she expressed that she sympathized her fetus, and (3) support from family encouraged pregnant adolescents to continue their pregnancy. Adolescents' parents especially the adolescent's mothers provided financial support, mental support, informational support, and accommodation for them.

## 1.2 Continuing with pregnancy

Continuing with pregnancy referred to a decision to keep the child. There were only 2 participants out of 17 who decided to continue their pregnancy from the beginning. They did not want to get an abortion although they were unready to be mothers. The major reason for this decision was that they perceived having an abortion as a committing a sin as Thai beliefs including both Buddhism and Islam. They also feared of pain from making an abortion. Therefore, they decided to keep the child. Interestingly, one participant's parents asked the daughter to get an abortion because they wanted her to continue at school. They already made an appointment at a private hospital. Nevertheless, the participant refused it because she was afraid of pain and felt sympathy for unborn infant. She then consulted her boyfriend, and his parents did not agree with the abortion. Therefore, they arranged a wedding ceremony and allowed the couple to live together at their house, as shown in the following expression:

*"After my mom knew I became pregnant, she called my boyfriend's parents. My mom talked and discussed my pregnancy with them. My boyfriend's parents said that they would take responsibility for me (wedding ceremony) and asked me not to terminate my pregnancy. They felt sympathy towards the child." (I4P1L13-14)*

Noticeably, one participant had the experience of a successful abortion which terminated her previous pregnancy. She realized she was pregnant when she was studying at a college and the fetus was in its 2-month gestation. At first, she consulted her boyfriend, and he consulted his parents, who in turn, consulted the participant's parents and they all agreed to have her continue schooling. Therefore, they decided that she

should get an illegal abortion. The participant was not concerned with this decision at that time because she wanted to remain at college. Unfortunately, she developed an infection and was treated with curettage and antibiotics. She fell pregnant the second time by the same boyfriend due to irregular use of contraceptive pills. However, this time around her boyfriend's parents arranged a wedding. The participant's expression on her experience of abortion is demonstrated in the following quotation.

*"I did not want to get an abortion again for this second pregnancy because I feared committing a sin. Indeed, I didn't want to abort the first pregnancy, but my mom couldn't accept it, and boyfriend's mom wanted me to continue the school. Additionally, my gestation was just two months, so I got an abortion."* (I2 P18 L12-13)

In conclusion, all participants decided to carry on the pregnancy after they were assured that they would be accepted and supported by their family. Most participants' parents usually were the last to be consulted when participants were at a loss. All of them changed their mind to continue their pregnancies finally. Generally, the participants' parents would ask the boyfriend's parents to take responsibility for this situation, and most of the boyfriend's parents responded and supported the participants by arranging a wedding ceremony. After that, some participants followed a healthy lifestyle in preparation to give birth, such as having healthy food and protecting themselves from danger. As a result, they hoped that it would help them deliver a healthy baby. Since the participants got unintended pregnancy, they did not contemplate only the pregnancy, but they also contemplated their schooling.

## 2. *Contemplating schooling*

Contemplating schooling referred to the thought of either discontinuing school temporarily or not. The majority of the participants discontinued the school during pregnancy while a few of them could continue at school without interruption. However, all participants returned to school after giving birth. The turning points to return to school were disclosed. Therefore, weighing the decisions of schooling was either discontinuing school or continuing school.

### 2.1 Discontinuing school

Discontinuing school referred to the decision of either discontinuing school immediately or the decision to delay discontinuing school but finally discontinuing. The decision making to discontinue school was made by oneself or family such as parents, boyfriend, and parents-in-law. Some participants dropped out of school immediately while few did so when the pregnancy became more obvious. Moreover, few participants who had dropped out of school before getting pregnant had to forgo returning back to school again anytime soon due to their unintended pregnancy. All of them regretted the discontinuation of their schooling. Some thought that their future ended, and they had feelings of guilt as one participant stated that:

*“After I decided to discontinue the school, I thought my future was over and I feared that I could not return to school again. Moreover, I felt guilty because I made my parents felt regretful.” (I1P20L17)*

There were two types of decision being made: immediate discontinuing school and delayed discontinuing school. Each type of decision and its excerpts are presented as follows:

### 2.1.1 Immediate discontinuing school

Seven participants out of 17 discontinued school immediately when the pregnancy was confirmed. They felt ashamed and were afraid they would be blamed by others at school. Therefore, they decided to leave the school suddenly. They consulted their parents, and some consulted their boyfriends. They agreed with the participants about leaving school and then planned to return to school again after giving birth. Most of them gave other reasons to leave school. For example, they had to relocate and change to a new school. Moreover, some parents helped their daughters by directly informing the teacher in person with some excuses. Some of them left the school without giving any reasons. Only one participant told her teacher the truth, and the teacher suggested that she dropped out of school temporarily until giving birth and then returned to school again. Nevertheless, she did not return back to their former school anymore. The following quotes illustrate the participants' thoughts and feelings about leaving school immediately:

*"I quit school immediately after I became pregnant. I was afraid that people would know about my pregnancy. They would think that I misbehaved, and I felt ashamed too. Therefore, I decided to stop school."* (I1P18L13)

*"I told the teacher that I felt bored, so I would drop school for a while, and then I would come back. My teacher asked my parents the reason again, and she tried to persuade my mom and me not to drop school. However, I confirmed my decision to discontinue school but didn't say the true reason. The teacher asked my mom if I had a boyfriend or had another problem. My mom said I had a boyfriend but I didn't have any*

*problem. She said I just wanted to rest. My mom didn't tell the truth because she was afraid that the others would know about my pregnancy if I returned to study at the same school again."* (I2P3L10-16)

Three participants had dropped out of school already when they conceived. Initially they planned to enroll again at school after dropping out for about one year. Nevertheless, after confirming this pregnancy, they then decided to stop this plan immediately. All of them were staying with their parents at the time; two of them had completed *Matayom* 3 (grade 9), and the other had completed *Matayom* 2 (grade 8). Their reasons for dropping out were that they felt lazy and bored at the time. Another had moved from northeastern to southern Thailand and had started working at a factory here, so she planned to stop school for a while. One of them stated that:

*"I was thinking of returning back to school before becoming pregnant. I already applied to non-formal school. Accidentally, I became pregnant, so I postponed the study to 3 months after birth."* (I7P3L6-7, P5L13)

### 2.1.2 Delayed discontinuing school

Three participants out of 17 discontinued school when the pregnancy became visually obvious. This was because they wanted to complete the semester. During this time, they went to the school regularly as usual, and they wore a large sized uniform; only their close friends knew about their pregnancy. They reported that they felt stressed and feared that the teachers would expel them from the school if they knew about their pregnancy. One participant told the teacher the truth before the semester ended, and the teacher allowed her to take the final exam after the end of that semester. Therefore, she could

complete lower secondary school. Another one became pregnant during the last semester of *Mattayom 6* (grade12), and she continued her studies until the end of that semester by concealing the pregnancy. After she completed that semester, she dropped out of school. The expression is given by the following quote.

*“I felt stressed, so I quit school. I feared the others would learn of my pregnancy. I was afraid the teacher would expel me from the school. However, I told the truth to my teacher that my parents and boyfriend’s parent knew about my pregnancy, so the teacher allowed me to take the final examination after the end of the last semester.”* (I4P4L12-15)

However, all pregnant adolescents who discontinued school during pregnancy planned to return back to school again after giving birth. The turning point to get back to school and the importance of education are described as they had made a life-long meaningful decision for their future. Several motives to this point were identified and described as follows:

The turning points to remain in or to return to school were fulfilling personal life-goals and fulfilling parents’ wishes. Personally, the participants wanted to gain more knowledge to be a good role-model to the child. When they compared themselves with others such as friends and their cousins, they expressed their wishes to be like them. Some participants stated that they wanted to pursue their dream and enter a career. For example, one participant wanted to be a teacher after graduating from a university. Most of them would like to have a bachelor’s degree or diploma in the future. Moreover, all of them realized the importance of education for long term success. However, in some cases, participants continued their studies in order to satisfy their parents. They stated that they

felt guilty disappointing their parents. Therefore, they continued their education to compensate for what they did wrong. Their quotes are presented below:

*"I wanted to get a higher education because I dreamed of being a teacher. I wanted to get a job as I studied; after that, my life would not be difficult like this."*

(I7P12L9, P9L8)

*"I thought the majority of pregnant adolescents still wanted to continue studying. We saw our friends wearing the student uniform, so we wished to return to school to be like them. We wanted to enjoy our time with friends, but we had to nurture our children as well. Although we returned to school, we needed the time for our children."*

(I4P14L15-17)

*"My parents wanted me to continue school, so I did not dropout. This was the point that made me continue the study even if I had an unintended pregnancy. Afterwards, I proved to myself that I could study during childrearing and got grade 3+."*

(I15P12L7-8)

In addition, the participants defined the good job that was a stable job and a higher- salary. They also realized that a higher education gave them opportunity for better employment. They stated that if they just completed only lower or upper secondary education, they might get only part-time job or manual labor with low salary. Their expressions are shown in the following statements.

*"The importance of an education was that I would gain more knowledge and could finally find a good job, so I thought I should return to study."* (I6P11L14)

*"If I got only a lower secondary education, I would get only a part-time job. But if I got a higher education, I could choose a better job. In addition, if I got high salary job, I could support my child to get a higher education in the future as well."* (I1P20L3-4)



Finally, all of them decided to return to school and continued their education either in formal school or non-formal school. They also noted the advantages of NFE that suit student mothers, which are described as follows:

## 2.2 Continuing school

Continuing school referred to the decision to remain in school or to return to school either in non-formal schools or formal schools after becoming pregnant and / or after giving birth. Four participants out of 17 could continue education without leaving school. Even though the majority of them ( $n = 13$ ) dropped out during pregnancy, they returned to school again after giving birth while they also took care of their child simultaneously. All participants got support from the significant persons to continue their school. The significant persons, in this case, were their parents, parents-in-law, husband (boyfriend, father of the child). Support included financial support, emotional support, and accommodation. In addition, some aspects from participants' perception about education related to pregnant adolescents and adolescent mothers in Thai social contexts were uncovered. The majority of the participants returned to non-formal schools and some returned to formal schools. Thus, there were two decisions being made: continuing education in non-formal schools or continuing education in formal schools.

### 2.2.1 Continuing education in non-formal schools

Some participants decided to continue or return to school in the non-formal educational system, such as non-formal school and open university. The participants expressed the advantages and disadvantages of studying in NFE. Two participants switched to non-formal school during their pregnancy because they did not want to stop

schooling. Furthermore, 9 participants discontinued their formal education during pregnancy, and returned to study again in non-formal school after giving birth.

The majority of the participants decided to study in non-formal schools because of its flexibility. They thought that it was suitable for pregnant students and student mothers because they could reveal their maternal status here. They expressed that NFE is flexible, one could enroll at any semester, and it has no tuition fee. The class is scheduled only one to two days a week and a student could select the day to study based on their availability. Most of them chose weekends. The class took around 3 hours, from 9 a.m. to 12 p.m. The participants felt no stress when they studied in non-formal school. Students were of various ages and marital statuses. They could talk about everything and could consult friends if they had any problems, especially family problems; they felt accepted in non-formal school, as is shown in the following statements:

*"I needed to change to non-formal school because they gave me an opportunity to study. I saw three students who were pregnant on orientation day. I was thinking that pregnant students could study in NFE."* (I9P4L14-16)

*"There were some friends who were like me at my non-formal school. They had adolescent pregnancies, so I think we were in the same situation. However, studying at the old school was better because classes were from Monday to Friday we could get more knowledge there, but we wouldn't have time to take care of a child. Therefore, non-formal school would be suitable for us because I would have time for my child and time to work from Monday to Friday."* (I1P21L8-11)

*"I chose to study on Saturday or Sunday. It depended on each subject, and it had no class some weeks. I had a chance for self study when there was no class. Sometimes, we had online study and the students shared their knowledge together. It was much easier*

*because there was no need to sit in class every day. It was rather free.*" (I12P4L18-19, I12P8L7)

*"When I felt uneasy, I could talk with friends about everything here because we were of the same status. We were also about the same age, and we helped each other do the assignments."* (I1P10L13-14)

However, some participants indicated the disadvantages of studying in non-formal school. They thought they learned less in non-formal school and thought non-formal education was not as strict education as formal education, and it was much more concerned with self-learning than FE. They felt embarrassed and they expressed their views of NFE in the following statements:

*"I still wanted to study at the old school, but I needed to switch school because I became pregnant. I feel like I get less knowledge in NFE because the study here is not as strict and hard as the old one."* (I8P13L11-12)

*"If I continued education at university in the future I would feel ashamed in front of my other friends because we got less education in NFE than in the formal school."* (I11P11L5-6)

### 2.2.2 Continuing education in formal schools

Some participants decided to continue or return to school in the formal educational system, such as college, formal school, and closed university. Two participants, who were first year students of a closed university when they fell pregnant, continued their education to satisfy their parents' wishes. One of them expressed that she wanted to prove to herself that she could continue education even though she was pregnant. At school, one of them tried to hide her pregnancy by wearing a large sized

uniform and covered it with a jacket every day when she attended classes. She also carried the schoolbag in front of her abdomen to hide her pregnancy. She said that she felt stressed because she was afraid that the others would discover her pregnancy; only two of her close friends knew she was, and another stated she did not know of the pregnancy until she was about to give birth. Fortunately, both participants had a normal delivery on the weekend and could come back to study again after being discharged from the hospital. After giving birth, all of them stated that they felt less stressed than during pregnancy. One participant shared her experience while studying in formal school as followings.

*“I wore a large size jacket to cover my uniform and carried my bag in front of my abdomen. I knew people looked at me, but I did not care. Luckily, I delivered the child on a Friday and there was no class to attend. I then took the final exam the next Monday. Everything was all right.”* (I15P3L3-4)

*“I continued studying during pregnancy because I wanted to satisfy my parents and graduate with a bachelor degree. In addition, I wanted to prove myself that I could study even though I became pregnant. There was no need to stop university or to get rid the baby. It depends on the individual’s attitude.....”* (I15P17L15-17)

Moreover, there were four participants who remained in formal school but switched institutions after giving birth. They changed because they did not want others knowing about their maternal status. Two of them changed to a new university, and a new campus, and two of them changed to study in a new college. One participant stated:

*“I had completed lower secondary school during pregnancy, and I returned to study in college after giving birth. I thought that studying in college was not so hard, and*

*it focused on practice in vocation which I could use to apply for a job then when I completed study here.” (I3P20L3-4)*

Additionally, there were some aspects of education related to pregnant adolescents and adolescent mothers in Thai social contexts from participants' perception that held both negative and positive aspects. Regarding the negative aspects, most participants thought that the society at large viewed pregnant students as rebellious. Moreover, the norm, in Thai tradition, is that the mother should be the primary caregiver of the child at home. Thus adolescent mothers would not be accepted in the formal education system. However, the participants expressed that they understood and accepted the negative views from the public although they got feeling bad and feeling regretted sometimes. They stated they did not care about these points of view because they wanted to pursue their educational and career goals. Moreover, their loved ones gave them the encouragement and support to continue education. Therefore, the majority of the participants changed their schooling from formal to non-formal education, or they moved from the old formal school to the new one that no one would know about their maternal status. In contrast, some participants expressed that the current Thai society viewed adolescent mothers returning to school in a positive light. The participant's perception was expressed in the following statements.

*“I thought that in Thai society it is believed that a woman who becomes a mother should not return to her education. Thai tradition assigned that the mother should nurture her child at home.” (I14P8L19)*

*“I thought current society viewed adolescent mothers who returned to study as normal because there were a lot of those students like that at non-formal school. At first,*

*I felt a bit embarrassed when I returned to study, but right now I do not feel anything.”*  
(I9P12L9-11)

*“Most of my neighbors felt good with me because they knew I took the responsibility for nurturing my child and also returned to study. I thought they viewed me as a good person.”* (I2P13L5-6)

In conclusion, the transitioning stage referred to the stage of school-aged adolescents becoming pregnant and their dealing with the situation of unintended pregnancy and their schooling. All participants viewed their pregnancy as a barrier to study in formal school. Therefore, most of them considered having an abortion at the earliest stage because they were unready to be a mother and most of them were still studying in formal school. Moreover, some considered discontinuing school temporarily during pregnancy and decided to return school again after giving birth while some of them remained in school, using concealment by dressing and simply lying. However, all participants got support from significant persons to continue with pregnancy and continue their school either during pregnancy or after giving birth. Their purposes of returning to school were to get educational and career goal in order to get life-long success. The majority of them continued their education in non-formal school that it was fit to their needs and time, whilst some continued education in formal school. Later on, all participants performed dual roles of mothers and students concurrently after giving birth as they strived for a better life in the future.

### **Striving stage**

This stage began when adolescent mothers returned to school while engaged in childrearing within 1.5 years to 3 years after giving birth. All participants continued education in school at this stage and performed many roles simultaneously. They adapted themselves to deal with the roles, and used various strategies to do so. They made great efforts to do a variety of tasks such as nurturing the child, studying and doing homework, taking care of the husband, and working outside the home in order to achieve a better life in the future. In term of better life meant that they had a good job and could earn money to support their family which in turn the child would have the good life as well. In this stage, an axial category emerged as restructuring life.

#### ***Restructuring life***

Restructuring life meant that the adolescent mothers reorganized their life by dealing with multiple roles simultaneously. After giving birth, their roles were not only as a mother and a housewife, but also as a student. Moreover, some were employed outside the home. However, the two major roles of all participants were the maternal role and the student role. The maternal role occurred spontaneously while the student role occurred voluntarily. The participants created the strategies used and changed their thoughts in order to manage their life. Two subcategories were identified as managing multiple roles and changing attitude.

##### ***1. Managing multiple roles***

Managing multiple roles referred to dealing with one more roles simultaneously

during restructuring life. They created their own strategies to deal with these roles. The roles related to the role adaptation process are all described below: mother, student, employee and housewife, and other roles.

### 1.1 Maternal role

The maternal role, or role as a mother, referred to the duty that an adolescent mother had towards her child. All participants were the care givers of the child since they gave birth. Most of them were the primary caregiver of the child when they were at home, and they did have family members to help. The assistants were: their own mother, mother-in-law, husband, or siblings, but especially their mothers. However, some participants were the minor caregiver of the child while her mother or mother-in-law was the major caregiver. In particular, participants who studied in formal schools did not have enough time for child care. The maternal role involves care-taking tasks, the maternal-child attachment task, and understanding and responding to the needs of the child properly. They also revealed the strategies used to balance their roles in each task. As one participant stated about the maternal activities:

*"In the morning, after my child woke up, I fed my child with breast milk and then I held her to sunbathe outside. Next, I boiled the water for bathing my child, and then I fed her breast milk before sleep. After that, I washed diapers and my clothes. After that, I slept together with my child around one or two hours. When my child woke up, I fed her again. In the evening, I did not know why, but she usually cried from 6 p.m. until 8 pm. My mom helped me holding her until the child slept." (I9P9L9-14)*

#### 1.1.1 Care-taking tasks

The participants indicated that the tasks comprised of breast feeding, feeding



formula milk, preparing supplementary food, taking a bath, washing diapers, and promoting the child's development. All participants fed the child with breast milk since the child was born. However, after returning back to school or to work, some participants combined breast feeding and bottle feeding (formula milk). In addition, some had to switch from breast milk to formula milk because they had some problems such as inverted nipples, sore nipples or their children rejected breast milk. During night-time, some participants had their own mother or mother-in-law or husband assisted them to bottle-feed feeding to the baby because they were tired and could not wake up sometimes when their child cried. Most participants changed sleeping time from late at night to early night together with the child because they had to wake up whenever the child woke up.

Noticeably, most participants changed from breast milk to formula milk during schooling and working because it was more convenient. Only one participant whose child was two months still fed her child with breast milk during schooling. She expressed that she wanted to continue breast feeding her child. Her strategy was to keep her breast milk in the refrigerator. She also prepared the breast-pump equipments to the university and pumped her milk during breaking time at the dormitory and kept it in a cooler bag. Then, she brought it home after class in the evening, and the assistants would feed the child when she was studying. Some expressions about milk feeding from the participants are provided as the followings.

*"I breast fed my child for only one month. After that, I got sore breasts because my daughter usually bit my nipples. I went to see the doctor, but my nipples did not recover. Therefore, I stopped breast feeding then and changed to formula milk."*  
(I11P4L12-13)

*“I breast fed my child. When I had a break at the university, I pumped breast milk and then kept it in a cooler bag. I did it at the university’s dormitory. After finishing class, I kept it in the freezer in my refrigerator at home.” (I15P4L1-2)*

Regarding supplementary food, the participants prepared it for their child, such as boiled rice and cereal in milk. Some fed their child from three months old or after six months old. They provided it on the day that they did not have class or work. As one participant stated:

*“Since my son was born, his main food was breast feeding. I provided supplementary food for my child after three months. It was mashed banana, orange juice, and cereals.” (I1P3L8)*

The other care-taking tasks were bathing, and washing diapers. Almost of participants reported that bathing the child was the hardest activity in the earliest stage since giving birth because the child was still small, and they feared the baby would slip into the bathtub. Most of them were not experienced in that matter. However, as the child grew up, they felt more confident performing this task. For washing diapers, the participants usually washed diapers in the morning after milk feeding, or when the child was being cared for by the assistants, or when the child was sleeping. Initially, all participants learned the maternal tasks from their mother or mother-in-law. Generally, the participants performed these tasks by themselves when they were at home unless when they were busy with homework or other tasks. The assistants would help them do the care-taking tasks instead. A quote is given below:

*“I could hold my child and could feed him breast milk. However, I had no skill to bath my child because I was afraid that my child might slip and fall into the water. Even today, my mom still does it for me.” (I14P4L15)*

Regarding promoting the child’s development, the participants coached the child to walk and to speak during the toddler stage. Some stated that the child was naughty in this stage. A few participants revealed that they were moody sometimes when their child was naughty because they felt tired, but could control their temper because they understood this situation. In addition, the participants got encouragement and suggestions from the assistants to be patient. The participants also played with their child when they had free time from studying and working, and took them outside the home sometimes. Some of them watched cartoons on television together with their child. Some let their child listen to music. To save money, some participants made their own toys for their child such as a colored mobile. However, some participants reported that they had little knowledge on the issues of child development. They learned from books, internet, observation, or asking their assistants. The statement below is related to promoting child development.

*“My child was three months old, and she babbled a lot. I did not know what toys I should buy for her. I noticed that she usually looked at the light in the wall, so I made colored mobile by myself for her. I did not buy it because it was quite expensive.” (I15P17L5-7)*

In the case of schooling or working outside the home, some participants reported that they took care of the child by preparing the formula milk and bathing the child before going to school or to work. The participants asked assistance from their significant one to take care of the child during schooling or working. The majority of them left the child with their parents or mother-in-law, some with siblings, and some with the husband sometimes. One participant left her child with the neighbor who was trustful and stayed next to her house. An example of which is in the following statement.

*“When I went to school, I left my child with my dad. My dad was a musician and worked at night, so he stayed at home during daytime. I bathed my child and prepared powdered milk before going to school. When I finished the class, I went back home hurriedly to look after my child.”* (I4P9L10-12)

#### 1.1.2 Maternal-child attachment

Maternal-child attachment was the feelings of connectedness with the child and the sense of the need to take care of the child. The majority of the participants expressed that they sensed attachment to the child during pregnancy when the first fetal movements were felt. They indicated that they had to take care of themselves for the baby, and prepared themselves to be a mother by seeking knowledge from various sources such as maternal and child books, their mother, and via the internet. Moreover, they imagined how the newborn would look like after birth. They also planned to nurture the child by themselves along with the assistant. During childbirth, the participants were excited to see that infant was healthy and whom the child took after. Some expressions about maternal-child attachment during pregnancy are given below.

*“I felt like becoming a mother since I was pregnant. When my child quickened in the womb, I felt a bonding with him.” (I7P3L19)*

*“I thought I had to take care of my child since it was in my womb. When I ate something, I needed to think before eating. I took care of myself for my baby.” (I8P5L9)*

*“I felt I was becoming a mother since I was pregnant. I began taking care of my child when I reached my 4-month gestation. I bought and read many books about how to take care of the baby, such as Modern Mom magazine.” (I9P7L15-16)*

On the other hand, some participants realized their maternal sense after giving birth. The immediate responses of the participants when the child was born were glad, excited, delighted and loved. They were happy that the infant was safe. In addition, some expressed that they felt sympathy for the child, and it was good that they did not get an abortion. After the participants nurtured their child, they expressed their feeling of love and attachment to him / her. Moreover, they felt a sense of joy when they saw the development of the child even though they were tired sometimes due to nurturing him / her. During studying or working, most participants expressed that they missed their child and thought about how he / she was doing. However, they did not worry much because they trusted the caregivers. They usually called the caregiver to ask about their child. After they finished class, they went home hurriedly to look after him /her. Some expressions about maternal-child attachment after giving birth are given below:

*“I loved my child since he was born. I raised my child by myself. I saw my child development, and, I recognized that my child was growing up every day. I felt happy and delighted.” (I2P5L14)*

*“When I went to school, I left my child with my dad. He was a musician and worked at night, so he stayed at home daytime. I gave her a bath and prepared powdered*

*milk before going to school. When I finished class, I went back home hurriedly to look after my child.” (I4P9L10-12)*

*“During school, my mom took care of my child, and I usually thought about her, whether she was waking up or feeding. I just missed my child but I was not anxious because she was with my mom who I can trust.” (I9P9L19, I9P10L2)*

### 1.1.3 Understanding and responsiveness to the needs of the child properly

A mother must be responsive to their child when it cries, and know what the child wants at the time. Whenever the baby cried, the participants found out what happen to the baby, such as hunger, urination, excretion, or sleepiness, and then they responded to the baby for these symptoms. Some participants blamed themselves for not being able to interpret their infants' behavior and stop them from crying, and they also cried because they did not know how to deal with that situation. Then, they held their child and gave comfort until the child slept. The participants stated that they felt tired sometimes but they adapted by being patient, relaxing, and seeking support. Their expressions are presented as follows:

*“Sometimes, my child cried due to flatulence or sleepiness, but I didn't know how to take care of him. Therefore, I held and comforted him until he slept.” (I14P6L12-13)*

*“When my daughter cried, I saw that she had urinated or she was hungry. If my daughter was sleepy, she looked like irritable. I would comfort her until she slept. If my daughter urinated, she would cry a little bit and wriggle. My daughter was hungry every two hours; so I had to breast feed her. Sometimes, if my daughter wanted to go outside the home, she would not sleep although I had comforted her.” (I15P7L19, P8L1-2)*

In addition, the participants reported about taking care of the child when he / she was sick, and they also expressed their feeling of nurturing the child. When the child was sick and had fever, the participants took care of the child with a tepid sponge, then provided medication, and took them to see the doctor by themselves if they did not have class. They felt unhappy when they went to school if their child was sick. However, they were not concerned much because they had their family taking care of their child instead. The participants expressed that they felt sympathetic toward the child and felt stressed sometimes because the child was so small and he/ she could not tell its symptoms. As one participant stated:

*“My baby was quite healthy because I fed her my breast milk. However, when she was ill, I gave her a rest so she could recover soon. If she had a severe sickness, I would take her to see the doctor with my husband.” (I12P12L8-10)*

In summary, performing the maternal role meant that the adolescent mothers were engaged in care-taking tasks, feeling of maternal-child attachment, and understanding and responding to the needs of the child properly. Moreover, learning, seeking support, relaxing, adapting the mind, and receiving mental support were the strategies used to adjust themselves to the maternal role. Although initially, they struggled because it was a learning curve, most participants expressed the feeling that nurturing their child was not so difficult because they had family helping them all along.

## 1.2 Student role

The student role referred to the duty of the adolescent mothers related to

their studying in school, college, or university. They also revealed the circumstances at the location of study and the strategies used to balance their roles. In discussing this role, two parts included the studying in non-formal school and the studying in formal school.

### 1.2.1 Studying in non-formal school

The majority of the participants ( $n = 11$ ) studied in non-formal school during childrearing. Nine participants out of 17 studied at upper secondary education, one participant studied at lower secondary education, and another one studied at Sukhothai Thammathirat (Open University) which all was NFE system. They stated that study in non-formal school relied on self-study. They learned more from the internet and books. In class, the teachers taught and guided them a little and then gave them individual and group assignments. However, they could not do group work outside the home sometimes if they did not have anyone taking care of their child at that time. The strategy used to solve this problem was negotiation with friends to divide up the work, and then the participants did their own part at home. Some participants asked friends to do the assignment first, and they would do the rest of it by themselves at home. The examples of quotes are given as follows.

*“I had to read much more books to catch up with my friends. I think we couldn’t study completely in some courses in non-formal school like the school in formal education. Therefore, we needed to seek more knowledge by ourselves before taking the examination.” (I1P10L19-S1P11L1)*

*“Most assignments were group works. We would meet to do together when we had free time. Sometimes we chatted via telephone or via e-mail. These ways made it easier.” (I4P10L10)*



For individual work, some stated that they did assignments when the child was sleeping or when the child was being cared for by others. Some participants who had a toddler child could do assignments and care for the child at the same time. As one participant stated:

*“In the evening, I did my homework and my daughter played with toys close to me. She could eat rice by herself. If my daughter cried, I would comfort her until she was calm. Then I returned to my homework again.”* (I3P7L11-13)

The participants expressed that study in non-formal school suited them because they had much more time for nurturing their child and working than those who studied in formal school. They felt comfortable to study there. Furthermore, some participants planned to further study in non-formal college or opened university after finishing upper secondary school because they wanted time to take care of the child and work. A quote is given below.

*“After giving birth, I intended to return to non-formal school because I wanted the time to raise my child, so I could work for income to raise my child.”* (I5P7L12, I7P5L10)

### 1.2.2 Studying in formal school

There were six participants who returned to study in formal school where they had to study on Monday to Friday. Two of them studied in college, and four studied in closed university. All of them stated that studying in formal education was quite difficult because of the work load. The assignments were both individual and group works. Some participants negotiated with friends to divide up group work, and they

brought their own part to do at home because they wanted to spend time with their child. For individual work, they did it in the evening or at night time while the child was being cared for by others. A quote regarding studying in formal school is shown in the following statement.

*"I am now a second year student. This year I had a lot of activities in my faculty, such as preparing for freshman sport and community study. I do homework in the evening while my mother-in-law or my husband took care of my daughter."* (I15P9, P14)

Sometimes, some participants stated that they could not finish homework on time because there were numerous assignments, and they had to sleep together with their child at night. They asked friends to help them do the rest of work in the morning. The participants had a strategy which they used to organize all assignments by writing a daily plan when to do the assignment for each subject. Some participants also disclosed that they had a problem attending the morning class: they were late sometimes because they woke up late due to caring for the baby at night. All participants who studied in formal school were the minor caregiver of the child while their mother or mother-in-law was the primary caregiver. They stated they did not have enough time to nurture the child due to the study work-load. One example is given by the following quote.

*"Sometimes, I went to the university late because I did not have enough sleep. I had to take care of my child at night, and it caused me to wake up late in the morning. I felt not good with this situation. I solved it by setting alarm clock and asked my mom to wake me."* (I14P9L13-14, L17)

The majority of participants expressed their feeling that studying during childrearing was not much different from when they were still single. They just got much more tasks than before and had to reorganize them. Some participants reported that spending time with friends outside the home was limited, such as hang out because they had to take care of the child. Most of them got new circumstances and friends when they recommitted new schools. They felt stressed at the beginning stage because they had to adapt themselves to the new environment. After that, all of them could adjust themselves to it, and did not feel stressed longer. However, the participants who returned to formal school did not reveal their maternal status to the others while the participants who returned to school in non-formal school did. Some participants stated that they felt proud that they could study and nurture the child simultaneously. The expressions are given as followings.

*"I still used the same living. I just had more duties. I spent time with friends and could join activities with them in the university. I took care of my child in the evening...."*  
(I15P9L2, L8-9)

*"I had to be patient. Sometimes, my friends asked me to go to a pub at night, but I refused. If it was before, I would go with them. I had to think of my child first."*  
(I2P17L17-18)

In conclusion, all participants returned to study either in non-formal school or formal school that they desired and suited for them. They aimed to achieve educational and career goals in the future in order to get life-long success of themselves and their child. The strategies used to adjust themselves when the participants dealt with the student role during childrearing were asking assistants, negotiating with friends, managing time,

making a plan of work, and adapting the mind. The participants stated that study during childrearing was not so burdensome because they could organize tasks and adjust themselves to both roles, and all of them had family support.

### 1.3 Employee role

The employee role referred to the duty of adolescent mothers who worked in order to earn wages. It included those who worked at home and were employed outside the home, and included full-time and part-time employment. A full-time job was defined as work that was at least 8 hour per day and 5 days per week outside the home. A part-time job was defined as work which took less than 8 hour per day and/or less than 5 days per week. Five participants began to work despite having young children to care for and they studied in non-formal school, so they had enough time to work. For example, they worked at factory on weekdays while they were attending school on the weekend.

The participants started working after giving birth last from five months to one year and ten months. They waited until the child was growing up enough and had the assistants nurturing the child. Three participants were employed as salespersons in the shop or market, and one worked as an employee at factory. Another one did an extra job and ran home-bakery business in the evening. The participants reflected that they could manage their time and working did not disturb their daily life because they had assistants to help them take care of the child during working hours. They reported that they wanted to gain more income for their family's expenditure. Besides, one participant stated that working was better than doing nothing because she was rather free on weekdays, and her

child was taken care of by her mother-in-law. The participants shared their experiences about employee role in the following statements.

*"I baked pastries as my part-time job at home in the evening. It made me gain extra income because only my husband's income was not enough for our family, and I needed to provide money for my child's expenditure."* (I1P8L7)

*"I worked as a vendor at the market at 11 a.m. and my child was looked after by my mom. When I went back, I would take care of her instead, and then my mom went to work at 3 p.m."* (I5P5L15-16)

Interestingly, the other participants who studied in non-formal school planned to work part-time when their child was old enough. For instance, one participant waited until the child was 3 months, and another one waited until her child could enter nursery school. Moreover, one aimed to find the job after she completed upper secondary education in non-formal school and intends to study in the open-university on weekends. Some expressions about planning to work are given as followings.

*"When my child is growing up and stronger, I will find a part-time job at night because my parents could look after her at night."* (I4P5L18, 14)

*"When my child is growing up and enters nursery school, I will find a job on weekdays because I want to provide the money for my child's tuition fee. Moreover, I could study on weekends as before."* (I12P13L1-3)

In summary, some participants worked as an employee during childrearing especially those who studied at school in NFE. The participants wanted to provide money for their family's expenditure and in particular the child's expense. They had assistants

nurturing the child during their working hours. The strategies used to balance their roles were managing time and asking for assistance.

#### 1.4 Housewife role

The housewife role referred to the duty of taking care of the husband and the household affairs. The majority of them (14 out of 17) had been staying at their own parents' home while a few (3 out of 17) stayed at the parent-in-law's home during participation. At home, the participants did housework such as cooking, washing, and cleaning as usual. However, all participants had family-assistance from parents, husband, mother-in-law, and siblings. For the most part, their own mother or mother-in-law was the main cook, and the participant assisted with cooking. Most of them washed only own and their child's clothes. Some participants stated that they did housework when the child was sleeping, or the child was being care from significant one. Some participants expressed that life regarding housework, had not changed to a large degree from when they were single. Although some stated they did much more housework these days because they had to take care of the child. The strategies used when they did housework during childrearing were asking assistants to take care of the child, and managing time. Some statements from the participants are given below.

*"I do much housework these days. Previously, I had not done it much, but right now I am a mother, so I have to do my housework, take care of my husband and my baby."* (I2P10L10-11)

*"I washed my clothes, my husband's and my child's. I helped my mother-in-law cook food, and then I washed the dishes. Only when my mother-in-law was out, I cooked by myself."* (I9P7L6-7)

Regarding taking care of their husbands, 11 participants out of 17 had been living together with their husband, so they also took care of their husbands in daily life, for example, daily washing, preparing food and ironing. Some participants' husbands helped them do housework, and some also helped take care of the child during the participants' studying in school or work time. Some statements from the participants are presented below.

*"My husband worked outside the home, so I washed clothes, ironed, and did housework for him."* (I2P10L8)

*"I took care of my husband including washing and ironing. However, I did not cook because I could not do it. My husband cooked for me."* (I8P11L11).

There were six participants who lived separately from their husbands. Two of them worked in other provinces, and two studied in other districts so they stayed at a dormitory or at their parents' home, and two lived separately from their wives due to the location of where they were employed. However, they visited the participants and the child regularly and also stayed overnight when they had a vacation, or a day off. When they lived together, the participants took care of her husband as usual. They expressed that although they lived separately, their relationship was still sound and they understood the needs of living separately. The following statement is example of the participant's expression.

*"I don't care that my husband and I live separately because he needs to work (slitting rubber) in the early morning at his home. He comes to visit me and our child during the day every day. Our relationship is still good....no problem."* (I6P10L4)

In addition, two participants who had stayed with parents-in-law since marriage returned to their own parents' home after giving birth because they felt more comfortable with their own family than at their parents-in-law's house. They explained that they followed different religions. However, one of them planned to return to the parents-in-law's house again after the Muslim month of fasting. Her child would be three months old then. Another participant had been staying at parents-in-law's house since marriage until now. She expressed that she was happy there because her mother-in-law assisted her in doing everything, including taking care of the child and doing housework. Furthermore, the other participant just moved to her parents-in-law's house after her child was one year old. She stated that she felt good to be there. The mother-in-law helped her take care of the child in the daytime and cooked in the evening. The participant did housework in the morning before going to work on weekdays, and after she returned home in the evening, she took care of the child by herself. As one participant stated:

*"I moved to my parents' home seven days after giving birth. I felt more comfortable to ask my mom for help than my mother-in-law. Moreover, there were different practices at my parents-in-law's home due to being of a different religion. Anyway, I planned to return to my parents-in-law's home again after the month of fasting." (I9P13L17-18, P14L1, 6)*

In brief, housewife role meant that the participants took care of their husband and did the daily housework. After becoming a mother, the participants had to restructure their life by building a new family. Most of them had family members assisted them doing housework and child care. The participants used the strategies of managing time and asking assistance to help balance this role.



### 1.5 Other roles

The other roles referred to the other duties that adolescent mothers did apart from the four roles as previously mentioned. For instance, being a daughter, daughter-in-law, and a sibling were performing simultaneously. As the older sister, one stated that she helped her parents guide her younger brother to behave in a good way. They could do the other roles as usual and when they were free from the major roles. The strategy used was managing time to do those tasks. As one participant stated:

*“.....I think I could learn many things from this situation. I am still a daughter of my parents. I went back home on Mother’s Day, and I prostrated in front of my mom. I thought that I am both a mother and a daughter at the same time right now.....”*

(I15P4L18-19)

In brief, managing multiple roles meant that the adolescent mothers created strategies to deal with multiple roles while engaged in childrearing and schooling. Their roles were mother, student, employee, and housewife, etc. They disclosed the strategies used to adapt themselves to a variety of tasks simultaneously, such as learning, managing time, making a plan of work, negotiating, and asking assistants. Moreover, all of them had support from their significant persons in dealing with multiple roles.

### 2. *Changing attitude*

Changing attitude referred to a change in the way of thinking from the previous one. After giving birth, all participants performed multiple roles as described earlier. They reported that they changed their way of thinking from when they were still single. They valued their motherhood and aimed to get life-long success. The participants changed

their attitude to understand this situation of being a mother and a student at the same time, and some thought about it in a positive way.

Sometimes, the participants felt tired and wanted to give up. However, they adjusted themselves to be more patient and self-disciplined. They also received spiritual support and encouragement from their family and close friends so that they could adapt mentally. The participants also reflected that if they could return to that time prior to pregnancy, they would not have skipped school and would not have an unintended pregnancy before graduation. They stated that teenagers should protect themselves from unintended pregnancy because they were still studying and were unready for motherhood. However, most participants expressed that they paid much more attention to study than before because their child was their motivation. They wanted to be a good mother for the child and wanted to find a good job in the future and thus have a better life. In addition, some participants revealed that they thought positively about the situation of being a mother and a student. Their expressions are shown in the following statements.

*"After I returned to school, I paid much more attention because I sympathized with my child. I did not want to be a delinquent again. I wanted to be a good model for my child"* (I1P13L10)

*"I had to be patient when I was a student and a mother at the same time. Sometimes, my friends asked me to go to a pub at night, but I refused. If it was before, I would go with them. I had to think of my child first."* (I2P17L17-18)

*"I think that being a mother in adolescents is normal because married women must have a baby. For me, I just became a mother earlier than the others, and I might have much more work than them. However, if I could pass this period, I would be happy. When my child*

*is grown up, we will go travelling together and others will think that we were siblings.”*  
(I15P6L6-8)

To conclude, the striving stage was the stage that all adolescent mothers returned to school after giving birth. The participants restructured their life by performing multiple roles simultaneously. They managed their roles by using the strategies in dealing with a variety of tasks, as well as changing their attitudes including adapting the mind to this situation of being a mother and a student. Finally, they overcame this situation because they could balance their life which the balancing stage describes as follows.

### **Balancing stage**

This stage occurred when adolescent mothers returning to school could balance all their roles. They integrated all the strategies used and could adapt themselves to the situation of being a mother and a student during childrearing. An axial category in this stage was achieving balance.

### ***Achieving balance***

Achieving balance referred to the ability to keep all the roles equally by using the strategies. All participants returned to school and performed many roles simultaneously. They used the strategies of learning, managing time, making a plan of work, physical adapting, adapting mind, negotiating, and asking assistants including seeking support to adjust themselves to the roles in order to get their life balance. After the participants gradually adapted themselves in dealing with multiple roles by

harmonizing all strategies used, their expression was “happy” and that was a good indicator of achieving balance. The expressions of achieving balance are given below.

*“I think that being an adolescent mother and a student was not the problem because I had supporters, yet I felt like giving up sometimes because of tiredness. I needed to be patient because it was my fault. I could manage time and gradually adapted myself to deal with this situation.....I was proud of myself, and at least there was someone who saw me as a good person that I returned to school even though I was already a mother.” (I2P17L12, P14L6)*

*“I could manage time, and I had my mom helping me all along so that I could adjust myself to multiple roles. I did not think that it was a burden. I am proud of myself that I could deal with them.” (I1)*

*“I had been nurturing my child and working for a year, so I was accustomed to these roles. Moreover, I had received support from my parents all along. They were already my daily tasks.” (I1P12L11)*

*“I could gradually adjust myself to multiple roles...I was happy that I could nurture my child and could study together.” (I8)*

The strategies used to gain achieving balance can be organized into four subcategories: adjusting to new identities, adapting lifestyles, coping with the new roles, and asking for supports which are described as follows:

#### *1. Adjusting to new identities*

Adjusting to new identities meant the adolescent mother changed oneself from a female adolescent to be a maternal identity after giving birth and while engaged in childrearing and schooling. All participants realized their duty as mother. They defined a mother as a woman who sacrificed, gave love and warmth, and took responsibility to nurture her child. They sensed of feeling love and attachment with the child. Moreover, they stated that they transformed not only from adolescence to adulthood but also

pregnancy to motherhood. They expressed that they had maturity since they had the baby. The participants used the strategies of learning and adapting the mind to be a new mother. They learned the maternal role from their mother or mother-in-law. After the participants obtained competency in the care-taking tasks and expresses gratification involved in the maternal role, they could achieve their maternal identity. Some expressions about learning maternal role are presented in the following quotes.

*“At the initial stage, I could not raise my child by myself. I asked my mom. My mom instructed me how to raise the child, and she assisted me all along after giving birth.”*  
(I5P10L9, P11L7)

*“After birth, my mom left her job for about two weeks to help me nurturing the child. She demonstrated how to take care of the baby.”* (I7P4L12)

The participants stated they adapted the mind to bear with the care-taking tasks because their life had changed, and they had to take responsibility for the child. They expressed they had to be patient in their maternal role during studying. They also stated that they thought a lot before doing anything. For example, they had to think before buying anything that it is worth enough because they wanted to save the money for their child’s expenses. They stated they felt good about themselves because of being mother. An example of a statement related to the maternal identity is shown below.

*“I think I became a mother since I saw my child at first time after giving birth. I nurtured him by myself, and I was always with him at home. I saw his development since he was born, and I felt happy and enjoyable being with him.”* (I2P5L14-15)

To be a student during childrearing, the participants stated that they had to adjust themselves to get self-discipline, and had to adapt their mind to be strong when they were studying during childrearing. They went to school regularly and did not skip the classes. Likewise, they wanted to be a good student and want to be a good role-model for their child. In addition, the participants expressed that they could be a student during childrearing because they had support from their family to help them in child care. The expression from the participant can be seen below.

*“I had to be patient because I am a mother right now. Before getting a child, I usually loafed and skipped school. However, I stopped that these days and pay more attention to study. I couldn't do the same as before, so I needed to adjust myself.”*  
(I2P9L12-13)

## *2. Adapting lifestyles*

Adapting lifestyles meant that the adolescent mothers adjusted their way of living to fit the new roles. The participants adjusted their activities according to their value for motherhood. They used the strategies of managing time and negotiating. For instance, most participants changed to a new sleeping time. Previously, when they were still single they usually slept late, but now they had to sleep early together with the child otherwise they could not get enough sleep due to taking care of the child during the night. Moreover, they had to wake up early to work or to study in the morning. At home, some reported whenever the child slept the participants also slept together with him / her during day time. Some of them reported that spending time with friends such as hanging out at night, decreased because they wanted to spend the time with their child. Regarding

negotiation, the participants negotiated friends to divide up group work, and they took their part to do oneself at home. They reorganized the activities by managing their time and negotiating with friends to adapt to their new lifestyle. Some participants shared their experiences about adapting lifestyles as can be seen below.

*“Previously, I slept at one or two a.m. I usually chatted with friends on face book at night time, but these days I have to sleep early together with the child because whenever he woke up I also had too.”* (I14P10L5-6)

*“I always thought that I had been a mother already. When my friends asked me to hang out, I did not go with them. If it was prior to having the baby, I would go with them.”* (I10P9L4-5)

### *3. Coping with the new roles*

Coping with the new roles meant the adolescent mothers managed their duties effectively with the new roles. All participants performed multiple roles and used a variety of strategies to balance them including managing time, making a plan of work, negotiating, physical adapting, and adapting mind.

Most participants stated that they could perform many roles simultaneously because they could manage their time. For instance, the participants, who were studying in formal school on Monday to Friday, did homework in the evening or at night and did housework on weekends, such as washing and ironing. The participants who were studying in non-formal school worked outside the home on weekdays or the day that they did not attend the school. They did housework in the evening or in the morning before going to work. Most participants stated they did housework and homework while the child was sleeping or being cared by the family. Sometimes, the participants were

interrupted during doing homework or housework. For example, if the child was crying the participants would stop work and comforted the child until he/she was calm, and then they returned back to that work again. In addition, some participants made a plan of work in a daily planner. They wrote various tasks in it what to do on each day, and when to do in each tasks. They also stated they had to get self discipline to do many tasks as planning. Some expressions from the participants about getting through the new roles as can be seen below.

*“It was not hard to do a variety of tasks because I could manage my time. I took care of my child on Monday to Friday and studied on Saturday or Sunday. Moreover, my studying class was just a half day, not a whole day.”* (I1P7L1-2)

*“I must clearly allocate the time on the daily planner when to do any task. I wrote all the planning how to manage and gained discipline to do all the tasks.”* (I12P12L1-3)

For negotiating, the participants negotiated with friends when they had group work. They asked friends to divide up the work, and did their part at home. Likewise, some participants let their friends do their share first, and then they did the rest of it at home. They applied this strategy because their child was the first priority, and sometimes they had no one to take care of the child at that time. As one participant stated:

*“I asked my friends to divide the group work into parts, and then I took my part to do at home. Sometimes, I let my friends do it first, and then I took the rest of it to do by myself at home because I wanted to spend time with my child.”* (I14P5L19-P6L1)



For physical adapting, when they felt tired of taking care of the child, doing housework or homework, they adjusted themselves with relaxation by rest, sleeping, or listening to music. Some of them went out to dinner with their husband sometimes. They expressed they felt better after that, and then they could return to that work again. As one participant stated:

*"I could do many tasks even taking care of my child, studying, and baking. If I was tired, I would rest. After that, I could continue work again. I don't think it was too much trouble."* (I1P19L10)

Another strategy was adapting mind. The participants expressed they had to be patient and be strong when they handled a variety of tasks simultaneously. They had to let it go and adjusted their mind to accept whatever the situation was. In addition, the participant's motivations to deal with multiple roles were their child and desiring life-long success. Some participants expressed when they saw their child's face, the fatigue disappeared. In addition, some stated that they could take on many characters which depended on each situation. They were a mother when they nurtured the child, they were a student when they were at school, and they were an employee when they worked, and so on. The participant's expression is illustrated as the followings.

*"Sometimes, I took care of the child until late at night, and I had to study the next morning. I felt tired but I comforted myself to be patient although I did not want to wake up early to study in the morning."* (I15P16L13-14)

#### *4. Asking for support*

Asking for supports meant the adolescent mothers requested material things

or assistance from their significant persons in order to deal with their roles. During childrearing and studying, all participants created strategies as mentioned previously to deal with multiple roles simultaneously. However, if they could not balance their life due to a variety of tasks, they would ask assistance from their significant persons to help them deal with the tasks in particular child care and doing housework. One example of statements is given below.

*“During the daytime, I worked as a salesperson at school for around three hours, Monday to Friday, while my mom took care of my child at home. After I came back from work, I took care of her by myself, and then my mom went to sell things at the market in the afternoon. Moreover, when I attended the school on Sunday morning, I asked my mom to take care of her as well.” (I5P4L2-5)*

The participants reported about their important supporters. They indicated that the major supporter of adolescent mothers who returned to study during childrearing were the parents or parents-in-law, especially the adolescent’s mother. They provided financial support, mental support, informational support, role-model support, and accommodation for their daughter and grandchild. They also supported the participants to continue education and gave them encouragement to be patient. Most participants expressed that their mother was the best supporter and the best counselor because they could help them in everything especially child care. If they did not get support from their mother, their life would have been terrible. On the other hand, some who lived with the parents-in-law’s expressed that the mother-in-law was important in supporting as well. Furthermore, some participants also mentioned that the nurses in the postpartum unit care

instructed them on bringing up an infant. Some expressions from the participants are presented as follows:

*“The mother is the best supporter for student mothers. She helped me take care of the child during my schooling, and gave me the guidance on how to raise a child.”*

(I6P9L13)

*“My parents were the major supporters because they could give me advice and accepted me before society accepted me. If they denied me, I couldn’t get support from anyone. Therefore, I think our parents are the most important support, so we should consult them earlier.”* (I4P14L10-12)

*“I think the greatest support for me is my parents because they helped lighten my duty. They took care of my child, gave me the money, and helped me find a job.”*

(I11P11L11)

The minor supporter of the participants was their husband, particularly in emotional support. Most husbands encouraged their wives to return to study and to be patient with many tasks. Some of them who already worked also supported their wife financially for family expenditures. In the case of husbands who were still studying, they supported their wives financially from their parents sometimes. When the participants’ husband had free time from working or studying, they helped their wives take care of their child and do housework. Most participants expressed they felt quite satisfied with the support from the husband, and their relations were positive, even though they argued with each other sometimes. As one participant expressed:

*“My husband helped me do housework, such as cooking rice, when I was busy with my homework. Sometimes, my husband took the baby to outside the home while I was doing housework. Normally, my husband helped me take care of the child in the*

*evening after he went back from work. When I felt like giving up with many things around me, my husband understood and encouraged me to go on in this situation.” (I12P9L8-9, L13-15)*

Another significant supporter was the participant’s friends, especially in the areas of study and also emotional support. Close friends helped them do homework and gave encouragement to overcome in this situation of being a mother and a student. They could talk with close friends in everything. One participant expressed her close friend supported her many things. She drove the participant to the university and took her home. She also encouraged her to cope with multiple roles as seen in the following expression.

*“My close friend helped me with everything that she could do. My friend, who drove a car, picked me up at university everyday because my parents-in-law’s home was on the way from my friend’s home to the university. My breast-pump equipment was in her car. My friend gave me encouragement and helped me in the study.” (I15P11L15-17, P14L13)*

Furthermore, most participants stated that they hoped the government would give the support to adolescent mothers who continued their studies. They wished for a well implemented policy to promote formal education school for pregnant adolescents and adolescent mothers to continue their school. An example of expressions is given below.

*“I wish society would give an opportunity to adolescent mothers. I think that the students who had a baby, most of them want to return to school. We saw our friends wearing a student’s uniform, so we wished to be like that. However, we have a child to take care of. We study even if we have to nurture the child. Therefore, I wanted help from*

*government to give us the chance to return to study in formal school. Moreover, they should set a policy for pregnant students to study until they graduate.” (I4P14L15-19)*

In brief, achieving balance meant that adolescent mothers could balance their life by using strategies to adapt themselves to multiple roles during childrearing and schooling. All participants applied the strategies of adjusting to new identities, adapting lifestyles, coping with the new roles, and asking for support to deal with a variety of tasks simultaneously. In addition, they got support from their significant family members including financial support, emotional support, role model support, informational support, child care, and accommodation. All of them could gradually adapt themselves to multiple roles and ultimately could overcome the situation of being a mother and being a student. The striving stage and balancing stage was the dynamic process that happened concurrently as a cycle. When the participants returned to school after giving birth, they performed multiple roles simultaneously, and used the strategies as internalized adaptation of themselves to balance their roles. A substantive theory of a process of restructuring life and achieving balance is depicted in Figure 2.

#### *Conditions influenced the role adaptation process*

The conditions that influenced the role adaptation process of adolescent mothers returning to school can be summarized into hindering factors and facilitating factors.

##### 1. Hindering factors

Hindering factors were the fact or situation that inhibited the pregnant adolescents to carry on the pregnancy and/ or to continue school. These factors could be identified as unready pregnancy and negative attitudes.

### 1.1 Unready pregnancy

Traditionally, becoming pregnant for unmarried adolescents and school-aged adolescents met with disapproval from the Thai society. Their families and society in general, considered this pregnancy to be wrong. Moreover, they were still studying and depending on their parents. These influenced the pregnant adolescents when they dealt with their pregnancy and schooling. Accordingly, pregnant adolescents usually considered having an abortion at earliest stage or ended up with criminal abortion. Moreover, some of them had to drop out of school or concealed their pregnancy from the society if they carried on the pregnancy. An expression is given below.

*“After I realized that I became pregnant, I was a first year university student. I was fearful that my mom would know about this matter and was afraid that I could not continue my schooling. I talked with my boyfriend, and he was also unready to raise the child because he was a student as well. I was thinking about having an abortion at initial stage but did not do anything..... Finally, I told the truth to my mom, and she then contacted my boyfriend’s parents to discuss about my pregnancy. They said that it depended on our family, so that they arranged the wedding ceremony for me. ” (I14)*

### 1.2 Negative attitudes

Thai pregnant adolescents and adolescent mothers thought that they were excluded from society and their formal school would reject them. Although the new educational policy would enable pregnant adolescents and adolescent mothers to continue their schooling in all types of education, they usually dropped out of formal school due to this stigma. Then, the majority of them readmitted to a non-formal school after giving birth because of its suitability to their needs and their time. An expression is given below.

*“I quitted school immediately after I became pregnant because I thought that the formal school would not allow the pregnant student to continue studying. The others would gossip about me and blame me as a bad girl if they knew about my pregnancy. I lied my teacher the reason to quit school. After that, I reentered education again in a non-formal school after giving birth because I wanted time to raise my child. I thought the Thai society viewed the woman who is a mother should be the primary caregiver of the child at home.....” (I2)*

## 2. Facilitating factors

Facilitating factors were the fact or situation that made role adaptation process of adolescent mothers easier. These factors could be identified as Thai social context, family support, and child bonding.

### 2.1 Thai social context

Thai social context influenced the way of life in all Thai people. This section describes effects of Thai context that influence pregnant adolescents with an unintentional pregnancy and adolescent mothers. This included Thai belief, expected roles in Thai women, and current socioeconomic status.

2.1.1 Thai belief influences the thought process of pregnant adolescents that having abortion is a sin. Consequently, some of them decided not to have an abortion because they believed in this dogma, as shown in the following expressions:

*“.....My parents wanted me to get an abortion because they wished me to continue school. I felt regretted. However, I did not do it. I talked with my boyfriend, and then he consulted with his parents. His mom took me to hospital to do ultrasound. She said that she would take care of me and my child. She asked me not to make abortion because it was a sin otherwise my life would be failed.” (I15)*

*“I was thinking about having an abortion at the initial stage but did not do anything because I feared everything. I feared of sin and getting hurt. Finally, I told the truth to my mom, and she then contacted my boyfriend’s parents to discuss about my pregnancy. They said that it depended on our family, so that they arranged the wedding ceremony for me.” (I14)*

2.1.2 Expected roles of Thai women influences role adaptation process on adolescent mothers. Motherhood is the major role for Thai women after becoming mothers. They have to nurture their children, and do household tasks including taking care of all family members. Household tasks are expected from wives as the second duty. Consequently, the mothers valued the motherhood and focused on their child as their first priority. An expression is given below.

*“In the morning, I took care of my child, and I did household tasks, such as dishwashing, cleaning house, and washing when my child was sleeping or he was taking care by my family members. I did not think that it was too hard because my mother-in-law assisted me. I thought that I could overcome in the situation of being a mother and a student because of my child. I was confident that I would do everything for my son” (I8)*

2.1.3 Current socioeconomic status had been changed in Thailand. The mothers not only nurture their children at home, but they also go to work in order to get income for their family’s expenditure. Accordingly, the new mothers had to work as an employee outside the home. They also hoped that getting high education to get a good job in order in the future. An expression is given below.

*“I planned to do part-time job after my child was 3 months old. Our income was from my husband and my parents. It was enough these days because I did not pay*



*anything much. However, I wanted to get work to have money for my daughter's tuition fee when she is growing up."* (I4)

## 2.2 Support from significant persons

Pregnant adolescents and adolescent mothers got supports from their significant family members throughout the role adaptation process of adolescent mothers returning to school especially the adolescent's mothers. They provided financial support, mental support, informational support, role-model support, child care, and accommodation for their daughter and grandchild. The minor supporter was their husband, particularly in emotional support and material support. In addition, another significant supporter was the adolescent's friends, especially in the areas of study and also emotional support. The expressions are given below.

*"If I didn't get support, my life would be terrible. I could cope with this situation of being a mother and a student because I got help and support from my mom."* (I9)

*"My husband worked in Rayong province, and he came back home monthly during his holiday. He helped me take care of our child and gave me his salary and it was enough for today. Moreover, he gave me an encouragement to deal with studying during childrearing. I was satisfied with his support although we worked in another province."* (I8)

*"If I could not do homework timely, my friends would help me. Sometimes, I asked friends to divide up group work, and then I took my part to do at home. When I had some problems with my family, I consulted my close friend, and she could suggest and comfort me."* (I14)

## 2.3 Child bonding

Bonding between a mother and her child influenced the way of thinking of

adolescent mothers since they were pregnant until after giving birth. Some pregnant adolescents expressed that they decided to carry on their pregnancy because they sympathized their fetus. The responsibility of raising the child was a strong influence to do the better things, and the child was their encouragement in dealing with multiple roles simultaneously. They aimed to achieve their educational and career goals to get life-long success of themselves and their child. An expression is given below.

*“I raised my child by myself when I was at home together with my mom. Therefore, I saw his development, and I felt enjoyable with my son. I thought much more than before when I did anything because I thought of my child first. For examples, I avoided hanging out with friends in pub at nighttime, or before I bought anything. ....I wished to get higher education in order to get stable job for the better life of myself and my child.” (12)*

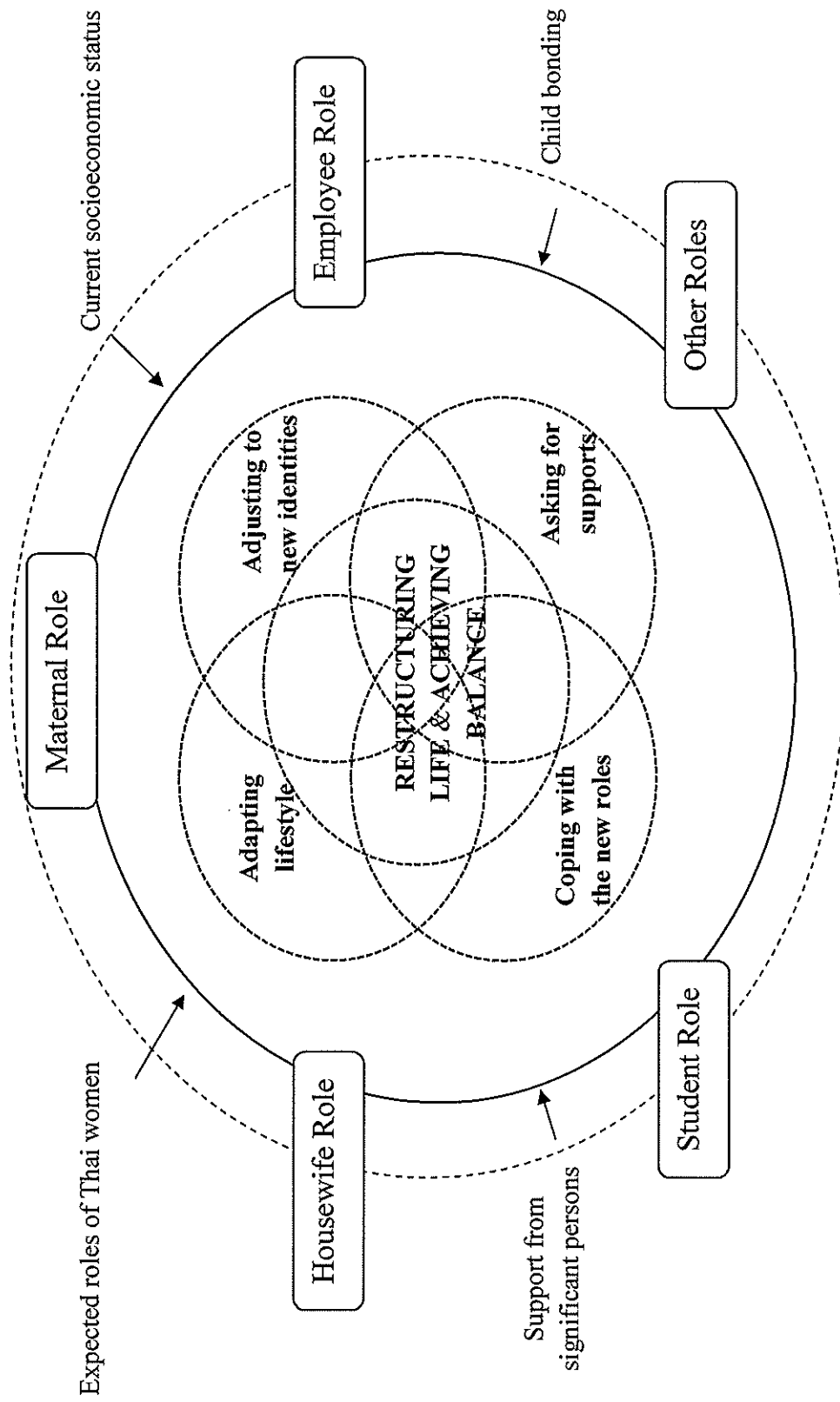


Figure 2: A process of restructuring life and achieving balance

### **Conclusion**

In this study, “striving for a better life” was conceptualized as the basic psychological process of first-time adolescent mothers returning to school. It reflected that adolescent mothers aimed to achieve educational and career goals to get life-long success. The journey started when school-aged adolescents became pregnant until they returned to school after giving birth, and they could balance their life by using strategies to adapt themselves to multiple roles. The conceptual process of this study was divided into three stages: transitioning, striving, and balancing stages.

The transitioning stage began when school-aged adolescents became pregnant, and they managed with the situation of unintended pregnancy and their schooling until they decided to carry on the pregnancy and to continue school again. This was the thought process of the decision to carry pregnancy and to return to school. A category in this stage was identified as weighing decisions. Weighing decisions consisted of two sub categories: contemplating pregnancy and contemplating schooling.

All pregnancies were unintentional and most of them were unmarried. All participants felt unready and fear when they acknowledged their pregnancy. Most of them were studying in formal school at the time of becoming pregnant. They viewed their pregnancy as a barrier to study in school and were disapproval from society. As a result, most of them considered to have an abortion at earliest stage if they wanted to remain in school. A few of them had tried some abortion medications, but it was unsuccessful. All

of them carried on the pregnancy after they got support from their parents, parents-in-law, and the father of the child.

Some participants considered discontinuing school temporarily during pregnancy and returned to school after giving birth, while some could continue the school throughout giving birth by concealing the pregnancy with dressing and lying to the others. The turning points to return to school were to fulfill their wish and/ or to fulfill their parents' wishes. They aimed to achieve educational and career goal to get long term success. Moreover, all participants got support from their significant persons to return to school. The majority of them switched school from formal school to non-formal school. They revealed that non-formal school was suited to pregnant adolescents and student mothers because it met their needs and time.

The striving stage began when the participants re-entered school within 1.5 years to 3 years after giving birth. The participants performed multiple roles simultaneously which included mother, student, housewife, and employee, etc. All of them created the strategies used to adjust themselves in dealing with multiple roles, as well as changed their thought from the previous one. The strategies used were learning, managing time, making a plan, physical adapting, negotiating, asking assistants, and changing attitude including adapting the mind. An axial category was identified as restructuring life. Two subcategories emerged as managing multiple roles and changing attitude.

The balancing stage happened when adolescent mothers returning to school could balance all the roles during childrearing and studying. This stage occurred concurrently with the striving stage. A category in this stage was identified as achieving balance. The

strategies used to adapt themselves to multiple roles in order to balance their life could be organized into four subcategories: adjusting to new identities, adapting lifestyles, coping with the new roles, and asking for support. In addition, all participants got support from their family and friends, which included financial support, mental support, informational support, role-model support, child care, and accommodation. They expressed that they could gradually adapt themselves to the situation of being a mother and a student while engaged in childrearing because of those strategies and support.

## **Discussion**

The findings of this study are compared to previous theories and studies. Striving for a better life was discovered as the basic psychosocial process of adolescent mothers returning to school while they engaged in childrearing. The participants remained in or returned to school after giving birth because they had educational and career ambitions to get life-long success. They restructured their life by performing multiple roles simultaneously, and they used the strategies to deal with a variety of tasks in order to balance their life. The child was their motivation to deal with many roles simultaneously. The participants expressed sense of accomplishment that was indicator of achieving balance. This was congruent with a previous study about the experience of adolescent mothers who were in school, completing their high school education, U.S.A. (Baker-Spann, 2001). The study found that the core category entitled “restructuring life within the context of adolescent motherhood.” The primary focus of adolescent mothers was

their motherhood, and their children were their motivation to keep going even when they feel like giving up. Finally, the young mother expressed the positive feeling of personal accomplishment after they attended this situational event.

The life journey started when school-aged adolescents found out that they were pregnant until they returned to school during childrearing. Three stages of the role adaptation process were transitioning, striving, and balancing stages. The components of the conceptual process are discussed below.

### **Transitioning stage**

All school-aged adolescents got an unintended pregnancy, and most of them were still studying at the time of becoming pregnant. Once the participants found out they became pregnant, they felt fearful and unready. The lack of readiness included physical maturity, age maturity, emotional maturity, job stability, and economic status. They perceived that becoming pregnant during adolescents and unmarried is considered as disapproved in Thai culture. This was consistent with the transition theory (Chick & Meleis, 1986). Transition was defined as a passageway or movement from one circumstance, condition to another, and vulnerability is associated with transition experiences, interactions, and environmental conditions that expose a person to potential problem. The components of transition are process, time period, and perception. In this study, the transition theory corresponds in the process of adolescent pregnant students who are entering into a mother, and a time period since school-aged adolescents

becoming pregnant until they became a mother. Furthermore, the perception is their self-concept that they experienced in this situation.

The majority of the participants (15 out of 17) considered having an abortion at the initial stage, which was congruent with the study of unintended adolescent pregnancy in Northern Thailand. Their response to the pregnancy was the thought of having an abortion including attempting an abortion (Neamsakul, 2008). However, all participants carried on the pregnancy after they got acceptance and supports from their family. The other reasons to keep the baby were Buddhism belief that abortion is a sin (Komin, 1991; Teen Pregnancy in Thailand, n.d.), and having an abortion is unlawful in Thailand (Gutmacher Institute, 2009). One strategy to save family-face for their family, the majority of the participants were arranged to have a traditional wedding ceremony that it was the same strategy in the previous Thai studies (Neamsakul, 2008; Suwansuntorn & Laeheem, 2012). In contrast, the study of Muangpin et al. (2010) found that Northeastern Thai adolescents' becoming pregnant outside marriage were less likely to get married and to have a wedding ceremony.

Most school-aged adolescents were still studying at upper secondary education in formal schools at the time of becoming pregnant. The participants viewed the pregnancy as barrier to study in school. They felt embarrassed to remain in formal school since during pregnancy until giving birth. Also, they felt guilty to their family because their misconduct would be condemned by the public. Consequently, to avoid shame from the society, more than half (10 out of 17) of the participants decided to leave school during pregnancy. This finding is consistent with a previous study which shows that unmarried



pregnant adolescents were being devalued and ending adolescent life which included dropping out of school (Muangpin et al., 2010). Similarly to the previous studies found that pregnant adolescents and adolescent mothers are less likely to complete their education and end up dropping out of school (Bowlby & McMullen, 2002; Cartes & Araya, 2012; Luong, 2008; Strunk, 2008) and have limited educational opportunities (Thai Health, 2010).

Even though the Ministry of Education has implemented the policy to allow pregnant students to continue school and to return to classes after giving birth in the formal school, the participants perceived the public and formal school would not accept and allow them to continue studying. Likewise, the studies in Thailand (Neamsakul, 2008) and Namibia (Shaningwa, 2007) found that the young mothers did not perceive this policy, and it was not effectively implemented in the formal schools. The schools often have a lower expectation level for teenage parents, and they do not truly support the policies in the USA (Neeley, Baldwin, & Beckwith, 2011). The participants thought that they were excluded from school and society. Likewise, school-aged mothers were usually forced to leave school after becoming pregnant due to the dilemmas arising from physical changes they undergo and the negative attitudes of school staff (Thai Health, 2010; WHO, 2007). The previous study of Dawson (as cited in Holgate, Evans, & Yuen, 2006) found that adolescent mothers felt reluctant to go back to some schools which were reluctant to reintegrate school-aged mothers because of the attitudes of school staff. In addition, the participants perceived that Thai culture traditionally expected the mother to be the primary caregiver of the child at home (Komin, 1991). The chance to return to

school is difficult for adolescent mothers who drop out after becoming pregnant (Thai Health, 2010). This impact is long-term on young mothers, families, and society and that creates a hopeless situation for this group. This is relevant to feminism which explained the conceptions of female oppression in traditional thought (Beasley, 1999). Okin (1989) stated that gender structure makes women vulnerable, and also justice has neglected women and created inequalities between the sexes.

However, this study shows that Thai women are now no longer subordinate to men in terms of educational levels and working status that the adolescent mothers returning to school, although social norms still expect that the mother should be the primary child caregiver and do the housework (Pungbangkadee et al., 2008).

The participants also expressed that they wanted time to nurture the child after giving birth. Therefore, the majority of the participants (11 out of 17) decided to return or to continue education in non-formal school and that was congruent to the study of Neamsakul (2008) because studying in non-formal school fit to their needs and time. They stated that non-formal school was flexible educational system and suitable for student mothers who raised the child simultaneously. The participants felt like that they found acceptance and opportunity in non-formal school. Likewise, the young mothers who attended the Young Parent Program reported that the reasons to return to school were its flexibility, sense of achievement, and continuing education (Heim, 2009). On the other hand, some participants (6 out of 17) continued the school in formal education either during pregnancy or after childbirth. They went to school as usual and concealed

their pregnancy by dressing in a larger student uniform and lying to the others, and these strategies were consistent to the study of Neamsakul (2008).

There were many reasons contributed greatly to a turning point for remaining in or return to school after giving birth. The participants aimed to fulfill their educational and career goals to improve their life-long success. They valued getting higher education as a way to provide a better life of themselves and their child in the future. These purposes were consistent with the studies of adolescent mothers remaining in education in Thai context, Asian, and the western contexts (DeVito, 2007; Luong, 2008; Pungbangkadee et al., 2008; Seamark & Lings, 2004; SmithBattle, 2006, 2007; Spear, 2002). The participants also reported that they wished to graduate to get a stable job although some of them did not focus on this previously. Similarly, the new teenage parents experienced a change in attitude and focus on returning school even though when pre-pregnancy attitudes were not positive toward graduation (Neeley, Baldwin, & Beckwith, 2011). Moreover, the responsibility of raising the child inspired the participants to return to school and follow a career. Likewise, the responsibility of motherhood inspired adolescent mothers to remain in education to improve their life opportunities and long-term success (Baker-Spann, 2001; SmithBattle, 2006, 2007; Spear, 2002).

### **Striving stage**

All participants returned to education either in non-formal schools or in formal schools after giving birth. They restructured their life by performing multiple roles

simultaneously and created strategies used to adapt themselves in dealing with multiple roles. The participants changed their attitudes and used their strategies to manage multiple roles. They reported both positive and negative feelings when they performed many roles simultaneously. Sometimes, they felt like giving up doing a variety of tasks, but sometimes they felt good about themselves when they could deal with this situation. This was congruent with role accumulation theory (Sieber, 1974) that the result of multiple roles is not always negative but also positive, such as status enhancement and role performance as well as ego gratification.

The roles included mother, student, housewife, and employee role, etc. This was congruent with a previous study showing that the motherhood of first-time mothers is an opportunity to reorganize their identity, not only maternal identity, but also their prior development and future development (Abram, 2008).

Regarding the maternal role, the participants expressed that they had transformed from adolescence to motherhood since they had a baby. They defined the mother as the woman who sacrificed, gave love and took responsibility to nurture her child. Similar to the previous study of African–Canadian women which described that becoming a mother gave sense of responsibility and childbirth, which was a positive life event (Etowa, 2012) although the participants felt the care-taking tasks were difficult at earliest stage they had support from their family, and then they could gradually adapt themselves to do the maternal tasks. They gained sense of their maternal responsibility as a result of their maternal role, and the child was their inspiration to be a good mother. This study is consistent with the meta-synthesis of the studies on adolescent mothers showing that

motherhood brought hardship, changed adolescence to motherhood, influenced to do better things for the child, was positive life-event, and was supported by significant sources (Clemmens, 2003). In the same way, Nelson (2003) synthesized the qualitative studies of the transition to motherhood of both first-time mothers and multiparous women in North America or Australia. The results found five thematic categories: 1) the responsibility to the child, 2) learning and using role model, 3) adapting to a changed relationship with partner, family and friends, 4) decision making regarding return to work, and 5) facing oneself including the past and feeling like a mother.

The participants learned their new role of motherhood from their mother or mother-in-law and this was similar to the findings of the study on parenting adolescents of Logsdon et al. (2002). Similarly, a research synthesis and studies of women's views on becoming a mother found that first-time mothers need information and guidance for their new role as a parent (Brunton, Wiggins, & Oakley, 2011; DeVito, 2010). Some participants reported that they had limited knowledge on child development, yet they learned about it by searching information from various sources. Similar to previous studies found that younger mothers are less knowledgeable of parenting and the growth & development of the baby, and they are less confident in their parenting capabilities when compared to older mothers (Bornstein & Putnick, 2007; Ruchala & James, 1997).

Regarding maternal-child attachment, the participants disclosed the feeling of connectedness with the child and the sense of the need to take care of the child. They expressed the feeling of love and attachment with their child in a positive way. In addition, all of them had their mother or mother-in-law, who instructed and assisted them

to raise the child. A review of attachment theory in the context of adolescent mothers found that infants of young mothers can receive a secure attachment if mothers get guidance and special support to nurture their child (Flaherty & Sadler, 2011). It was congruent with the study of maternal-infant attachment of first-time Thai adolescent mothers having social support during the taking-in phase that was at a high level (Thitimapong et al., 2010).

Regarding the student role, the participants reported that they were more attentive to education than before having the child. Some described life as not being different from life prior to becoming pregnant. They just had much more tasks in this stage. Importantly, all of them had social support from their family to help them deal with the other tasks during schooling, such as child care and housework. This may differ when compared to the study of Taiwanese adult women who had children younger than age 18 and returned to school in nursing programs, the study found that the participants may not be able to adapt effectively to their new roles nor balance the demands of their maternal and student roles even while they received moderate social support (Lin, 2005). Some participants revealed that spending time with their friends decreased, such as hanging out, because they had to nurture their child. However, they did not report that they felt alone and isolated because they could participate in almost all activities with their friends at the school. Differently, the study on the feeling about becoming a parent during the 4 to 6 week postpartum period had reports of feeling alone and abandoned by their usual peer group (DeVito, 2010).

Regarding the employee role, due to the socioeconomic change in Thailand, some participants also took on another role as an employee outside the home. They wanted to provide money for their new family (participant, husband and their child) even though, in some cases, they got financial support from their parents and/ or their husband these days. This was consistent with a previous study that the new Thai mothers have to work outside home and take care of their child at the same time (Phahuwatanakorn, 2003), and more mothers were returning to the work force despite having young children to care for in current days (Xuereb, 2008). Likewise, the research synthesis among first-time mothers found that, over the past thirty years, becoming a mother pushed them into a wider community such as paid employment (Brunton, Wiggins, & Oakley, 2011). Moreover, all participants intended to take on paid employment after completing their education. One participant who was employed as a seller expressed that working was better than having nothing to do. That was congruent with the fact that women were now more likely to get work after finishing education as they found it satisfying and pleasuring (Lupton, 2000).

As shown in this study, some participants started working during childrearing, particularly the mothers who returned to school in non-formal education. They reported that working did not disturb their life because they just studied only one to two days a week. They ended up breast feeding or changed to formula milk during working hours because it was more convenient. This finding was consistent with a previous study on mothers who returned to work in the year after giving birth found that ending of breastfeeding are closely linked with the timing of quitting breastfeeding (Kimbrow, 2006). Moreover, they expressed they did not get much worry during working hour because they

had support from their family. Likewise, Phahuwatanakorn (2003) found that Thai primiparous adult mothers who worked as an employee had a low level of postpartum anxiety because they had the strong social support of their family. The significant persons (husband, parents, parents-in-law, siblings and close friends) were the main source support of Maltese women returning to work outside the home after giving birth (Spiteri & Xuereb, 2012).

Regarding the housewife role, the participants did housework as well as took care of their husband. This was consistent to a previous study that Thai women becoming mothers have to nurture their child, and do household tasks including taking care of family members (Komin, 1991). Household tasks were expected from wives, and they had learned them within the context of the marital relationship, from their parents and people surrounding them (Lawantrakul et al., 2008).

### **Balancing stage**

This stage occurred when the adolescent mothers could balance all their roles by integrating the strategies used. Even though some participants reported some role conflicts, they could gradually adapt themselves to deal with multiple roles and stated that they finally felt good about this situation. Moreover, all participants had family members supporting them all along. This finding was congruent with a theory of work-family balance (Clark, 2000) that was defined as satisfaction and good operation at work and at home, with the least amount of role conflict. There were 4 types of strategies used



in dealing with multiple roles: adjusting to new identities, adapting lifestyles, coping with the new roles, and asking for support.

1. Adjusting to new identities

All first-time adolescent mothers adjusted themselves to the new role after giving birth. The participants learned the maternal care-giving tasks from their mother or mother-in-law, and interacted with their child until obtaining maternal role attainment which led the new mothers to achieve a maternal identity. These findings were congruent with the previous theory of maternal role attainment (Mercer, 2004; Rubin, 1967, 1977) that the maternal role is a process that leads the woman to achieve a maternal role identity. In addition, the participants reported that the motherhood brought more discipline and more responsibility to the dual roles of mother and student. Similarly with previous studies found that motherhood helped mothers to become more responsive and more mature (Clemmens, 2003; Etowa, 2012).

2. Adapting lifestyle

After giving birth the new mothers performed multiple roles simultaneously during childrearing and schooling. All of them had to adapt their daily life to fit to the new roles in order to get their life balance. These findings were supported by a previous synthesis of the studies that motherhood changed adolescent women's daily life (Nelson, 2003). The participants changed their daily life by valuing child care. This finding was consistent with the consequences of being a mother and a student changed their activities according to their values of motherhood of which their child was the first priority (Baker-Spann, 2001). For example, their social activities with friends outside the home decreased, and

they changed to a new sleeping time which depended on the child. It was congruent with the paradigm that motherhood had to serve the child's needs despite the mother's own needs (Pungbangkadee et al., 2008), and adolescent mothers surrender their unacceptable lifestyles because of motherhood (Clemmens, 2003).

### 3. Coping with the new roles

All adolescent mothers faced the challenge of combining being a mother and a student, and some were also employed outside the home. The participants created strategies to adapt themselves coping with multiple roles including managing time, making a plan of work, negotiating, physical adapting, and adapting the mind. Motherhood was their priority when they dealt many roles simultaneously. This is consistent with the previous studies which indicated that motherhood caused an adolescent mother to focus on the child's needs (Pungbangkadee et al., 2008). In addition, some participants expressed that the child was their motivation to perform many roles simultaneously because they wanted to achieve life-long success for themselves and their children. Similarly with a study of Clemmens (2003) found that the child was the adolescent mothers' motivation to return to school and adapt to multiple roles to attain educational goals and professional goals (Baker-Spann, 2001; Nelson, 2003).

### 4. Asking for support

Adolescent mothers asked for assistance from family when they could not balance their roles, especially with child care. All participants disclosed that they got social supports especially their family to help them adapt to multiple roles. This was consistent with the previous studies found that social support influenced the process of transition to

parenthood of adolescent mothers (Davill et al., 2010; Ngai, Chan, & Holroyd, 2011). It can promote successful adaptation in adolescent mothers and their children (Letourneau et al., 2004; Thitimapong et al., 2010) while low social support tended to increase maternal-student role stress (Gigliotti, 2004). Adolescent mothers had social support especially the adolescent's mother who was the major support source (Davill et al., 2010; Domian, 2001; Letourneau et al., 2004), the father of the child (Burke & Liston, 1994; Letourneau et al., 2004), and friends, etc subsequently.

All participants still relied on their parents or parents-in-law, and their basic needs were supported. They expressed that their mother was the major supporter for the adolescent mothers who returned to school because the mother was their maternal role model and helped them take care of the child when they were at school or at work. Similarly, the strong bonds in Thai families can help first-time adolescent mothers in the adaptation to maternal roles (Krongrawa, 2006; Pungbangkadee et al., 2008). It was consistent with the other studies of adaptation to motherhood and social support among young mothers in Asian countries and Western countries (Domian, 2001; Lin, 2003; Logsdon et al., 2002; Raj et al., 2010). The findings showed that social support for teenage mothers came from their mothers and the father of the child. Mothers provided basic support, for example being a role-model, giving care, and emotional support.

The participants indicated their minor supporter was the father of the child particularly in mental support and financial support. All participants also disclosed about their relationship with their husband that it was good even though they argued with him sometimes. Previous studies supported that the minor supporter of adolescent mothers

(Letourneau et al., 2004) and pregnant adolescents (Oxley & Weekes, 1997) was the father of the child particularly, in mental support. The father of the child was expected to provide material support of first-time mothers (Razurel et al., 2011), and care for the mother and the child (Murray & McKinney, 2010). Krongrawa (2006) found that a positive spousal relationship increased maternal role attainment in first-time Thai adolescent mothers. If they lacked for partner support, they would be less likely to successfully adapt to motherhood (Hanna, 2001; Letourneau et al., 2004).

Concerning other support, some participants also stated that their friends played an important supporter during childrearing and schooling. Friends gave them the encouragement and assistance in the situation of being a mother and a student simultaneously. Similarly, a previous study found that peers were the main support of adult student-mothers at a teachers' college in Zimbabwe (Berg & Mamhute, 2013). Likewise, the previous studies about the parenting adolescents found that the relationship with friends affected the adaptation of young mothers to motherhood (Hanna, 2001; Letourneau et al., 2004), and if they got limited peer support, they would have lower educational aspirations (Valaitis & Sward, 2005).

In brief, the balancing stage occurred when adolescent mothers could balance their life by integrating all strategies used during childrearing and studying. The strategies used were adjusting to new identities, adapting lifestyles, coping with the new roles, and asking for supports. They are consistent with four adaptive modes of the Roy Adaptation Model (Roy & Andrews, 1991) that were the self-concept adaptive mode,

physiological adaptive mode, role-function adaptive mode, and interdependence adaptive mode, respectively.

In addition, the striving stage occurred concurrently with the balancing stage that reflected the dynamic cycling process. When the participants returned to school after giving birth, they performed multiple roles simultaneously, and used their strategies as internalized adaptation of themselves to balance their life which is depicted in Figure 2. This finding was consistent with Neuman's Systems Model (Neuman & Fawcett, 2002). The components of this model are consisted of person, environment, health, and nursing that used the term wholism. Wholism refers to the relationship and process that arise from the wholeness, dynamic, and creativity when adjusting to stressors in the internal and external surroundings. In this study, the role adaptation process of adolescent mothers returning to school is connected with mothers, environment and health. Nurses can help these mothers in guiding them to cope with this situation.

All in all, striving for a better life was conceptualized as the basic psychological process of the role adaptation process of first-time Thai adolescent mothers who returned to school. Their aim in continuing education was to achieve educational and career goals to get life-long success for themselves and their child. It reflected that the adolescent mothers had it in mind to either remain in or to return to school since they became pregnant. Then, they had to perform multiple roles simultaneously after giving birth, as well as created strategies to adapt themselves with their new roles in order to attain a balanced life. The conditions influencing and motivating the adolescent mothers to return

to school were socioeconomic status, support from their significant family members, the Thai social context, and their child.

## **CHAPTER 5**

### **CONCLUSION AND RECOMMENDATIONS**

This chapter presents the conclusion of the findings on role adaptation process of adolescent mothers returning school during childrearing. The recommendations included nursing practice, the policy, and further research. The limitations of the study are addressed.

#### **Conclusion**

Becoming a mother and a student during childrearing is not an easy situation for the first-time adolescent mothers because they were still young and lacked mothering skills. However, they gradually adapted themselves to deal with their dual roles of being a mother and being a student. In addition, becoming a mother during adolescence did not mean that their future life has ended. Motherhood and raising the child made these women realize their future and their child's in order to broaden their education and their career. A qualitative grounded theory method was used to explore the process of maternal role and student role adaptation of the first-time Thai adolescent mothers. A total of 17 adolescent mothers were involved in the study. At the time of participation, 11 participants were studying in non-formal schools, and six were studying in formal schools.

The substantive theory of “striving for a better life” emerged in this study. The proposed theory explains the basic psychological process of first-time adolescent mothers who return to school, within 1.5 to 3 years after giving birth. All participants remained in school because they wished to attain life-long success for themselves and their child. The Thai social context, the current socioeconomic status, and support from the family were conditions influencing their decision making and actions. Moreover, their child was the most significant motivation when dealing with their multiple roles. The life journey started when they acknowledged their pregnancy until when they returned to school during childrearing. The role adaptation process of adolescent mothers returning to school while engaged in childrearing consisted of three stages: transitioning, striving, and balancing stages.

#### **The transitioning stage**

This stage began when school-aged adolescents became pregnant until they decided to continue the pregnancy, and to return to school. This stage involved the thought process of dealing with both an unintended pregnancy and schooling. A category in this stage was identified as weighing decisions. Weighing decisions consisted of two sub categories: contemplating pregnancy and contemplating schooling. As school-aged adolescent pregnancy outside of marriage and during schooling is disapproved of Thai society, the participants viewed their pregnancy as a barrier to study in formal school. All participants weighed the decision of terminating or continuing pregnancy, and weighed the decision of discontinuing school or continuing school. During the initial stage, most



participants considered having an abortion if they wanted to continue the school. Some of them dropped out of school during pregnancy and then returned to school after giving birth while some could continue school by concealing the pregnancy. However, all participants got support from their family to carry on the pregnancy to term and to remain in or returned to school. The majority of participants changed to non-formal schools, but some still studied in formal schools. They described the advantages of studying in non-formal schools as flexible and suitable for serving their needs and their time. The turning point to remain in education was to fulfill their wishes or their parents' wishes to achieve their educational and career goals in order to get life-long success.

### **The striving stage**

This stage began when adolescent mothers returned to school within 1.5 years to 3 years after giving birth. All participants returned to school and performed multiple roles simultaneously in order to strive for a better life in the future. Their roles were performed as mother, student, employee, housewife, and the other roles. Hence, they created strategies used to adjust themselves in dealing with these roles simultaneously, and also they changed the way of thinking and feeling during childrearing and schooling. The strategies used were learning, managing time, making a plan of work, physical adaptation, adapting the mind, negotiating, and asking assistants. An axial category emerged as restructuring life. Two subcategories were identified: managing multiple roles and changing attitude.

### **The balancing stage**

This stage occurred when adolescent mothers could balance all the roles by successful implementation of the strategies, and they expressed happiness. An axial category in this stage was achieving balance. The strategies used could be organized into four sub-categories; adjusting to new identities, adapting lifestyles, coping with the new roles, and asking for supports which will be described as follows:

#### ***1. Adjusting to new identities***

Adolescent mothers adjusted themselves to a maternal identity after giving birth. They stated that they transformed from adolescence to motherhood. They expressed the feelings of love and attachment to their child. Moreover, they reported that they were mature since they had a baby, and took responsibility for their child. Their mother or mother-in-law was their maternal role model. They helped and instructed the participants regarding motherhood. The participants could gradually adjust themselves to their maternal identity after reaching competency in the care-taking tasks and expression of gratification of their maternity. The strategies used to adjust to be a new mother were learning and adapting the mind.

Regarding student during childrearing, most participants stated that they gained more discipline and acted more responsibility. They adjusted their mindset to be patient during childrearing. They wanted to project themselves as a good role-model for the child, and wanted to achieve their educational goal to get the good job in the future. The strategies used were adapting their mind and asking their assistants to assist them taking care of the child during study time.

## ***2. Adapting lifestyles***

The adolescent mothers adapted their lifestyles to fit their new roles. The participants stated that they changed their activities according to their values on childcare. For example, most of them reported that they had lifestyle changes, involving different sleeping patterns, and less time spent with friends. Motherhood was now their first priority. They could reorganize activities by negotiating with friends and managing their new time to fit all the roles.

## ***3. Coping with the new roles***

The adolescent mothers used the strategies of managing time, making a work-plan, negotiating, physical adapting, and adapting the mind to handle multiple roles simultaneously. The participants stated that they could do a variety of tasks because they could manage their time well. Some used a daily planner and applied self discipline. For negotiating, some participants negotiated with friends regarding their study in group assignments; they asked friends to divide up the work, and completed their part at home. When they felt fatigued, they would take a rest period. The last strategy was adapting the mind. Some participants expressed that they had to be patient and strong when they performed multiple roles simultaneously. Moreover, they had to accept whatever the situation was, and some thought in positive way. Their motivation was their child and their goals for future success.

## ***4. Asking for support***

All adolescent mothers asked for assistance and support from the significant persons to help them deal with a variety of tasks, especially child care. The

parents or parents-in-law, especially their mothers, were the major support of financial, emotional, and informational support. The minor supporter was the husband, in particular emotional support. Also, most husbands helped take care of the child and did some housework when they were free from work or study. Another significant supporter regarding study and emotional support was close friends. Lastly, the participants reported on the policy that should support pregnant adolescents and adolescent mothers to remain in formal school.

The conditions that influenced the role adaptation process of adolescent mothers returning to school during childrearing were both hindering factors and facilitating factors. Hindering factors were unready pregnancy and negative attitudes. Facilitating factors were the Thai social context (including Thai belief, expected roles in Thai women, and current socioeconomic status), support from significant persons, and child bonding.

## **Recommendations**

The substantive theory developed in this study has resulted in the following suggestions and recommendations for nursing practice, policy, and further research.

### **Nursing practice**

The findings and the emergent concept explaining the role adaptation process of first-time adolescent mothers returning school can be used by health care providers,

especially nurses who are working at both community health centers and hospital settings particularly those who provide care for adolescent mothers to facilitate and support this group. Health care providers, especially nurses in prenatal education, postpartum education, and postpartum follow-up care or a home visit are in a position to advise these mothers. For the prenatal period, nurses assess individual problems and needs. Then, nurses respond to their needs and educate them about pregnancy, preparing for childbirth, mental support, preparing for motherhood, informational support, and encouragement including guiding them to remain in or return to school. Furthermore, nurses facilitate group meetings for school-aged pregnancies to exchange their experiences periodically until after birth. For the postpartum period, nurses provide care and teach them about bringing up their child, and advise them in adaptation to new roles. Furthermore, nurses suggest support resources for these mothers in facilitating them to return to education. For postpartum follow-up care, nurses assess their difficulties and their needs in adaptation to motherhood and student role including the other roles simultaneously, and provide additional information and social support to fulfill the individual needs to assist in dealing with their roles. Specially, nurses provide guidance regarding the strategies used to help these mothers adapt themselves to multiple roles in order to attain life-balance.

Specially, at each perinatal period, nurses should identify hindering factors and use this information to plan for care for each individual mother. Likewise, nurses should assess facilitating factors and help them to gain support or even become their supporter.

### **The policy**

First-time adolescent mothers who return to school during childrearing need extra guidance, education, and support, as well as acceptance from family, society and persons surrounding them. Thus, the educational policy in Thailand should be explicit and well implemented in all educational system to enable pregnant adolescents and adolescent mothers to continue their education. Especially, the policy reduces their barriers to continue the school in formal education and increases the career opportunities in the future. Regarding school nurses, they provide sex education on safe sex, and contraception to prevent unplanned pregnancy. School staffs should change their attitude to pregnant adolescents and adolescent mothers in order to assist them in continuing schools. In addition, the government provides social support to fulfill their needs, such as special clinics for adolescent mothers, child care centers, funding resources, and future employment. It will be an important issue to promote the adolescent mothers to remain in or to return to school for their long term success.

### **Further research**

This study contributes to empirical knowledge with regard to multiple role adaptation process of the first-time Thai adolescent mothers who return to school during childrearing in Songkhla Province, southern Thailand. Further studies are suggested in order to cross-validate the study findings by recruiting participants from other regions. The developed theory should be tested and it can be used as an interpretative model to develop a conceptual framework for an intervention study on adolescent mothers in

dealing with multiple roles. Moreover, the conceptual model of the role adaptation process suggests that there are rooms for quantitatively testing this model, developing instruments to measure strategies used to adapt to dual roles of mothering and student and the outcomes of this adaptation.

### **Limitations of the Study**

Some limitations of this study were found during data collection. Participant recruitment was limited by the homogeneity of participants whose baby entered the well-baby clinic from regional hospitals in Songkhla Province. The majority of the participants were from a low-income bracket and all lived in Songkhla Province. Moreover, the recruitment could not specify certain characteristics such as age, the level of education and marital status. In particular, the mothers who were studying in formal schools were more likely to refuse to participate in this study as opposed to those studying at non-formal school. Non-probability, convenience sampling and snow-ball sampling resulted in an uneven number of the participants with regard to studying at formal schools ( $n = 6$ ) and non-formal schools ( $n = 11$ ). Therefore, the findings may not be applicable and transferable beyond this group.

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**APPENDIXES**



- The time period since returning to study until the participation.....
10. Work status            1. No            2. Yes, (please specify).....
11. Parents income        1. No            2. Yes, (please specify)..... baht/mo.

#### Part II Obstetric history and children data

12. Age at becoming pregnant.....years
13. Educational level at becoming pregnant.....
14. Gravidity/ parity/ abortion.....
15. In case of abortion, GA.....months
- Cause of abortion    1. Spontaneous abortion
2. Therapeutic abortion
3. Criminal abortion, (please specify).....
- Curettage            1. No            2. Yes, (please specify the place).....
17. Gender of child      1. Male        2. Female      Age.....years/ mo.

#### Part III Demographic data of the father of the child

18. Age .....years
19. Occupation
1. Employee      2. Student
3. Others (please specify).....
20. Income                1. No            2. Yes, (please specify).....baht/mo.

## **Appendix B**

### **Interview guide**

This interview guide is designed to interview the participants after informed consent to investigate the role adaptation process of adolescent mothers returning to school, which are as follows.

1. How do you feel when you became pregnant? When did you know? And how did you deal with the situation of unintended pregnancy?
  - What did you plan about your study and taking care of your baby?
  - During your pregnancy, did anyone support you? And how did he/she do?
2. Why did you decide to return to school?
  - What are your reasons to continue education?
  - What is your inspiration?
3. Tell me about your feeling of being a mother, please.
  - You said you feel..... Could you tell me what does it mean and why do you feel like that?
  - When do you feel like a mother and what made you feel like that?
  - How do you deal with the situation of being a mother?
  - How do you nurture your child? If you have anyone assist you, how does he/she assist you?
  - What are your daily tasks during child rearing?
4. Could you please tell me what is it like for you to be a student and a mother at the same time?

- How do you feel like that and how do you deal with this situation?
- How do you nurture/ take care of your child during schooling? If you have anyone assist you, how does he/she assist you?
- Who is your support in daily expenditure? Is it enough? And how do you deal?

5. How do you deal and cope with the situation of being a mother and a student at the same time?

- What has made you endure/ adjust to this situation?
- What do you get from this situation?

6. How do you think what about the adolescent who is a mother and a student at the same time from Thai society's view?

- How do you feel about this view?
- What are sources of supports of these adolescent mothers to overcome the situation of being mothers and students at the same time?
- What do you expect the assistances from public policies and schools?
- What do you want from your partner to involve and take responsibility in this situation?

7. How do you do to get your life balance when you deal with multiple roles?

8. What is your reason to do as an employee?

- How do you deal with the variety of tasks simultaneously?

9. Is there anything else that you want to tell me about being a mother and a student at the same time?

**Appendix C**  
**Observation record form**

**Research Title:** Striving for A Better Life: The Role Adaptation Process of Adolescent Mothers Returning to School

**Instructions:** This observation record will be used to record emotion, action and interaction of participants including contexts and circumstances during interview.

Participant's code.....		
Place.....		
Date.....time.....		
Activity/ Action/ Interaction	Objective	Description/ Field note
1.		
2.		
3.		
4.		
5.		
6.		



## Appendix D1

### Informed consent form for the legal guardian and the participant

Research Title: The Role Adaptation Process of Adolescent Mothers Returning to  
School

Dear Parents of .....

My name is Benyapa Thitimapong. I am a student in the Doctor of Philosophy in the Nursing Program, Faculty of Nursing, Prince of Songkla University. I am conducting a research project entitled “the role adaptation process of adolescent mothers returning to school”. .....(Name of participant)..... is an eligible participant who have experiences of both maternal and student roles during childrearing. She is being invited to participate in this study. This study will be done in order to complete my dissertation. The findings will be used to approach adolescent mothers in order to assess their needs, educate them, and offer individualized care with better understanding.

The participant’s involvement in the study will be strictly a confidential interview. The interview will take approximately 30-60 minutes. This may be conducted about two-three times. If the participant feels discomfort, evidenced by her verbal expression or non-verbal gestures (crying, etc.), the researcher will stop the interview and comfort the participant until she feels better and allows the researcher to continue. All data will be analyzed by keeping anonymity and used in only academic reports. The participant can at any time discontinue her participation in this study. All the interview data from the tape recordings will be destroyed after the research project is complete.

For Participant

I understand that I am invited to share my experience on adaptation process of maternal and student roles. I understand that this study is being done to fulfill partial requirements for a doctoral degree in nursing program.

I understand all the data collection procedures and all identifying information will be kept separate from research materials. My privacy will be secured by the use of code numbers. I understand that all interviews will be tape recorded and that any identifying information on the tape recordings will be removed prior to the preparation of taped transcriptions. The tapes will be kept secure by the investigator and will be destroyed after the research project is complete. I understand that participation in this study is entirely voluntary. I may refuse to participate and can withdraw my consent at anytime during the study.

.....

(Participant's name)

.....

(Parent or Legal Guardian's name)

.....

(Researcher's name)

Date.....

## **Appendix D2**

### **Informed consent form for the participant**

Research Title: The Role Adaptation Process of Adolescent Mothers Returning to School

Dear Participant

My name is Benyapa Thitimapong. I am a student in Doctor of Philosophy in Nursing Program, Faculty of Nursing, Prince of Songkla University. I am conducting a research project entitled “the role adaptation process of adolescent mothers returning to school”. You are an eligible participant who have experiences of both maternal and student roles during childrearing. This study will be done in order to complete my dissertation. The findings will be used to approach the adolescent mothers in order to assess their needs, educate them, and offer individualized care with better understanding.

Your involvement in the study will be strict to a confidential interview. The interview will spend time approximately 30-60 minutes. This may be conducted for about two-three times. If you feel discomfort, evidenced by your verbal expression or non-verbal gestures (crying, etc.), the researcher will stop the interview and comfort you until you feel better and allow the researcher to continue.

All data will be analyzed by keeping anonymity and used in only academic reports. You can at any time to discontinue your participation in this study. All the interview data from the tape recording will be destroyed after the research project is complete.

For Participant

I understand that I am invited to share my experience on adaptation process of maternal and student roles. I understand that this study is being done to fulfill partial requirements for a doctoral degree in nursing program.

I understand all the data collection procedures and all identifying information will be kept separate from research materials. My privacy will be secured by the use of code numbers. I understand that all interviews will be tape recorded and that any identifying information on the tape recordings will be removed prior to the preparation of taped transcriptions. The tapes will be kept secure by the investigator and will be destroyed after the research project is complete. I understand that participation in this study is entirely voluntary. I may refuse to participate and can withdraw my consent at anytime during the study.

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(Participant's name)

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(Researcher's name)

Date.....

## VITAE

**Name** Miss Benyapa Thitimapong

**Student ID** 5310430008

### **Educational Attainment**

Degree	Name of Institution	Year of Graduation
Bachelor of Nursing Science	Prince of Songkla University	1992
Master of Public Administration	Prince of Songkla University	2005

### **Scholarship Awards during Enrolment**

1. Prince of Songkla University
2. Thailand Nursing and Midwifery Council

### **Work – Position and Address**

Lecturer, Faculty of Nursing, Prince of Songkla University, Songkhla,  
90112, Thailand

### **List of Publication and Proceeding**

Thitimapong, B., Keawpimon, P., Kritcharoen, S., & Sripotchanart, W. (2010).

Maternal-infant attachment and postpartum adaptation to motherhood of the first-time adolescent mothers. *Songklanagarind Medical Journal*, 28, 179-190.

Chunuan, S., Vanaleesin, S., Thitimapong, S., & Morkruengsai, S. (2007). The Thai culture and women's participation in their maternity care. *Songklanagarind Medical Journal*, 25, 231- 239.

Thitimapong, B., Petpichetchian, W., & Wiroonpanich, W. (2014, 4-6 June). Turning Point to Return Study of Adolescent Mothers Who Continue the Study during Childrearing. Oral presentation at The 1<sup>st</sup> Asian Congress in Nursing Education “Transformative Nursing Education for Global Health”, Bangkok, Thailand.