Parental Care for Unplanned Pregnant Adolescent Daughters: Multiple Case Studies

Nonglak Khamsawarde

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

Prince of Songkla University

2021

Thesis Title	Parental Care for Unplanned Pregnant Adolescent Daughters: Multiple Case Studies
Author	Mrs. Nonglak Khamsawarde
Major Program	Nursing (International Program)

Major Advisor

.....

(Assoc. Prof. Dr. Sopen Chunuan)

Co-advisor

.....

(Assoc. Prof. Dr. Wandee Suttharangsee)

Examining Committee:

.....Chairperson

(Assoc. Prof. Dr. Puangpaka Kongvattananon)

.....Committee

(Assoc. Prof. Dr. Sopen Chunuan)

.....Committee

(Assoc. Prof. Dr. Wandee Suttharangsee)

.....Committee

(Assoc. Prof. Dr. Kittikorn Nilmanat)

.....Committee

(Asst. Prof. Dr. Warangkana Chatchawet)

The Graduate School, Prince of Songkla University, has approved this thesis as partial fulfillment of the requirements for the Doctor of Philosophy Degree in Nursing (International Program)

.....

(Prof. Dr. Damrongsak Faroongsarng)

Dean of Graduate School

This is to certify that the work here submitted is the result of the candidate's own investigations. Due acknowledgement has been made of any assistance received.

.....Signature
(Assoc. Prof. Dr. Sopen Chunuan)
Major Advisor

.....Signature
(Mrs. Nonglak Khamsawarde)
Candidate

I hereby certify that this work has not been accepted in substance for any degree, and is not being currently submitted in candidature for any degree.

.....Signature
(Mrs. Nonglak Khamsawarde)
Candidate

ชื่อวิทยานิพนธ์	การดูแลของบิดามารดาต่อบุตรสาววัยรุ่นที่ตั้งครรภ์โดยไม่ได้ตั้งใจ: การศึกษาหลายกรณี
ผู้เขียน	นางนงลักษณ์ คำสวาสดิ์
สาขาวิชา	การพยาบาล (นานาชาติ)
ปีการศึกษา	2564

บทคัดย่อ

การตั้งครรภ์ในวัยรุ่นถือเป็นปัญหาวิกฤติทั่วโลก ในประเทศไทยผลกระทบที่เกิดกับบิดามารดาได้แก่ ความรู้สึกตกใจ ความเศร้าและความอับอาย นอกจากนี้ บิดามารดาของวัยรุ่นที่ตั้งครรภ์โดยไม่ได้ตั้งใจมีแนวโน้มที่จะเกิดความขัดแย้งในความสัมพันธ์ ความสับสนวุ่นวาย และไม่มีความสุขในระดับสูง ครอบครัวของหญิงวัยรุ่นที่ตั้งครรภ์โดยไม่ได้ตั้งใจต้องมีภาระรับผิดชอบดูแลเพิ่มขึ้นทั้งในระหว่างที่ตั้งครรภ์และหลังจากนั้น วัตถุประสงค์ของการศึกษาครั้งนี้เพื่ออธิบายการดูแลของบิดามารดาที่มีต่อบุตรสาววัยรุ่นที่ตั้งครรภ์โดยไม่ได้ตั้งใจ และปัจจัยต่าง ๆ ที่มีความสัมพันธ์กับการดูแลของบิดามารดาด้วยวิธีการศึกษาเชิงคุณภาพจากหลายกรณี ดำเนินการใน 6 อำเภอของจังหวัดหนึ่งของภาคตะวันออกเฉียงเหนือของประเทศไทย ผู้ให้ข้อมูลมาจาก 12 ครัวเรือน รวม 57 คน ประกอบด้วยบิดามารดา 24 คนซึ่งเป็นผู้ให้ข้อมูลหลัก อีก 33 คนเป็นผู้ให้ข้อมูลทั่วไป การเก็บรวบรวมข้อมูลใช้การสัมภาษณ์ตามแนวทางที่กำหนด การสังเกตอย่างมีส่วนร่วม การจดบันทึกงานภาคสนามและการบันทึกภาพ การวิเคราะห์ข้อมูลใช้วิธีวิเคราะห์เนื้อหา (content analysis)

ผลการศึกษาพบว่า การดูแลของบิดามารดาต่อบุตรสาวมี 3 ประเด็นหลัก ได้แก่ (1) การจัดการกับสถานการณ์การตั้งครรภ์โดยไม่ได้ตั้งใจของบุตรสาว (2) การดูแลบุตรสาวและลูกในครรภ์อย่างใกล้ชิด และ (3) การกำกับการศึกษาของบุตรสาวให้สำเร็จเพื่อการมีอนาคตที่ดี พบปัจจัยที่มีความสัมพันธ์กับการดูแลของบิดามารดา 9 ปัจจัย ได้แก่ (1) การยอมรับจากสมาชิกในครอบครัวและชุมชน (2) ประสบการณ์การมีบุตรของบิดามารดา (3) การมีส่วนร่วมของแฟนหนุ่มของบุตรสาว (4) ความเชื่อในพระพุทธศาสนา (5) ความเชื่อของปู่ย่าตายาย (6) การทำงานเพื่อการมีรายได้เพิ่มขึ้น (7) สวัสดิการของประเทศ (8) เทคโนโลยีที่ทันสมัย และ (9) การบริการด้านสุขภาพ ผลการวิจัยครั้งนี้จะเป็นประโยชน์ต่อการปฏิบัติการพยาบาลและการผดุงครรภ์ การศึกษาทางการพยาบาล การวิจัยในครั้งต่อไป การกำหนดนโยบายในพื้นที่ที่ทำการศึกษา และใช้เป็นข้อมูลประกอบการกำหนดยุทธศาสตร์ที่เหมาะสมในการส่งเสริมคุณภาพชีวิตของบิดามารดาที่มีบุตรสาววัยรุ่นที่ตั้งครรภ์โดยไม่ได้ตั้งใจและตัวบุตรสาวเอง

Thesis Title Parental Care for Unplanned Pregnant Adolescent Daughters: Multiple Case Studies

Author Mrs. Nonglak Khamsawarde

Major Program Nursing (International Program)

Academic Year 2021

ABSTRACT

Adolescent pregnancy is a critical and global problem. In Thailand, the impact on parents includes feeling of shock, sadness, and shame. In addition, parents of adolescents with unplanned pregnancies are more likely to have high levels of relationship conflict, turmoil, and unhappiness. The family of a pregnant adolescent often takes on the responsibility of providing extra care during and after the pregnancy. The objective of this study was to describe parental care for unplanned pregnant adolescent daughters and to explain factors related to parental care. Descriptive qualitative study using multiple case studies were conducted 6 districts of one northeastern province of Thailand. The informants included 12 families with 57 informants, comprising 24 parents who were key informants and 33 general informants. The data were collected through interviews guiline, participant guiline, field notes, and photographs. Content analyses for qualitative data were used to analyze.

The study found that parental care revealed three themes: (1) dealing with the situation of unplanned pregnancy, (2) giving close care to the daughter and her fetus, and (3) directing the pregnant daughter's academic study and achievement for a better future. Nine factors related to the parental cares were identified as: (1) acceptance

by their family members and the community, (2) parent's childbirth experience, (3) involvement of the daughter's boyfriend, (4) Buddhist beliefs, (5) grandparents beliefs, (6) doing work to more income, (7) country welfare, (8) modern communication technology, and (9) health care services. The findings are useful for nursing and midwifery practice, nursing education, further research, and policy in the study area to gain more knowledge to create appropriate strategies to promote quality of life of parents of unplanned adolescents and their daughters.

ACKNOWLEDGEMENTS

The benefit I have obtained from this research is a result of my experiences with and the knowledge bestowed by Prince of Songkla University, Hatyai Campus, Songkhla Province, Thailand, particularly the expertise gained from the Faculty of Nursing under the supervision of my major advisor Assoc. Prof. Dr. Sopen Chunuan, an expert in pregnant adolescent nursing and co-advisor, Assoc. Prof. Dr. Wandee Suttharangsee, an expert in ethnonursing methodology. In addition, I would like to thank the teacher of the Faculty of Nursing.

Another educational institution that has advanced my abilities is Srimahasarakham Nursing College, Praboromarajchanok Institute, Ministry of Public Health, Thailand. Srimahasarakham Nursing College allotted me time and financial support for my education. Praboromarajchanok Institute provided a grant for me to participate in a workshop at the University of Oregon, USA, under the supervision of Holly Lakey, PhD, Assistant Director of the Center for Asian and Pacific Studies. Moreover, I would like to express my sincere gratitude to Mr. Sakol Sornsena, a visiting lecturer at Srimahasarakham Nursing College.

Such knowledge attainment would not have been possible had it been without the kind collaboration of Roi-Et Provincial Public Health Medical Doctor who allowed me to collect the data in six districts from 57 people in 12 families from May 2019 to January 2021.

Nonglak Khamsawarde

CONTENTS

PAGE

LIST of TABLES

Table PAGE

CHAPTER 1

INTRODUCTION

This chapter presents the background and significance of the adolescent pregnancy issue, as well as the objectives of the current study, its research questions, and its conceptual framework. This chapter also discusses the scope and benefits of the study.

Background and Significance of the Problem

Currently, adolescent pregnancy is a critical problem and social concern as well as a global one. Adolescent pregnancies occur in high, middle- and low-income countries. The World Health Organization (2020) reported that an estimated 21 million adolescent girls aged 15-19 years become pregnant last year, and approximately 12 million of adolescent girls aged 15-19 years old give birth each year in developing regions. In Thailand, "adolescent" means a person over ten but not yet twenty years of age (The Act for Prevention and Solution of the Adolescent Pregnancy Problem, 2016). The majority of Thai pregnant adolescents have unplanned pregnancies (Chirawatkul, Rungreangkulkij & Rujirapraset, 2016). Adolescent birth rates were highest in the northeastern region of Thailand, comprising up to 19.2% of total births (UNICEF for Children in Thailand, 2018).

In the northeastern region, adolescent pregnancy also becomes the interested issue for public health area, Roi-Et Province in northeastern Thailand had the incidence of adolescent pregnancy at 21.6% of all pregnancies in 2014 (Wongsahi, 2014). In addition, Suan Phayom Health Promoting Hospital, Roi-Et Province (2020)

reported that there were 579 pregnant adolescents aged 13-19 years delivered at Roi-Et Hospital. In 2018 and 2021, The 7th District Health Center in Khon Kaen, reported the situation of recurrent pregnancies among women under 20 years old. The 7th District Health Center of Khon Kaen serves four Province: Maha Sarakham, Kalasin, Khon Kaen, and Roi-Et provinces. The situations of recurrent pregnancies in Roi-Et provinces were 17.45 and 17.15 respectively (Department of Health, 7th District Health Center, 2021). The situations of recurrent pregnancies in Roi-Et provinces were highest at the 7th District Health Center of Khon Kaen**.** These numbers indicate the seriousness of the adolescent pregnancy issue in region.

The various factors related to adolescent pregnancy included a lack of communication about sex between parents and their children, gender roles, media and messaging. Additionally, adolescent pregnancy seems to correlate with inconsistent policy implementation such as healthcare providers regarding adolescents' access to health services and sex education (UNICEF for Children in Thailand, 2018). Chaimano and Ongkasing (2018) reported that socio-cultural contexts, social media, different attitudes and beliefs about sex, parenting, economic status, and the social risk environment further contributed to teenage pregnancy. In addition, in low-income and middle-income countries, marriage at a young age, risk sexual behaviors, drug use, parents' history of adolescent pregnancy, pressure from friends, a lack of health services and sex education for adolescents were all related to adolescent pregnancy (Chung, Kim, & Lee, 2018).

Having an unplanned pregnancy impacts the health of pregnant adolescents, their parents and family as well as society as a whole. The impacts on the health of pregnant adolescents have both physical and psychological aspects. There are

numerous physical effects, such as the link between being pregnant during adolescence and an increased risk of complications from unsafe abortions (UNICEF for Children in Thailand, 2018) as every year 3.9 million girls aged 15 to 19 worldwide undergo unsafe abortions (WHO, 2020). Other physical aspects include anemia, pre-term labor, preeclampsia (Tumchuea & Pumprayool, 2018) and other delays in seeking care (Fleming, O' Driscoll, Becker, & Spitzer, 2015) , acquired immunodeficiency syndrome/ human immunodeficiency virus (AIDS/HIV) (Saejeng, Sukarat, Kovavisarach, Proprapat, & Kanjanawetang, 2015) , and having a high rate of early drop-outs from the educational system (Chatchawet & Surakhumhaeng, 2017) . Other problems such as eclampsia, puerperal endometritis and systemic infection are also associated with adolescent mothers (WHO, 2020) . The psychological impacts of suicidal ideation, worry, stress, sadness and depression, guilt, low self-esteem, embarrassment, and fear of childbirth (Boonyaporn & Saetan, 2017; Chung et al., 2018; Prabdin, Phumdoung & Thitimapong, 2017; Rongluen, Talengiit, & Siriborirak, 2012; Saejeng et al., 2015; UNICEF for Children in Thailand, 2018).

The impact on parents included feelings of shock, sadness, and shame (Chatchawet & Surakhumhaeng, 2017) . In addition, parents of adolescents with unplanned pregnancies are more likely to have high levels of relationship conflict, turmoil and unhappiness. Impacts are also felt by others involved in the care and supporters for adolescents. The family of a pregnant adolescent often takes on the responsibility of providing extra care during and after the pregnancy. Furthermore, in regard to the economics effects of an adolescent pregnancy, parents of adolescent mothers also experience financial impact. Often, the grandparents helped to care for the grandchild, including providing money for their grandchild (UNICEF for Children in

Thailand, 2018). Societal impacts such as gossip (Chatchawet & Surakhumhaeng, 2017) and social stigma from the people closest to them, such as neighbors, schoolmates, and people in the community, can be difficult for parents and pregnant adolescents. (UNICEF for Children in Thailand, 2018).

Thai society considers sexual issues to be privacy, therefore many families do not inform or educate their children about sex, feminine issues and pregnancy prevention (Ounjit, 2015). Traditional Thai society believes that Thai woman must be preserve their virginity as part of their value. In addition, Thai parents need their daughters to get married based on social norm and tradition (Sa-ngiamsak, 2016). Parents who have pregnant adolescent daughter have reported struggling with feeling of disappointment and regret (Thaopan & Sota, 2017), sadness, shock, embarrassment, anger, and stress, and have said that they did not want to stay home, they felt that they wanted to get away from the problem and from the complaints and gossip that went along with the pregnancy (Chatchawet & Surakhumhaeng, 2017). Research has also shown that parents, as well as the adolescents with unplanned pregnancies, are affected by social stigma (Thaopan et al., 2017). Social stigma can push pregnant adolescents to get married to their partner before they might have otherwise done so (UNICEF for Children in Thailand, 2015) as marriage is one way for Thai culture to accept adolescents with unplanned pregnancies.

It is important to understand the elements of parental care during pregnancy and after the birth. In typical Thai families, the role of parents comprises preparing children to be good citizens (Klaykaew, 2014), and supporting teenage children as they prepare to take up parenthood in the future. Thai parents provide various kinds of support such as caregiving, material, and mentoring support (Sriyasak,

Almqvist, Sridawruang, & Haggstrom-Nordin, 2017). In the case of caregiving, the parents may provide daily child care from the first day of birth. In terms of material support, parents may continue caring for the teenage parents with goods and services from initial pregnancy to parenthood, including providing healthy food, helping with housework, making turmeric powder or cooking, and giving financial support. As a part of their mentoring support, parents provide and teach daily baby care activities such as bathing and feeding the baby for the first time when teenage mothers are learning how to do these things.

The roles Thai parents differ for the father and mother of the pregnant adolescent. The role of the father in Thailand is similar to the role of fathers in many countries in the world. Typically, the man or husband is considered the head of a family (Sriyasak, Almqvist, Sridawruang, & Haggstrom-Nordin, 2015) and as such they are expected to provide for members of the family. The father's role refers to providing for, taking care of, and protecting a child (Sriyasak, 2016). Additional elements of the paternal role include supporting the son monetarily when he has problems with money such as cost of living, food, and other household expenses (Sriyasak, Almqvist, Sridawruang, & Haggstrom-Nordin, 2017). The role of mothers includes communication and instruction on how to prevent pregnancy and forgiveness if her child gets pregnant (Chatchawet & Surakhumhaeng, 2017). Another element of the maternal role to the new mother (Phromchaisa, Kantaruksa, & Chareonsanti, 2014). In summary, a mother's roles include caregiving, material support, mentoring, and expectations for the future support (Sriyasak et al., 2017).

Euyana (2020) reported that the responsibilities of a parent include care, love, understanding and discipline. Smemyak (2015) outlined the factors that

influencing parents care, namely: social support and religious beliefs. Social support from family member could enhance quality of life to adolescent pregnancy. Family members such as father, mother, husband, and other relatives support the development of maternal tasks and the maternal role in unplanned adolescent pregnant women (Sangjinda, 2016). Social support refers to help and support exchange through social relations and interpersonal connections (Schaffer, 2013). Social support is composed of information support, emotional support, and material support. This kind of support can help the transition into the maternal role among adolescent pregnant women (Phromchaisa, Kantaruksa, & Chareonsanti, 2014). Social support from mother can enhance the maternal role of pregnant adolescents up to 14. 70% (Phromchaisa, Kantaruksa, & Chareonsanti, 2014). Another element of social support, in the form of the adolescent's nurse, can enhance the success of promoting breast feeding, acting as a counselor, collaborating on care with family members, and teaching or coaching (Marmak & Turner, 2016; Phuangprasong et al., 2018). Finally, religious beliefs also influence parental care. Thai society adheres to the Buddhist religion (Sriyasak, 2016), and its influence is extensive in Thai social and cultural life (Thitimapong, 2014). The family has an important role in developing adolescents' spirituality by reinforcing the Buddha's principles and religious beliefs.

The research on adolescents with unplanned pregnancies in Thailand (Chatchawet & Surakhumhaeng, 2017; Thaopan & Sota, 2017) have discussed the effects of having adolescent children with unplanned pregnancies on their parents, exploring their feelings and reactions, and both positive and negative experiences. However, most studies focused only on the mothers rather than both the mother and father as the parents of adolescents, whereas in Thai culture both parents seem to be

equally important in providing care during pregnancy. Previous studies were limited to only emotions and positive and negative evaluation. A qualitative design using multiple-case studies has been employed abroad and in Thailand. Multiple-case studies have been used to a study coordinated care for children with inflammatory bowel disease, adult patients of banana allergy, and end-stage renal disease (DeJong et al., 2020; Lophongpanit et al., 2019; Thongkhom et al., 2020). The current study employs this method and is limited to unplanned pregnant adolescent daughter in Thai context. A qualitative design using multiple-case studies can guide the researcher to describe the parentals care situation and to explain factors related to parentals care.

In Thailand, both father and mother have many significant functions in the care of their children to adulthood. Parental involvement during pregnancy is very significant, and their care influences the adolescent's quality of life. Therefore, it is important to understand their care during an unplanned adolescent pregnancy in the family.

The results of this study will improve the knowledge of the researcher about the parental care of adolescents with unplanned pregnancies in Thai families. In addition, the findings are useful for nurse midwives or health care providers to gain more knowledge to create appropriate strategies to promote quality of life of parents of unplanned adolescents and their daughters.

The Objectives of the Study

The objective of this study was to describe parental care for unplanned pregnant daughters and to explain factors related to parental care.

The Research Questions

1. What are parental care of unplanned adolescent daughter?
2. What are the factors related to parental care?

Conceptual Framework of the Study

The study's conceptual framework was constructed on the basis of a review of the relevant literature regarding parenting in Thai context, including factors related to parental care, the family development theory and multiple case studies.

The various factors related to adolescent pregnancy including socio-cultural contexts, social media, risky sexual behaviors, a lack of communication about sex between parents and their children, and gender roles (Chaimano & Ongkasing, 2018; Chung, Kim, & Lee, 2018; UNICEF for Children in Thailand, 2018). Additionally, social support, religion, and the society in which they reside played a role as well (Gasornboonnak, 2011; Karalai et al., 2018; Phromchaisa et al., 2014; Plodpluang et al., 2017; Rongluen et al., 2012; Schaffer, 2013; Smemyak, 2015; Sriyasak, 2016). In order to more fully explore the type of support family members provide, as well as their own experiences and reactions to the unplanned pregnancy, a multiple case studies methodology has been adopted. This methodology describes parental care and factors related to parental care in families with unplanned pregnant adolescent daughters.

Families with unplanned pregnant adolescent daughters are classified as families with teenagers age within the Family Development Theory. The Family Development Theory was developed by Duvall and Hill in the 1940s. The theory divides families into eight stages; they are beginning families, childbearing families, preschool

children, school children, teenagers, launching young adults, middle-aged parents, and retirement and old age (Friedman et al., 1998). This theory provides the researcher a guideline for selecting the sample that is, parents of 13- to 19-year-old children are to be selected. And also, their children must have unplanned pregnancy.

This study used multiple case studies design to describe the experience of parents who care for their pregnant daughters. According to Munball et al. (1993), multiple case designs are appropriate when the researcher is interested in describing the same phenomenon over multiple individuals here being the experience of parents of pregnant adolescents. The multiple-case design is particularly applicable when combined with the family development theory through the three enablers.

Scope of the Study

This is a descriptive qualitative study using a multiple-case studies design to describe the situation of parents who have adolescents with unplanned pregnancies. Key informants included the parents who had adolescents with unplanned pregnancies during first or second trimester period and who were living with their family in one of six districts in Roi-Et Province, Northeastern Thailand. Adolescents with unplanned pregnancies were aged 13 to 19 and primigravida. The multiple case studies were conducted within a period of 14 months between May and September 2019 and between May 2020 and January 31, 2021.

Benefits of the Study

The results of this study will support the understanding of the parental care provided during adolescent pregnancy, and the factors related to the care provided

by parents who have adolescents with unplanned pregnancies. It will be used to inform nursing practices to improve their assistance in the care of adolescents with unplanned pregnancies and their parents from antenatal care through postnatal care. In addition, nursing education can apply the knowledge gained from the findings for the benefit of nursing students.

CHAPTER 2

LITERATURE REVIEW

This chapter presents a review of relevant literature to provide an overview of topics relating to adolescent pregnancy, the family development theory, the concept of parents, and descriptive qualitative study. The chapter outline is presented as follows:

1. Adolescent Pregnancy
    - 1.1 Situation of adolescent pregnancy
    - 1.2 Situation of unplanned pregnancies in adolescents
    - 1.3 Cause of unplanned pregnancies in adolescents
    - 1.4 Impact of unplanned pregnancies in adolescents
2. The Family Development Theory
3. The Concept of Parents
    - 3.1 A definition of being a parent and a role
    - 3.2 The role of parents
    - 3.3 Parenting styles and Thai parenting styles
    - 3.4 Factors influencing parental care
    - 3.5 Being parents of pregnant adolescents
4. Descriptive Qualitative Study
    - 4.1 The case study method
    - 4.2 Multiple case study design
    - 4.3 Trustworthiness

Summary of the Reviewed Literature

Adolescent Pregnancy

Adolescent pregnancies are a global problem. This section presents information on the current situation of pregnant adolescents worldwide and in Thailand. It further discusses unplanned pregnancies in adolescents, and the causes of these pregnancies, as well as their impact.

Situation of adolescent pregnancy

Currently, adolescent pregnancy is a critical problem and social concern around the world. According to the World Health Organization (WHO, 2004) adolescent pregnancy is defined as pregnancy in a woman aged 10-19 years. The WHO (2020) reported that an estimated 21 million adolescent girls aged 15-19 years become pregnant, and approximately 12 million of adolescent girls aged 15-19 years old give birth each year in developing regions. In addition, WHO (2018) reported that complications during pregnancy and childbirth are the leading cause of death for 15 to 19-year-old girls globally. Furthermore, every year 3.90 million girls aged 15 to 19 undergo unsafe abortions. Adolescent mothers (aged 10 to 19 years) had higher risks of developing eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years.

In Thailand, ‘adolescent’ means a person over ten but not yet twenty years of age (The Act for Prevention and Solution of the Adolescent Pregnancy Problem, 2016). At present, the number of pregnant adolescents under 20 years old has increased to between 90 and 100 per 1,000 (Pansuwan, 2015). In 2013, births to adolescent mothers in Thailand aged 15-19 accounted for 163.2 per 1,000 births. Births to adolescents aged 10-19 years by region were the highest in the northeastern region at 191.50 per 1,000,

followed by 176.2 in the Central region, 173.6 in the Northern region, 142.8 in the Southern region, 105.2 in Bangkok and 104.8 in the Far south (UNICEF for Children in Thailand, 2015). From 2015-2016, the number of births from adolescent mothers aged 10-19 was 15.3% and 14.2%. The birth rate was highest for adolescent mothers aged 18-19 and lowest those aged 10-14 years (Bureau of Reproductive Health, 2016).

In the northeastern region, adolescent pregnancy also becomes the interested issue for public health area, Wongsahi (2014) studied the pregnancy outcomes of adolescents at Roi-Et Hospital in a retrospective cohort study with a retrospective charts review. The study performed an analysis of 814 pregnant women aged 10-19 years old. The incidence of adolescent pregnancy was 21.60% of all pregnancies. In addition, Suan Phayom Health Promoting Hospital, Roi-Et Province (2020) reported that during April 1, 2019 to December 18, 2020, there were 579 pregnant adolescents aged 13-19 years delivered at Roi-Et Hospital. In 2018, The 7th District Health Center in Khon Kaen, reported the situation of recurrent pregnancies among women under 20 years old. The 7th District Health Center of Khon Kaen serves four Province: Maha Sarakham, Kalasin, Khon Kaen, and Roi-Et. The situations of recurrent pregnancies in these provinces were 13.32, 13.63, 15.67, and 17.45 respectively. Furthermore, In 2021, the center again reported on the situation of recurrent pregnancies among women under 20 years old in Maha Sarakham, Kalasin, Khon Kaen, and Roi-Et, which were 11.95, 16.07, 11.78, and 17.15 respectively (Department of Health, 7th District Health Center, 2021).

Situation of unplanned pregnancies in adolescents

The prevalence of unplanned pregnancy in adolescents worldwide

ranges from 33% to 82% (Vázquez-Nava, Vázquez-Rodriguez, Saldívar-González, Vázquez-Rodríguez, Córdova-Fernández, Felizardo-Ávalos, & Sánchez-Márquez, 2013). The most common age of the adolescents was 16-19 years old (Wellings et al., 2013). The prevalence of unplanned pregnancy adolescents in Africa, Asia, and Latin America and the Caribbean was 45%, 43%, 74% respectively (Darroch, Woog, Bankole, & Ashford, 2016). In Thailand, the majority (87.20%) of pregnancies were unplanned (Chirawatkul, Rungreangkulkij, & Rujirapraset, 2016; Srisomboon, Serisathien, Yusamran, & Phahuwatanaakorn, 2011). Adolescent birth rates were highest in the north-eastern region of Thailand, comprising up to 19.20% of total births (UNICEF for Children in Thailand, 2018).

Causes of unplanned pregnancies in adolescents

There are various factors associated with cause of unplanned pregnancy. This section discusses adolescent unplanned pregnancy in three locations: Britain, Mexico and Thailand. These locations reported association with unplanned pregnancy as follows:

In Britain, the common factors strongly associated with unplanned pregnancy were (1) first sexual intercourse before 16 years of age, (2) current smoking, (3) recent use of drug other than cannabis, (4) lower educational attainment, (5) lack of sexual competence at first sexual intercourse, (6) reporting higher frequency of sex of five or more times in the past 4 weeks, (7) receiving sex education mainly from a non-school based source, and (8) current depression (Wellings et al., 2013). In Mexico, the factors associated with unplanned pregnancy were (1) age and family structure, (2) an employed mother outside of the home, (3) active smoking, (4) consumption of alcoholic

beverages, (5) presence of girlfriends with health-risk behaviors such as girlfriends who smoke, girlfriends who consume alcoholic beverages, and (6) girls who have sexual relations at an early age in adolescence (Vázquez-Nava et al., 2013).

UNICEF for Children in Thailand (2018) reported that the various factors contributing to adolescent pregnancy include a lack of communication about sex between parents and their children, gender roles, media and messaging. Additionally, adolescent pregnancy seems to correlate with inconsistent policy implementation such as healthcare providers regarding adolescents' access to health services and sex education. Chaimano and Ongkasing (2018) reported that socio-cultural contexts, social media, different attitudes and beliefs about sex, parenting, economic status, and the social risk environment were further caused of teenage pregnancy. In addition, in low- and middle-income countries, early marriage, sexual risk behaviors, substance use, family history of adolescent birth, peer pressure, a lack of sex education and health services were all related to adolescent pregnancy (Chung, Kim, & Lee, 2018).

There were many causes of unplanned pregnancies in adolescents based on location including a lack of knowledge, lack of adult supervision, social risk environment and health services.

Impact of unplanned pregnancies in adolescents

An unplanned adolescent pregnancy has many impacts on the health of pregnant adolescents, fetus and child, as well as on parents/family and society.

The health of pregnant adolescents

The impacts on the health of pregnant adolescents have both physical

and psychological aspects. Real physical risks accompany adolescent pregnancy that can have an impact on the pregnancy itself, and on the wellbeing of the mother. For example, being pregnant during adolescence are linked to unsafe abortions (Sukarat, 2014) as every year 3.9 million girls aged 15 to 19 undergo worldwide unsafe abortions (WHO, 2018). Furthermore, a study of 814 pregnant women aged 10-19 years showed that pregnant adolescents often presented at their first antenatal care clinic with a gestational age of more than 12 weeks, and were more likely to have anemia, and/or present with premature rupture of the membranes (Wongsahi, 2014). Pregnant adolescents often tend to delay seeking care (Fleming, O'Driscoll, Becker, & Spitzer, 2015), smoke cigarettes, have sexually transmitted infections (STIs), and acquired immunodeficiency syndrome/human immunodeficiency virus (AIDS/HIV) (Saejeng, Sukarat, Kovavisarach, Proprapat, & Kanjanawetang, 2015), and having a high rate of early drop-outs from the educational system (Chatchawet & Surakhumhaeng, 2017). In addition, smoking and substance abuse, as well as alcohol abuse are other known factors (Fleming et al., 2015). Other problems such as diabetes, obesity, high and low body mass indexes (BMI) are also associated with adolescent pregnancy (Prechapanich, 2016).

The psychological aspects related to pregnancy in adolescence include coping with taking on a maternal role, emotional upset, and stress. Support systems can have a positive impact on these issues. Progressive muscular relaxation with the husband's support reduced the stress of 25 pregnant adolescents who were receiving antenatal care at a community hospital in Narathiwat Province, Thailand (Buahom, Kala, & Youngwanichsetha, 2017). In addition, the husband's support enhanced the maternal role of 26 pregnant adolescents at the antenatal care unit in Chiangrai

Prachanukroh hospital, Chiangrai Province, Thailand (Phromchaisa, Kantaruksa, & Chareonsanti, 2014). One study showed that the school dropout rate was 30% (Sukarat, 2014). The psychological impacts of suicidal ideation, worry, stress, sadness and depression, guilt, low self-esteem, embarrassment, and fear of childbirth (Boonyaporn & Saetan, 2017; Chung et al., 2018; Prabdin, Phumdoung & Thitimapong, 2017; Rongluen, Talengiit, & Siriborirak, 2012; Saejeng et al., 2015).

The impacts on fetus and child

One impact on the health of a child born to an adolescent mother is a low birth weight (Wongsahi, 2014) . The percentage of low birth weight babies from pregnant adolescents in Thailand was 17. 5% in 2013 (UNICEF for Children in Thailand, 2015). Other consequences on the health of the child were an increased risk of the death of the baby within 24 hours of delivery within seven to 42 days of delivery, and pre-term births (PTB) (Sukarat, 2014).

The impact on parent/families and societies

The impact of adolescent pregnancy has a wider reach than just the mother and child. Within the family, impact is related to those who provide support to the adolescents as the family needs to take on the responsibility of providing extra care during and after the pregnancy. According to one study, the adolescent mother need of care from parents was 91.20% (Pansuwan, 2015). Pressures from the outside world can also affect the family's standing in the community. Many societies have a stigma towards unmarried pregnant adolescents. This social stigma against unplanned pregnancies creates an unsupportive environment at home, in school, and in the

community for pregnant and parenting adolescents and their family members. Adolescent females often face stigmatization from the people closest to them, which can affect families and communities. Furthermore, adolescents frequently experience stigmatization from peers, teachers, and parents of other students (UNICEF for children in Thailand, 2018).

In conclusion, adolescent pregnant as is a major problem. The majority of these pregnancies are unplanned, and they impact the health of the adolescents, the fetus and child, and the parents, families, and societies. Through all of these problems, adolescents need the support of their parents or families to cope with their unplanned pregnancy.

The Family Development Theory

The Family Development Theory, developed by Duvall and Hill in the 1940s, is based in various theories such as structural functionalism, the sociology of work and professions, systems theory, and crisis theory. The three basic assumptions of the Family Development Theory are (1) family behavior is the sum of the previous experiences of family members as incorporated in the present and in their expectation for the future; (2) families develop and change over time in similar and consistent ways; and (3) families and their members perform certain time-specific task that are set by themselves and by the cultural and societal context (Friedman, Connelly, Miller, & Williams, 1998).

The theory divides families into eight stages; they are beginning families, childbearing families, preschool children, school children, teenagers, launching young adults, middle-aged parents, and retirement and old age. Stage V:

Families with teenagers. When the firstborn turns 13 years of age, the fifth stage of the family's life cycle or career commences. It usually lasts about six or seven years, although it can be shorter if the child leaves the family early or longer if the child remains home later than 19 or 20 years of age. The family developmental tasks in this stage are composed of balancing of freedom with responsibility as teenagers mature and become increasingly autonomous, refocusing the marital relationship, and communicating openly between parents and children (Friedman et al., 1998).

In addition, family developmental tasks include the task or role expectations specific to each stage inherent in accomplishing the five basic functions of family, which are the affective function, the socialization function and social placement function, the health care function-provision and allocation of physical necessities and health care, reproductive function, and economic function (Friedman et al., 1998).

The Concept of Parents

This section describes the definition and roles of parents. Parental roles are the role of the father and the role of the mother. The section goes on to compare general parenting styles and Thai parenting styles. It also explores factors influencing being parents, parenting styles, and being parents while experiencing a problem related to the children.

A definition of a role

There are various functions associated with a role.

"Role" refers to the position of a person or group of people in a particular situation and the degree to which they are involved in the situation, or the duty or use

which someone or something is expected to perform or have (Cambridge University, 1995). Role can also refer to a function one assumes (Thiengburanathum, 2009). Furthermore, role refers to the behavior that a person has to exhibit in a particular situation. This is according to the expectations of society and the status of the person or the duties as prescribed. Behavior is the result of interaction with others, such as the role women play as mothers (Narong, 2013).

Therefore, in this context, role refers to the duty of a person or group that a society expects that person or group to fulfill. Society expects parents to prepare their children to be good citizens.

The role of parents

To "parent" is to originate, to be the source or the origin from which something springs (Manen, 1990). For humans, a "parent" is defined as a person's father or mother (Turnbull, 2015) or someone who takes on the role of nurturance of a child through maturation to social independence at some point following the child's birth (Ogbuehi & Powell, 2015). Parents have roles in the lives of their children, and although several functions are the same across group; some elements of parental roles can vary culturally.

The role of a parent can be to help their children achieve their best, to be good citizen, to support their children and to act as a teacher. In their role, parents can help prepare their children for adult life through by building their confidence and resilience, providing opportunities to learn and explore, providing safe boundaries and guidance, and helping children learn to get along with others (Department for Education Government of South Australia, 2018). According to Ministry of Education, Euyana

(2020) reported that being a parent is a major responsibility. Their responsibility includes care, love, understanding and discipline.

In Thailand, the role of parents is to prepare children to be good citizens. There are several elements related to this function. Thai parents should show affection and good-will to their children such as by taking care of them carefully and consistently, eating together, and doing activities together. Parents should support their children's education and encourage their children's activities, like music, art, and sports, which should be appropriate for their age. Parents provide opportunities for their children according to their own decisions and not force the matter, but should instead advise or guide their children as they develop life skills. Parents should remain open-minded and listen to their child's problems, and should act as counselors in all matters and provide guidance on problems in daily life or school or work. They should also provide advice for their children, giving opinions and assisting in making decisions, like whether to buy a new car or help them choose a style of home. Furthermore, parents should encourage their children to participate in house work such as cleaning, washing dishes, doing laundry, or caring for the garden, in order to learn responsibility. They should offer appreciation or rewards when their children behave well, like when they help their friends or succeed in their activities. Finally, parents should warn when their children and explain when they are doing something wrong or behaving inappropriately like showing signs of anger or violence which can affect the children's feelings (Klaykaew, 2014).

At times, parents must act as teachers to develop the fine motor skills of their children, especially those with severely delayed development. The role of these parents is to accept the developmental delay while providing accommodation, such as

using simple words. They should observe the interest of their children and assist in providing empowerment whenever possible (Preaium & Raveepong, 2002).

Furthermore, it is important that parents of teenage mothers and fathers provide various kinds of support such as caregiving, material goods, and mentoring support (Sriyasak, Almqvist, Sridawruang, & Haggstrom-Nordin, 2017). Caregiving support can include providing daily child care from the baby's birth or supporting their daughters to have the confidence to breastfeed. They might also treat the baby as their own child. Material support may include helping the teenage parents with goods and service such as providing healthy food, helping with housework, or giving financial support from early pregnancy through parenthood. Mentoring support includes teaching basic baby care such as bathing and feeding with one-to-one mentoring when the teenage mothers are new learners.

In conclusion, there are various roles and duties for parents in the preparation of their children for adulthood. In addition, there are specialized roles for parents of children with developmental delays and for the parents of teenage parents. Overall, these roles comprise being a parent, but each parent does not necessarily perform each role. Parental roles can further be divided between the role of the father and the role of the mother.

The role of the father

The father's role is important in supporting children. The father's role in Thailand is similar to the role of fathers in many countries in the world. The father is an important contributor, providing for the basic needs of a family. It is important to understand the definition of the father's role.

The man or husband traditionally serves as the head of the family as men are still largely the breadwinners (Sriyasak, Almqvist, Sridawruang, & Haggstrom-Nordin, 2015). In Thai culture, men or husbands are always referred to as "hua nah kropkrou" (leader of the family) and a woman is "chang tao lung" (the rear leg of the elephant, or follower). Men/husbands are expected to provide financially for members of the family as this is considered to be the father's role (Sriyasak, 2016). The father's role is defined as providing for, taking care of, and protecting their children. The provider role refers to the willingness to provide an income for the family. The caregiving role is defined as providing emotional support, as well as behaving in a way that promotes the child's development. The protecting role refers to the father protecting the child from harm (Sriyasak, 2016).

Specific duties that fall to fathers of babies aged between two and six months in the western of Thailand include taking care of the child when the child is sick, taking care of the baby by burping the baby after feeding, holding the child when he/she cries, giving the child a bath and shampoo, and powdering and dressing the child. The father is also responsible for taking the child to get vaccinations, providing physical contact with the child, playing with the child, providing toys and encouraging them to play and holding and playing with the child which is a priority for the father (Sriyasak et al., 2015).

Furthermore, the father's role is expanded if one is the father of a teenage parent in western Thailand, as determined by a recent study (Sriyasak et al., 2017). One father stated "After my granddaughter was born, the members of the family were happy and enjoyed talking together". Another father said, "I should take on the responsibility, because my grandchild is our flesh and blood," and a third father said "I supported my

son financially when he had problems with the costs of living; I also took care of the food and other household expenses." This study showed that the father's role includes provicing financial support for the teenage parent. The father's role is to be the leader of the family - providing financial support is an important part of his role.

The role of mother

Taking on a maternal role is a major developmental life event. It is a process developed by the loving bond between mother and baby. This role includes the ability and confidence of the mother to care for her baby. Pregnant adolescents are a crisis of life that transforms a young female from an adolescent role into the role of a mother. So, they need support from their mothers from the antenatal period until the postpartum period.

During the antenatal period, the mother's role is to support their child during their pregnancy. One way the mother provides support is through forgiving her child for getting pregnant earlier than is acceptable in the community. For example, one mother said, "My child was wrong, but I did not aggravate her to prevent her from suicide." Another mother said that "I must accept the fact and not blame or aggravate my child." Preventing teenage pregnancy is also a mother's role through communication and instruction. Mothers have to talk with their children and teach them how to prevent pregnancy as they often do not receive good instruction elsewhere. This support role is demonstrated in personal interviews, as one mother said that "knowing how to prevent pregnancy is good" (Chatchawet & Surakhumhaeng, 2017). Finally, a major role of the mother is to provide material support. This material support may include giving money to her child buy food and books to prepare for her new maternal

role (Phromchaisa, Kantaruksa, & Chareonsanti, 2014).

Sriyasak et al. (2017) reported that during the postpartum period, the mother's role transitions to providing support to their child in navigating becoming a new parent. During this stage, the adolescent parent needs support in four main areas, namely (1) caregiving, (2) providing material goods, (3) mentoring, and (4) assuring future support. Caregiving supports may include helping the new mother take care of her child and building confidence in breastfeeding. Material support may come in the form of helping with housework and cooking; for example, making turmeric powder or cooked banana blossom soup to increase the production of breast milk is one way a mother can materially support her child. Mentoring support includes teaching her daughter how to bath the baby for the first time. In addition, mothers support by providing advice on how to take care of the child when they have a fever or stomachache. Furthermore, mothers should provide assurance of future support through education and work attainment. For instance, a mother can support her daughter in continuing with formal or informal schooling. Additionally, mothers can emphasize using reliable contraceptive and express concerns about birth spacing to ensure that their new adolescents do not become pregnant too soon after giving birth to their first child.

In summary, the maternal role involves supporting the pregnant adolescent from the antenatal period until the postpartum period and is composed of 6 aspects: (1) forgiveness, (2) prevention of adolescent pregnancy, (3) caregiving, (4) providing material goods, (5) mentoring, and (6) assuring future support. The next section will discuss both parenting styles in general and Thai parenting styles.

Parenting styles and Thai parenting styles

Parenting styles

The Department for Education Government of South Australia (2018) reported that the general parenting styles comprise four broad parenting styles. These are, (1) authoritarian style, (2) permissive style, (3) disengaged style, and (4) supportive style. These parenting styles will be discussed individually in this section.

Common parenting styles may be effective but have unintended negative effects on children. The first parenting style, authoritarian parenting, aims for obedience rather than helping children learn what is expected. The permissive parenting style is the opposite of the authoritarian style. This style is warm, loving and responsive. The third parenting style is a disengaged one. In this style parents take little interest in their children and do not pay much attention or get involved in their activities. The fourth parenting style is supportive. This style describes parents who are calm, reasonable, predictable and involved and who give responsibilities suitable for their children's age and ability (The Department for Education Government of South Australia, 2018).

Parenting styles affect children's feelings, behaviors, and social skills development. Parenting style can be even more important when children face problems, as then it is even more incumbent upon parents to provide care and lend appropriate support. In Thailand, there are four parenting styles.

Thai parenting styles

Classifications of Thai parenting styles deflew according to the research, but the similarities between them are enough that we can say these four styles are predominant. Thai parenting styles are an important factor in influencing the growth of

children's behavioral and emotional characteristics. Phuphaibul, Wittayasooporn, and Choprapawon (2012) reported that Thai parenting styles during the children's first year and as classified as; (1) authoritative, (2) controlling, (3) overprotective, and (4) neglectful. These Thai parenting styles are presented as follows:

The first style is authoritative (also called reasoning, assertive, democratic, or balanced). This style is characterized by a child-centered approach. While parents encourage independence, authoritative parents understand their children's feelings and often help them solve problems. However, they still set limits and somewhat control their children's actions. The second parenting style is controlled (also called strict or authoritarian) and is characterized by high expectations of conformity and low parental sensitivity. In some cases, this style can be punitive in nature. Children are expected to follow parental rules and orders (Phuphaibul et al., 2012).

The third style is overprotective (also called indulgent, permissive, or non-directive parenting) and refers to permissive parenting without discipline. Parents are more responsive than they are demanding. Parents do not require their children to behave or regulate themselves, and parents avoid conflict and confrontations with their children. The fourth parenting style is neglectful (also called uninvolved, hand-offs, dismissive, or detached parenting). Parents make no demands on and lack responsiveness toward their children. They neither show emotional involvement nor set rules for appropriate behavior (Phuphaibul et al., 2012).

The most common of Thai parenting styles is the overprotective style, followed by the authoritative style. The controlled and neglectful styles are very seldom used. However, there has been limited research and reporting on Thai parenting styles

during the antenatal and postpartum periods when a parent has a pregnant adolescent. To determine which styles are in use during these periods, it makes sense to look at the type of support parents offer their pregnant adolescents. Parents could provide support such as forgiveness and problem solving (Chatchawet & Surakhumhaeng, 2017), which seem to correspond most to the authoritative parenting style. After delivery, parental support shifts. The family support styles, including spousal and family support, influence the maternal role attainment in primigravida adolescent mothers was 38.5% (Pancharean, 2014).

In summary, Thai parenting styles consist of authoritative, controlling, overprotective, and neglectful styles. However, in the case of adolescent pregnancy and primigravida adolescent mothers, the most common parenting styles exhibited by the parents of these adolescents were supportive styles. The supportive styles by spousal and family influence the maternal role attainment after delivery. Next section will be discussing about the factors influencing being parents.

Factors influencing parental care

This section presents a review of literature related to factors influencing parental care for adolescent pregnancy. The factors influencing parental care for adolescent pregnancy were social support, and religious beliefs.

Social support

Schaffer (2013) reported that social support is defined as aid and assistance exchanged through social relationships and interpersonal transactions. In addition, Gray (2014) reported that social support from parents of adolescents with

unplanned pregnancies consists of six types: (1) action support such as information; (2) tangible support including favors, advice, information gathering, and information on options for problem solving; (3) nurturing support which includes building self-esteem, and emotional support; (4) network support which includes offering solidarity, reassurance, comfort, compassion, and a sense of belonging; (5) emotional support which is made up of support from the father and formal (informational and tangible) medical support that has been found to affect breastfeeding initiation and duration; and (6) postpartum support from formal medical sources and from personal ties.

Social support is one of the factors affecting the quality of life of pregnant women, as indicated in a study by Plodpluang, Boonyarat, Kanhadilok, Luk-in, Uthaithum, Pomphayoon, and Intana (2017) that the factors affecting the quality of life of pregnant women were social support, self-efficacy, family relationships, optimism, and self-esteem.

The crucial social supports of pregnant adolescents were from husbands and parents. Most of the pregnant teenagers wanted to obtain health information during their pregnancy (Rongluen, Talengjit, & Siriborirak, 2012). In addition, Karalai and Sriratanaprapat (2018) studied relationships between social support and health promoting behavior among pregnant teenagers in prenatal care at Saraburi Hospital from January to October 2016. They performed an analysis of 66 pregnant teenagers aged 17-19 years old. The study found that social support was positively and significantly related to health promotion behavior among pregnant teenagers. This suggests that family and related personnel who are responsible for adolescent health should provide support for all aspects of emotion, services, materials, and information to the pregnant teenagers. Social support referred to support from parents, husbands,

family members, neighbors, close friends, colleagues or other people with whom pregnant adolescent were connected. This social support reminded the teens to be aware of the dangers that may occur during pregnancy, provided health care assistance, and was nearby when help was needed. Phuangprasong, Samantarant, and Sitthasak (2018) reported that during an adolescent pregnancy, the nurse's role could take actions to encourage and support adolescent pregnancy by counseling, collaboration, and teaching or coaching

During pregnancy, social support from family members such as parents, husband, and siblings is key for developing a maternal role. In addition, social support from mother and the nurse could enhance breastfeeding behaviors of postpartum adolescent mothers. An example can be seen in a study performed at the antenatal care unit of Chiangrai Prachanukroh Hospital, Thailand (Phromchaisa et al., 2014). This social support was composed of informational support, emotional support, and material support. The informational support comprised health care, preparing for childbirth, and providing booklets on child care, PowerPoint presentations, telephone calls to the mother's home and advice for husbands and/or the adolescent pregnant women or adolescent mothers. Emotional support was given through palpation of the abdomen of pregnant adolescents, talking with the fetus in the uterus using positive and supportive words and taking pregnant adolescents to antenatal care. Material support included giving money to buy food, and books to prepare the mother and baby.

Family members such as the father, mother, husband, and siblings can provide support for an adolescent mother with an unplanned pregnancy. The most common forms of support are emotional, informational, and material. The maternal tasks of the adolescent with an unplanned pregnancy include accepting the pregnancy,

establishing a relationship with the fetus, adjusting to changes in both the physical and emotional self, adjusting to changes in the couple relationship, preparing for birth and early motherhood, and accepting the maternal role (Sangjinda, 2016). In addition, in the families of first-time adolescent fathers, the family must teach new fathers how to take care of the child. First-time adolescent fathers need to have confidence in their perceived fatherhood roles (Aukhapatskul, Deoisres, & Wacharasin, 2016).

Furthermore, social support could explain 31% of breastfeeding behaviors of postpartum adolescent mothers, as observed in a study performed in Maharat Nakhonratchasima Hospital, Thailand (Chainok, 2015). This support included helping to carry the baby to the breastfeeding or helping to clean the baby's body. Moreover, the research by Phromchaisa et al. (2014) reported that the social support from mothers could enhance the maternal role of pregnant adolescents up to 14.70%, and that support from nurses in the form of providing information could increase the success of breastfeeding (Marmak & Turner, 2016). Phuangprasong, Samantarant, and Sitthasak (2018) reported that during an adolescent pregnancy, the nurse's role could take actions to encourage and support adolescent pregnancy by counseling, collaboration, and teaching or coaching.

Religious beliefs

The majority of Thai society believes in Buddhism. Buddhism believes in karma and sin (Sriyasak, 2016). In addition, Buddhism has influence on rules and norms in family life while the family as a social unit remains central in dissemination of Buddhism (Horwath, Lees, Sidebotham, Higgins, & Imtiaz, 2008). Parents have an important role in developing adolescents' spirituality by teaching. Moreover, parents' spiritual beliefs in Buddhism have influence on monitoring behaviors of young

adolescents.

Religious families tend to have rules and norms in family life. Parents bring prior religious experiences or beliefs into family life, even if they are not particularly active in their religious practices (Smemyak, 2015). The majority of Thai society adheres to the Buddhism, which is practiced by 95% of Thais. Buddhists believe that the present life is one link in a continuous chain of rebirths that depend on deeds (karma) performed in this life or in previous lives (Sriyasak, 2016). Buddhism has extensive influence on Thai social and culture life (Thitimapong, 2014). The family has an important role in developing adolescents' spirituality by teaching the Buddha's principles and religious beliefs. The religious beliefs practiced include observing the Buddhist precepts, refraining from doing sin, Tamboon (donating money or materials) and Saibart (offering food to monks), chanting religious prayers, practicing meditation, having consciousness, and having wisdom in abstinence of inappropriate behaviors (Roojanavech, Chatdokmaiprai, & Tantapong, 2015). In addition, one factor that has a great effect on unplanned pregnancies is the fact that abortion is considered to be morally wrong in Buddhism.

Chamratrithirong et al. (2010) studied spirituality within the family and the prevention of health risk behavior among adolescents in Bangkok, Thailand. The results reveal that the spiritual beliefs and practices of parents had impact on adolescents' spirituality. The spiritual beliefs included perception of the importance of religion to self, belief in the help of religious prayer or meditation, and beliefs in reincarnation and in the law of karma. As for the spiritual practices, they included religious prayer or meditation, the practices of merit making including Tamboon and Saibart.

Being parents of pregnant adolescent

According to the WHO (2004) definition, adolescent pregnancy means pregnancy in a woman aged 10-19 years. In Thailand, the definition of "adolescent" is a person over ten years of age but not yet twenty years of age (The Act for Prevention and Solution of the Adolescent Pregnancy Problem, 2016). Three research studies of parents who have pregnant adolescents are outline below. These are as follows:

In Thailand, Thaopan and Sota (2017) studied teenage pregnancy and social dilemmas in a province of northeastern Thailand. There were 56 informants in Phon district, Khon Kaen province, Thailand. The informants attended focus group discussions with three groups: one with teenage mothers, one with the parents of teenage mothers, and one with a community representative. The results showed that problems fall on the parents of the adolescent. The problems of the adolescent and spouse were that they lived together for about a year and then they separated. In addition, parents expressed feelings of disappointment and regret because they would like to send their child to school to study for a good life in the future.

Chatchawet and Surakhumhaeng (2017) studied 10 informant mothers and eight fathers aged 35 to 55 years who had pregnant adolescents in a rural area of Songkhla Province. The perceptions of parents were categorized into four parts. In the first part, feelings and reactions, the parents were shocked, sad, embarrassed, and stressed. They did not want to stay home, and did not want to talk to anyone about their situation. In the second part, having a pregnant child was both a negative and positive experience in the informants' opinions. The negative experiences included complaints and gossip both to their face and behind their backs. Positive experiences included getting encouragement either from others or from oneself. This shows that parents can

accept their childrens' situations through self-encouragement, and not aggravate or blame them. The third part involved supporting the child throughout pregnancy, support included forgiveness and problem solving. The fourth part was preventing teenage pregnancy. Prevention of teenage pregnancy included communication, instruction and teaching adolescents how to prevent pregnancy.

The experiences of parents of pregnant teenage children have been likened to those of parents of children with schizophrenia. Pejlert (2001) studied eight parents who cared for a son/daughter with schizophrenia. The parents lived in a care setting in Sweden. The parents reported on three aspects of their experience, namely learning of the diagnosis, living, and care. The parents reported that when they learned of the diagnosis from a psychiatrist they felt shock, confusion, anger and despair. They had difficulties understanding what was happening, and experienced denial or resistance to the information.

In terms of living with a child with schizophrenia, the parents reported living with sorrow, anguish and constant worry. When parents talked about the onset of the illness in their son/ daughter, the narratives included great difficulty in interpreting symptoms of the illness, and living with guilt and shame. For guilt, one parent explained that they were furious, mad, heartbroken, and bad. Indicating the effects of shame, mothers said that it was shameful for the family, wondering what people would think.

Parents had choices in terms of providing care in that they could choose to be caretakers themselves or could give their child over to professional caregivers. Those parents who chose psychiatric care for their children rather than providing the themselves left them feeling belittled and burdened with guilt in some case. In regard to their children, parents narrated that they approved of their son/daughter's events such

as birthday parties, information-giving events, communal meetings, and getting to know other parents who had cared for a child with schizophrenia. In addition, they felt safe when their children were taken care of by nurses because the nurses knew the children better that the parents.

In conclusion, parents who cared for children with schizophrenia felt shock, confusion, anger and despair. The parents lived with sorrow, guilt and shame. This compares to the experiences of parents who have teenage pregnancies. The family has to deal with the social stigma and the parents must provide a higher level of care for their children.

Thai culture and unplanned adolescent pregnancies

In the last section the researcher describes about being parents of a pregnant adolescent. This section describes how Thai culture impacts unplanned adolescent pregnancies. It includes the meaning of culture and Thai cultural and traditional views of adolescent females.

The meaning of culture is the customs and beliefs, art, way of life and social organization of a particular country or group (Turnbull, 2015). Culture, according to Locke (1992), is socially acquired and socially transmitted by means of symbols, customs, techniques, beliefs, institutions and material objects. In addition, Leininger described the meaning of care (caring) as assisting, supporting, or enabling behaviors that ease or improve a patient's condition (Dayer-Berenson, 2011). Culture can be defined by its primary and secondary characteristics. The primary characteristics are nationality, race, color, gender, and religious affiliation. The secondary characteristics of culture come from life circumstance and life experiences and can change over time

(Dayer-Berenson, 2011).

Thai culture impacts the acceptance of unplanned pregnancy in adolescents. As Thai culture and tradition view adolescent females as sweet girls, the impact of social stigma pushes pregnant adolescents to get married to gain the acceptance of the cultural group. This section discusses the impact of Thai culture on unplanned adolescent pregnancies.

In Thailand, the traditionally constrained and protected view of Thai female teenagers is as sweet girls (Vuttanont, Greenhalgh, Griffin, & Boynton, 2006). Traditional Thai society believes that Thai women must be careful, control their sexual behavior, and preserve their virginity which determines their value. Many Thai parents require their daughters to be married according to custom and tradition. The attitude towards virginity is also seen in the old Thai proverb, "Having a daughter is like having a toilet in front of the house." It means daughters can easily bring shame to their family and parents have to work hard to prevent their daughter doing so (Sa-ngiamsak, 2016). Virginity is seen as the mark of a good Thai female (Muangpin, Tiansawad, Kantaruksa, Yimyam, & Vonderheid, 2010). If a daughter loses her virginity before marriage, she is seen as worthless. For example, parents will put their daughters in a basket and wash them off which reflects the belief that if a girl loses her virginity before marriage, she is "dirty" and needs to be "washed off." "Dirty and washed" indicates that a woman has had an abortion. Many adolescents who become pregnant were felt to be unable to keep their child, resulting in abortion (Thaopan & Sota, 2017). Abortion indicates that the family did not accept an unplanned pregnant adolescent. In addition, the family take care of the unplanned pregnant adolescent and does not "cut off" the child. Furthermore, feedback from unplanned pregnant adolescents reveals that families were their best

advisors about sexual issues.

On the other hand, if the family and their child need to continue with the unplanned pregnancy, adolescent females and family in particular often face stigmatization from the people closest to them. Because the adolescent has been exposed as not following the norms of Thai culture, the community will enforce a stigma for the violation of traditional values.

Descriptive Qualitative Studies

This section will present definitions regarding descriptive qualitative studies, including the types of studies, and their goals, and case studies.

According to Polit and Beck (2017) descriptive qualitative studies refer to the numerous types of qualitative studies. It does not have a formal name. In addition, Sandelowski (2000) reported that descriptive qualitative studies refer to summaries of a phenomenon.

The Goals and Types of Descriptive Qualitative Studies

Lambert and Lambert (2012) reported a comprehensive summarization of specific events experienced by individuals or groups. This objective is too rich in data from saturating of the data.

Case Studies

The type of qualitative descriptive studies used in this research was the case study (Polit & Beck, 2017). The case studies method can be used within a qualitative descriptive study. This section discusses its definition and characteristics,

purpose and rationale, research process, design, analysis, and trustworthiness.

Munball and Boyd (1993) reported that case study designs have been variously described. The term “case study” is an enigma that researchers haven’t fully defined. However, there are elements of a case study format that are consistent. In addition, Ebneyamini and Moghadam (2018) summarized case study research as an empirical inquiry within real-life situations. Moreover, Nilmanat and Kurniawan (2021) reported that case studies are used as a methodology of research design.

The case study method has been used in a variety of settings such as schools, health care, the military, business, industry, and in psychology, sociology, anthropology, history, ethics, law, nursing, and education. Beyond being used in a wide swath of disciplines, the unit of analysis often varies greatly among case studies. That unit could be a person, family, group, community, organization, culture, event, movement, program, or process (Munball, et al., 1993). A case study is developed in the relationship between the researcher and informants (Ebneyamini et al., 2018). Those researchers build their case study by choosing an approach; which could be holistic, empirical, interpretive, and empathic. “Case study”, therefore, has been divided into four categories; the teaching case, case histories, case of health care for a patient, and case study research (Hentz, 2012).

There were two basic designs when conducting case studies, namely the single-case design, and the multiple-case design (Munball et al., 1993)**.** In addition, case study designs can be single or multiple, and holistic or embedded (Polit & Beck, 2017).

The single-case design is an appropriate design when (1) it is a critical case testing a well-formulated theory, (2) it is represented as a unique case, (3) it is a representative or typical case, (4) it is a revelatory case, and (5) it is a longitudinal case

(Polit & Beck, 2017).

Multiple-case designs are drawn from a group of cases. This design is appropriate when the researcher is interested in exploring the same phenomenon in a diversity of situations or with a number of individuals. The multiple-case design is particularly applicable when generating theory through the constant comparative method of grounded theory (Munball et al., 1993)**.**

Purpose and Rationale

The purpose and rationale for conducting case studies were numerous reasons. Lincon and Guba (1985) recognized four rationales for case studies: (1) recording facts or event temporally or in the order in which they occurred, (2) describing, depicting, or characterizing, (3) instructing, and (4) testing particular theories and/or hypotheses.

Case Study Research Process

Munball et al. (1993) described the steps required when starting qualitative descriptive research using a case study method. The case study research process consists of: (1) identifying the purpose and questions of the study, (2) identifying the theoretical relation to the type of case study, (3) determining the object of analysis, (4) developing the guide for carrying out the case study, (5) establishing an appropriate design, (6) collecting, analyzing, and (7) interpreting the data, and report.

Research using case study

Using multiple-case designs, DeJong et al, (2020) conducted between

September 2017 and May 2018 a study of coordinated care for children with inflammatory bowel disease (IBD) that have a relapsing and remitting course in the southeastern United States. The purpose of this study was to explore perspectives of care coordination following emergency department visits by children with (IBD). The semi-structured interviews of caregivers included parents, primary care providers, and gastroenterologists. Twenty-six participants were interviewed, and three major themes were formulated as a result: perceptions of appropriate expertise, desire for integration of information and services, and making assumption instead of engaging.

Thongkhom, Oncham, Sompornrattanaphan, and Laisuan (2020) described the patterns of banana hypersensitivity and the sensitivity of diagnostic tests. The purposive sample included six adult patients of the allergy clinic, at Ramathibodi Hospital, Mahidol University who experienced banana hypersensitivity between 2015 and 2018. The results showed that *pisang awak* was the most culprit of banana allergy found in 100% of participants. Fifty percent of the reaction resulted from raw banana, the other half to heated banana. The median time of the onset of reaction after ingestion was 60 minutes with variation in the amount of banana from 1/8 piece to one whole banana. All of participants experienced at least two episodes of banana anaphylaxis before visiting allergy clinic.

Lophongpanit, Tongsiri, and Thongprasert (2019) used a case study to evaluate the social return on investment (SROI) of end-stage renal disease (ESRD) patients treated by continuous ambulatory peritoneal dialysis (CAPD) in Ubon Ratchathani province, Thailand. The informants were key stakeholders and CAPD patients. Data was collected from February to July 2018. The results showed that CAPD patients have a good quality of life, were not being burden on society and were willing

to undergo kidney transplantation in the future. The costs in the societal view were direct medical costs reimbursement from the national health security office, direct non-medical costs, and indirect medical costs were CAPD patients' out-of-pocket expense.

The Analysis of Case Study

There were two strategies for analyzing case study data according to Munball, et al. (1993). Two strategies were descriptive or exploratory and employing theoretical propositions. Descriptive or exploratory designs were various types of analyzing case study including content analysis, analytic induction, constant comparison, and phenomenological analysis. Content analysis was utilized to produce the final outcomes of the study. In addition, Polit and Beck (2017) suggested that content analysis can be used to clearify data into patterns among the themes.

The qualitative analysis process was composed of transcribing qualitative data, developing a coding scheme, and coding qualitative data (Polit & Beck, 2017). Transcribing qualitative data, an important step in preparing for data analysis, means preparing major data sources such as audio-recorded interviews and fields notes for transcription. Researchers need to ensure that transcription is accurate and validly reflects the interview experience. In addition, researchers should begin data analysis with the best possible quality data, which requires careful training, ongoing feedback, and continuous efforts to verify accuracy (Polit & Beck, 2017).

Trustworthiness

Lincoln and Guba (1985) identified and defined four criteria to evaluate the trustworthiness of qualitative research. The four criteria were credibility,

dependability, confirmability, and transferability. Each of these elements will be discussed in the following section.

(1) Credibility

Credibility refers to the truth, accuracy, and believability of findings (McFarland & Wehbe-Alamah, 2015) that have been mutually established between the researcher and the informants as accurate, believable, and credible about their experiences and knowledge of phenomena (Leininger & McFarland, 2006) . The techniques for establishing credibility include prolonged engagement, persistent observation, triangulation, peer debriefing, negative case analysis, referential adequacy, and member checking (Lincoln & Guba, 1985).

(2) Dependability

Polit and Beck (2017) reported that dependability refers to stability of data. The dependability of data can determine by repeating the exercise with a similar informant encountering similar phenomena. Data triangulations were used to assure dependability including time triangulation, space triangulation, and person triangulation.

(3) Confirmability

Confirmability refers to the objectivity or neutrality of the finding of a study that is confirmed by the information without the researcher bias (Lincoln & Guba, 1985). Leininger and McFarland (2006) reported that confirmability means reaffirming what the researcher has heard, seen, or experienced with respect to the phenomena under

study. The techniques for establishing confirmability include confirmability audit, audit trail, triangulation, and reflexivity.

(4) Transferability

Transferability means that the findings of a study can be transferred to another similar situation and still preserve the particularized meanings, interpretations, and inferences of the completed study (McFarland & Wehbe-Alamah, 2015). This criterion looks for any general similarities of finding under similar environmental conditions, contexts, or circumstances that one might make from the finding. It is the researcher's responsibility to establish if this criterion can be met in new research context (Leininger & McFarland, 2006).

Summary of the Reviewed Literature

Unplanned pregnancy is an unfortunately common problem for adolescents that impacts both the physical and psychological health of the adolescent. In addition, unplanned adolescent pregnancies impact their parents, families and societies. One effect parent feel is social stigma. Parents were shocked, sad, embarrassed, stressed, did not want stay home, and did not want to talk to anyone as a result of their learning of the adolescent pregnancy. However, if parents can accept their children, encourage them, and not aggravate or blame them, they can provide much needed support. The role of parents is to help their pregnant adolescents prepare to on take a maternal role. Parents can provide support by offering forgiveness and providing problem solving for their children. Parents can also act as teachers and support their children in other ways.

The factors influencing parentals care are related to social support, family members, and religious beliefs. A high level of parental care could enhance quality of life for pregnant adolescent. Family members such as the husband and siblings also provided support for adolescents with an unplanned pregnancy. Further, religious beliefs have the potential to influence a pregnant adolescent because abortion is considered to be morally wrong in Buddhism. Thai culture is not very accepting of pregnant adolescents. This cultural taboo has caused unplanned pregnant adolescents to be pushed into abortion or marriage. For parents of pregnant adolescents, many changes happen as a result, as indicated by the research studies discussed in the previous section about Thai culture and unplanned adolescent pregnancies. The effects of having an adolescent with an unplanned pregnancy includes social status changes, life ways changes, feelings and reactions, experiences both negative and positive, supporting child pregnancy, and preventing teenage pregnancy. All the studies focused on mothers rather than fathers, who are the head of the family in Thai culture. Fathers are the key to financially supporting the family. Little is known about father's social status changes, feelings and reactions, experiences both negative and positive, and role in preventing teenage pregnancy. In addition, information regarding parental care and factors influencing parental care are useful to uncover because these experiences may be useful for other caregivers like ante-natal nurses.

The multiple-case study is the qualitative method used in this study. Research enablers, such as observation, participation, and the semi-structure interview format provide a guide for the researcher to describe parentals care and the factors related to parentals care. In addition, they help the researcher enter the informants' world and remain with them throughout the study. The enabler helps the researcher

befriend the informant to ensure the trustworthiness of the study. The trustworthiness of the study was tested using the guidelines by Lincoln and Guba (1985).

CHAPTER 3

RESEARCH METHODOLOGY

Research methodology provides the foundation for understanding the phenomena of parentals care of unplanned pregnant adolescents in Thai context. This chapter consists of the research design, research setting, informants, instrumentation, data collection procedures**,** data analysis, protection of human subjects' rights, and trustworthiness for the current study.

Research Design

This study presented here is a descriptive qualitative study using multiple-case studies as a rigorous and systematic means of gathering and analyzing data. This method uses semi-structured interviews, observation guidelines, and field notes for studying parentals care in a particular context. The objectives of this study are to describe parentals care and explore factors related to care provided by parents of adolescents with unplanned pregnancies in Thai context. Multiple-case designs are appropriate when the researcher is interested in describing the same phenomenon among a group, here being the experience of parents of pregnant adolescents. The family development theory was utilized to frame emerging knowledge claims. This theory provides the researcher a guideline for selecting the sample, that is, parents of 13- to 19-year-old children. Additionally, participants must have children with unplanned pregnancies.

Research Settings

Initially, this study was conducted with the parents of unplanned pregnant adolescents at the Health Promoting Hospital in six districts of Roi-Et Province, northeastern Thailand. The six districts are comprised of Mueang Roi-Et District, Changhan District, Chiang Khan District, Thawat Buri District, At Samat District, and Mueang Suang District. Parents' interviews mainly took place at the homes of the informants.

Informants

In this study, the key informants were parents who have cared for unplanned pregnant adolescents residing in the six districts. The key informants in this study were selected using the following inclusion criteria: They must have an unplanned pregnant adolescent age 13 to 19 years old, they must be able to speak and understand Thai language, they must be living with the unplanned pregnant adolescent in the same family residence, and the unplanned pregnant adolescent had gestational age less than or equal to 28 weeks. The general informants comprised the pregnant adolescent with unplanned pregnancy and other family members who lived in the same family residence, such as siblings, boyfriend, and grandparents.

Instrumentation

The instruments in this study consisted of (1) researcher as an instrument, (2) an interview guideline, (3) an observation guideline, and (4) field notes. The instruments are described in more detail in the following subsections.

Researcher as an instrument

The most important instrument in this study was the researcher. The researcher acts as an instrument in qualitative research because the researcher takes part in the research process, data collection, and data analysis. The researcher is familiar with qualitative research, having used qualitative research in pursue of her Master's Degree. During her Ph.D. study, she took courses in qualitative research and developed two qualitative pilot studies. First, a pilot study with three informants was conducted by the researcher to gain experience in data collection and data analysis of this type. Detailed examples are presented in Appendix A. Second, a pilot study with two informants was conducted by the researcher to gain experience in data collection and data analysis at HaiYat Hospital, Songkhla Province under the supervision of an advisor.

Furthermore, the researcher took the data analysis course at the Institute for Population and Social Research, Mahidol University, Thailand, twice. Additionally, the researcher has worked professionally in maternal and child and midwifery for more than 15 years. Moreover, this author has lived in Roi-Et Province for more than 50 years, allowing me to communicate within Isan language with key informant and general informant.

Interview guideline

The interview guideline for key informants contained three questions for general baseline data and eight guidelines on questions for the specific-interview. In addition, the interview guideline for general informants contained six questions for the pregnant adolescent and six questions for family members. The interview guidelines

were developed based on the objectives of the study and research related to parents of unplanned pregnant adolescents. In addition, the content of these instruments was evaluated by an advisor, co-advisor, and three experts in qualitative study. The three experts were two professors from the Faculty of Nursing, Prince of Songkla University, and a professor from the Faculty of Nursing, Maha Sarakham University. The interview guidelines can be found in Appendices B and C.

Observation guideline

The researcher prepared the observation guideline for observing the behaviors/activity of key informants and general informants. The observation guidelines covered topics such as physical setting, participants, activities and interactions, frequency and duration, precipitating factors, organization, and intangible factors based on Polit and Beck (2017). The content of these instruments was evaluated by an advisor and co-advisor, and the observation guideline can be found in Appendix D.

Field notes

Field notes are documents generated from the observations and interviews. The researcher entered field notes by hand during or immediately after an observation or interview. Field notes are useful for recording key informant and general informant data and understanding the data for analysis (Appendix E).

Data Collection Procedures

Data collection consisted of two phases, the preparation phase at the

health promotion community hospital, and the implementation phase at homes and communities. These phases are discussed in further detail in the next sub-sections.

Preparation phase at the health promoting community hospital

The preparation phase consisted of obtaining permission for data collection from the head of provincial public health office, and the head of district chief of public health in district six of Roi-Et Province, Northeastern Thailand (Appendix F). The researcher then recruited pregnant adolescents who attended the health promoting community hospital. The steps for the recruitment of informants in the research study were as follows:

1. The researcher introduced herself to the head of health promoting community hospital and explained the purpose of the study and the research process.

2. The head of health promoting community hospital introduced the researcher to the healthcare providers at the maternal and child health clinic. Then the researcher explained the purpose of the study and the research process to the groups.

3. The researcher asked the healthcare providers at the maternal and child health clinic to introduce her to the adolescents with unplanned pregnancies who met the inclusion criteria.

4. The healthcare provider gave the researcher a list of names and phone numbers for the adolescents with unplanned pregnancies who met the inclusion criteria and willing to meet the researcher for introduction. Then the healthcare provider introduced her to their unplanned pregnancies at clinic.

5. The researcher explained the purpose of the study, the research process, the informants' right, and how the interview was structured. The average time

for an interview was around 10 minutes per case, and asked for their asked parents' phone numbers.

6. The researcher recorded the parents' phone number to call her parents (who would become key informants).

7. The researcher called the parents and explained the study, including the objectives and significance of the study, and asked for the parents of the adolescent to voluntarily join the study.

8. After the parents of the adolescent voluntarily join the study, the researcher made an appointment to visit the pregnant adolescents and their parents at home.

Implementation phase at home

In this phase, the researcher visited the informant's home. The steps for the home visit were as follow.

1. The researcher explained the study again including its objectives and significance and asked the informants to voluntarily join the study.

2. The researcher provided truthful information to the key informants. The informants were notified of the purpose of the study, the research process, expected outcomes, timeframe, possible risks and benefits to the informants, and the informants' right to withdraw from this study at any time without any impact from the health promoting community hospital. Moreover, a written informed consent was obtained from each of the informants (Appendix G).

3. The researcher utilized the interview guideline to interview informants. For this interview, the average time for interview was around 30-60

minutes. Then the researcher made appointments with the parents for a second interview.

4. Second interviews took from one to three hours. The researcher recorded the interview at the informants' home. The interviews with key informants were performed separately from those with the general informants. Appointments for following interview were made by her until reaching data saturation.

5. Other interviews might have taken place at other venues, such as in the field, in a community market, at clinic of the doctor, and at antenatal clinic of community hospital. A smartphone was also used to record the interviews and to take photographs of the environment before and after the interviews, after gathering from the participant.

6. The researcher used the interview guideline with further probing questions for detail-oriented clarification. The language of the interview was Isan (the local language).

7. The researcher used the observation guideline with informants. She observed the informants' daily activities, as well as their interactions with their family members and community. She used observation before the interview, during the interview, and after the interview. After the end of every interview, the researcher input the data using a smartphone in the recorded format (Appendix H) for data analysis.

8. The researcher used the observation guideline with informants. She observed the informants' daily activities, as well as their interactions with their family members and community. She used observation before the interview, during the interview, and after the interview (see the section on trustworthiness).

Data Analysis

The content data analysis for the qualitative data took place in three phases: (1) transcribing qualitative data, (2) developing a coding scheme, and (3) coding qualitative data (Polit and Beck, 2017).

The first phase consisted of transcribing the qualitative data. It was necessary to prepare the data for analysis by transcribibg from the smartphone recorded interviews and fields notes. The researcher transcribed data from the Isan language (local language) to the Thai language and from the Thai language to the English language. Data were transcribed verbatim. To confirm the translation the author consulted a Thai teacher who is expert in Isan, Thai, and English. He was a visiting lecturer at Srimahasarakham Nursing College for more than 30 years.

The researcher started analysis on the first day of the interviews and continued analyzing all data until the end of the study. The detailed analysis included all the raw data from interviews, observations, and field notes. During this phase, the researcher was transcribing as same as a pilot study.

In the second phase, developing a coding scheme, the researcher identified codes and categories from within the raw data on parental care and the factors related parental care of the key informants in consultation with her advisor to insure the reliability of the coding. Coding involved selecting data taken from words, phases, sentence or many sentences related to parental care and the factors impacting parental care. In addition, the data provided a saturation of ideas and recurrent patterns of compared data for similar and different parental care eleme. This phase, coding as the same as in the pilot study. In addition, the researcher used a predesigned format for data analysis (Appendix I).

The third phase involved coding the qualitative data, during which the researcher discovered that the initial categories were incomplete for the types of care practiced and the factors related of care by parents. As a result, the researcher had to reassemble the coding categories according to the emerging themes in the data. This process was evaluated by an advisor. The researcher confirmed the data with the informants at every phase of the study, either face to face or with the help of phone calls or Line to clarify the interpretations, and findings. In this phase, the researcher used a predetermined format for summary data analysis (Appendix J).

Protection of Human Subjects' Rights

Before this study began, the researcher obtained approval from the Center for Social and Behavioral Sciences Institutional Review Board, Prince of Songkla University (SBSIRB-PSU), Thailand, and the Ethical Committee Review Board of Provincial Public Health Office in Muang District, Roi-Et Province, and Northeastern Thailand. The Center for Social and Behavioral Sciences Institutional Review Board, Prince of Songkla University was PSU IRB 2018-NSt 051 (Appendix K).

After ethical approval and permission from the Ethical Committee Review Board of the Provincial Public Health Office was granted, the researcher was introduced to the Head of District Chief of Public Health in District Six of Roi-Et Province, the Head of the Health Promoting Community Hospital. Informants were informed of the purpose of the study, the researcher process, expected outcomes, timeframe, possible risks and benefits to the informants, and the informants' right to withdraw from this study at any time without any impact from the health promoting

community hospital. Moreover, a written informed consent was obtained from each of the informants. After the informants gave consent; all informants participated in the research study process.

All informants' data were kept confidential at all times. The information disclosed in this study was protected by the researcher with the consent of each informant. The informants were informed that their information was kept in a secure locked cabinet and would be destroyed after the study was finished. Pseudonyms were used in the reports and transcriptions. The informants' names and addresses were labeled with a number and their personal details were kept separate from the numbered data. Confidentiality was ensured by placing a number on each form, each transcript, and all publications. Furthermore, access to the informants' data was restricted to the researcher, and research adviser.

During data collection, the Coronavirus (Covid-19) pandemic, starting in 2019, spread all over Thailand and the world, and due to the delay in data collection that resulted, the certificate of protection of human subjects' rights would have expired before the project was completed. The researcher was granted and extension of the protection of human subjects' rights permissions from December 2020 to May 2021.

Trustworthiness of the Study

To ensure the reliability of a study, Lincoln and Guba (1985) defined four criteria to evaluate the trustworthiness of qualitative research. The four criteria were credibility, dependality, confirmability, and transferability. To maintain the trustworthiness of this study, these criteria were employed in this study. Each criterion is now discussed individually.

(1) Credibility

Credibility refers to the truth, accuracy, and believability of findings (McFarland & Wehbe-Alamah, 2015). In this study, the researcher employed four techniques to improve the credibility of data collection and analysis: prolonged engagement, persistent observation, peer debriefing, and member checking. A discussion of these credibility criteria follows.

Prolonged engagement

Polit and Beck (2012) reported that the prolonged engagement techniques used for understanding the informant under study were necessary to ensure saturation of data, a void misinformation, and to build trust and a rapport with informants.

In this study, the researcher spent time with all key informants and general informants during their daily lives. The researcher joined with them in performing daily activities and a rapport was developed through this activity involvement. The researcher visited parents who had experience caring for adolescents with unplanned pregnancies. She spent sufficient time with families to learn about or understand the key informants in order to explain their care. This involved spending adequate five times for interviewing. It took approximately one to three hours speaking with each informant until no new data emerged. For general informants, the researcher developed relationships and rapport within the family. The researcher spent time between May and September 2019, and May 2020 to January 31, 2021 in collecting data from twelve families, both from parents and other family members. During this time, she was building trust and a rapport with informants. In addition, the relationship began when their daughter had a gestational age between 11 to 26 weeks until about 40

weeks or before delivery. The data collection was saturated when the researcher spent time for interview at the antenatal care clinic, work place, and family home, or a phone call or the Line application with informants.

Persistent observation

Polit and Beck (2017) reported that persistent observation refers to the researchers' focus on the situation of the phenomena being studied.

In persistent observation, the researcher observes and interacts with informants persistently over a period of time. For this study, the researcher was continuously observing the parent at various times such as in the morning, at lunch, and in the afternoon. Moreover, the researcher observed informants during the care of their daughters to obtain a clear overall understanding. Furthermore, the researcher used an observation guideline for the physical setting, participants, activities and interactions, frequency and duration of activities, precipitating factors, organization, and intangible factors.

For the physical setting, the observation covered topics such as the setting of the observation, the physical environment, and the characteristics of informants (men, women, community or family). Observations includeds the number of informants, their roles as key informants or general informants, and their roles in the family. For the activities and interactions, observations pertained to verbal and nonverbal communication, emotions during communication (sad, laugh, cry), informants' activity, and interactions between informants.

Under frequency and duration, the researcher observed participants at different times of day (morning, lunch, and evening). Precipitating factors, acknowledge the cause and problem of parental care. Organizational, observations

related to the interactions with in the family and the participant relationships in the family. Finally, intangible factors included such things as what might have interrupted the interaction during observations. All the participant observation is recorded at field notes.

Peer debriefing

Polit and Beck (2017) reported that peer debriefing refers to sessions with peers to review and explore various aspects of the study. Peer debriefing exposes researchers to the searching questions of the phenomenon being studied.

In this study, the researcher and the advisory dissertation committee were engaged in an ongoing discussion throughout the research process. The peer-debriefers assisted the researcher in offering different views on the collection and analysis of the data. One of them was a qualitative expert research. Another advisor was an expert on parents with pregnant adolescents. The experts helped the researcher to check and clarify the multiple case studies process, including the collecting of data, analysis of data, and ensuring the accuracy of the findings.

In addition, the researcher presented the informant data of informants from smartphone interviews and the transcripts to experts to listen, read, and make suggestion. Furthermore, for summaries of the categories and themes, the researcher communicated orally, and in writing with the experts.

Member checking

Member checking is a technique that utilizes deliberate probing to ensure that informants' meanings are understood. Member checking was implemented by providing an interview summary at the end of the interview and having each informant verify the summary and the researcher's interpretation of what informant said (Polit &

Beck, 2017).

In this study, the researcher used guidelines on question number eight with key informants and guidelines on question number five with family member. If there was a second interview, the first interview summary was verified before the second interview started. Member checks were used in face-to-face interviews, phone calls or Line conversations. The researcher asked informants to review the data and summaries of the research reported as well.

(2) Dependability

Polit and Beck (2017) reported that dependability refers to the stability of data. The dependability of data can find by repeating the activity with a similar informant involving similar phenomena. Data triangulations were used to insure dependability, such as time triangulation, space triangulation, and person triangulation.

In this study, the researcher used multiple-case data sources for the purpose of validating conclusion. Time triangulation involves collecting data on the same phenomenon multiple times. In this study, the researcher spoke to informants several times from 2019 to 2021. In addition, space triangulation was used in this study as six districts were used for collecting data on the same phenomenon to test for cross-site consistency. Finally, person triangulation was represented in this study by the different types of informants such as parents, their daughter, the daughter’s boyfriend, grandparents, and a female cousin. The aim of these triangulations was validating data through multiple perspectives on the same phenomenon.

(3) Confirmability

Confirmability refers to the objectivity or neutrality of a study's findings as confirmed by the informants to be without researcher bias. The techniques for establishing confirmability include confirmability audit, an audit trail, triangulation, and reflexivity (Lincoln & Guba, 1985).

In this study, the researcher used the audit trail technique to improve the confirmability by maintaining detailed field notes during and after interviews and observation, and by recording interviews through and application on mobile phone. The raw data were systematically recorded and noted. Field notes were recorded on a normal basis. Smartphone recorded and data analysis was arranged. The researcher also read the data many times to confirm the relationship between data points, codes and categories. In this technique, the data from key informant confirm by general informant and the researcher. In addition, the researcher consulted advisors and experts on qualitative research during all steps of data collection and data analysis process.

(4) Transferability

Transferability refers to whether the findings of a study can be transferred to another similar situation and still preserves the particularized meanings, interpretations, and inferences of the completed study (McFarland & Wehbe-Alamah, 2015). The techniques for establishing transferability included thick description (Lincoln & Guba, 1985).

To ensure transferability in this study, purposive sampling was used to select the informants in order to provide relevant information. The researcher then employed the thick description technique in which the researcher provided detailed

information on the background of the informants, and the study setting and wrote a detailed description of the finding from parents of unplanned pregnant adolescents in Thai culture. This detailed description can help others to replicate the participant pool and study setting. The researcher provided an interpretation of what it is like to be the parent of unplanned pregnant adolescents based on the real situation.

CHAPTER 4

FINDINGS AND DISCUSSION

This chapter reports the research findings obtained from informants interviews completed between May and September 2019 and between May 2020 and January 31, 2021, or a period of approximately 14 months. The time spent on interviewing informants was devided into two periods because of the Coronavirus (Covid-19) pandemic which started in 2019, and subsequently spread all over Thailand. The researcher began the work of data collection by building a rapport with the informants until both sides became acquaintances instead of strangers. Then interviews were performed according to the multiple-case methodology guidelines for the semi-structured interviews. Observation of the informants' environment was performed before, during and after the interview, together with noting the demographic data on the field note form. Additionally, a smartphone was used to record the interviews and to take photographs of the environment before and after the interview. The data were appropriate for a three-phase data analysis based on the work of Polit and Beck (2017).

The findings, based on the research objectives and research questions, fall into three themes: (1) demographic data, (2) parental care when their daughter was pregnant, and (3) factors related to the parental care. A discussion of the data follows the presentation of the results.

Demographic Data

There were 12 families that fit the research criteria of this study. There were 57 informants who were divided into two groups, the key informant group

comprising 12 fathers and 12 mothers, and the general informant group including 12 adolescents with unplanned pregnancies, ten boyfriends of pregnant adolescents, four grandfathers, four grandmothers, one parent's older sister, one older sister, and one female cousin. The characteristics of the key and the general informants of the 12 families are shown in Tables 1-6. The demographic data of the 12 families are provided in Appendix I.

Characteristics of key informants

The data from the key informants, in summary, revealed that four fathers' parents, four mothers' parents. Fathers' ages were between 36 years and 63 years with the mean age of 48 years (SD = 8.14) while the mothers' ages were between 33 years and 58 years with the mean age being 44.33 years (SD = 7.66). Most of them had a primary school education and had the occupation of employee. Their average incomes were in the range of 6,000-30,000 Baht/month. The biggest group, which consisted of six families, lived with the grandparents, and in terms of housing, the parents of five families had their own homes. All families followed the tenets of Buddhism. Only, one family lived in a rented house.

Table 1

Characteristics of key informants (N = 24)

Description of key informants	Number
Gender	
Male	
Female	12
Age (years)	
33-50	17
51-60	6
61-70	1
Education level	
No education	1
Primary education	21
Secondary education	2
Occupation	
Employee	10
Rice farmers	8
Family business	6
Income (Baht/month)	
Uncertain	5
6,000-10,000	15
10,001-20,000	2
20,001-30,000	2

Characteristics of general informants

The general informants included 12 adolescents with unplanned pregnancies, ten boyfriends of pregnant adolescents, one parent's older sister, one older sister, and one female cousin. The biggest group of the general informants was pregnant adolescents (n = 12). Their ages were range 15 to 19 years with the mean age of 16.83 years (SD = 1.11), the gestational ages being between 10 to 26 weeks. The second biggest group of the general informants was the pregnant adolescents' boyfriends. There were ten of them. Their ages were between 16 years to 29 years with the mean age of 20.10 years (SD = 4.61). The third group of the general informants was the grandparents. There were eight of them. Their ages were between 62 years to 73 years with the mean age of 66.63 years (SD = 4.50). Lastly, the general informants were an older sister aged 31 years, aunt aged 48 years, and a female cousin aged 19 years.

Table 2

Characteristics of general informants (N = 33)

Description of general informants	Number
Pregnant adolescents	12
Boyfriends of pregnant adolescents	10
Paternal grandparents	4
Maternal grandparents	4
Older sister	1
Aunt	1
Female cousin	1
Education level	
Primary education	14
Secondary education	9
Vocational education	4
Non-formal education	5
Bachelor’s degree	1

Table 3

Characteristics of an adolescents with unplanned pregnancies (N = 12)

Description of general informants	Number
Age (years)	
15-16	5
17-18	6
19-20	1
Education level	
Primary education	2
Secondary education	4
Vocational education	1
Non-formal education	5
Occupation	
Homemaker	1
Student	9
Student and assistant in family's business	1
Assistant in family's brick manufacturing business	1
Income (Baht/month)	
None	10
5,000-10,000	1
10,001-15,000	1

Table 4

Characteristics of pregnant adolescents' boyfriends (N = 10)

Description of general informants	Number
Age (years)	
16-20	7
21-25	1
26-29	2
Education level	
Primary education	2
Secondary education	6
Vocational education	2
Occupation	
Student and assistant in family's business	1
Employee	5
Assistant in family's business	4
Income (Baht/month)	
Uncertain	1
1,000-5,000	1
5,001-10,000	7
10,001-15,000	1

Table 5

Characteristics of general informants (N = 8)

Description of general informants	Number
Paternal grandparents	8
Male	4
Female	4
Religion	
Buddhism	8
Age (years)	
60-70	5
71-80	3
Occupation	
Rice farmers	8
Income (Baht/month)	
500-1,000	7
1,001-5,000	1

Table 6

Characteristics of general informants (N = 3)

Description of general informants	Number
Female cousin	1
Age (years): 19	1
Religion: Buddhism	1
Education level: primary education	1
Occupation: employee	1
Income (Baht/month): uncertain	1
Older sister	1
Age (years): 31	1
Religion: Buddhism	1
Education level: bachelor's degree	1
Occupation: working for a bank	1
Income (Baht/month): 30,000	1
Aunt	1
Age (years): 48	1
Religion: Buddhism	1
Education level: primary education	1
Occupation: rice farmer	1
Income (Baht/month): uncertain	1

Demographic data of the key and the general informants

Family 1

The key informants

The father was 60 and the mother was 52. Both had four years of primary education. They were rice farmers and merchants, having an average income of 10,000 baht per month. Their race and nationality were Thai. Their religion was Buddhism. They had two daughters aged 27 and 16 and also had a 5 years old granddaughter who was the first daughter's daughter. All of them lived in their own one-story concrete house.

The general informant

The informant was a 16 years old pregnant adolescent. She had six years of primary education. She was a housekeeper and had no income: The gestational age was 15^{+6} weeks.

Family 2

The key informants

The father was 45 and the mother was 40. Both had six years of primary education. They were rice farmers. They also took up odd jobs and raised cattle. Their average income per month was uncertain. Their race and nationality were Thai. Their religion was Buddhism. They had two children: a 24 years old son who was married and lived with his wife's family, and an 18 years old daughter who was studying in sixth, in the provincial secondary school. They lived in their own one-story concrete house.

The general informants

An informant was an 18 years old pregnant adolescent. She was studying in sixth, in the provincial secondary school. The gestational age was 17^{+5} weeks.

Another informant was the pregnant adolescent's boyfriend. He was 19 years old. He completed the first year of higher certificate of vocational education. He worked at an ice factory and had an average income of 9,000 baht per month.

Family 3

The key informants

The father was 45 and the mother was also 45. Both had six years of primary education. They were rice farmers. The father was also an employee of the Royal Irrigation Department, having the average income of 10,000 baht per month. The mother was a hire housekeeper, having an average income of 10,000 baht per month. Their race and nationality were Thai. Their religion was Buddhism. They had two children: a 20 years old son who completed six years of secondary education and was drafted into the army, and a 19 years old daughter who was studying in third years of non-formal education. All of them lived in their own one-story concrete house.

The general informants

An informant was a 19 years old pregnant adolescent. She was studying in third years of non-formal education. The gestational age was 13^{+3} weeks.

Another informant was the pregnant adolescent's boyfriend. He was 20 years old. He finished six years of secondary education. He took up odd jobs, having an average income of 7,000 baht per month.

Two informants were the grandfather who was 63 and the grandmother

who was 62. Both had four years of primary education. They were farmers and they also took up odd jobs, having an uncertain income. They were related to the pregnant adolescent as being the parents of the pregnant adolescent's father.

The last informant was a female cousin. She was 19. She had six years of primary education. Her occupation was doing odd jobs, having an uncertain income. She was related to the pregnant adolescent as being the daughter of the younger sister of the pregnant adolescent's father.

Family 4

The key informants

The father was 47 and the mother was 55. Both had six years of primary education. They were rice farmers. They also worked in house construction, raised cattle, and grew Turkish tobacco. The average income was 10,000 baht per month. Their race and nationality were Thai. Their religion was Buddhism. They had two daughters: a 31 years old girl with a bachelor's degree, working for a bank in Bangkok, the average income was 30,000 baht per month. and an 18 years old girl studying in the first year of the certificate of vocational education. They lived in their own one-story concrete house.

The general informants

An informant was an 18 years old pregnant adolescent. She was studying in the first year of the higher certificate of vocational education in the provincial vocational college. The gestational age was 10^{+1} weeks.

Another informant was the older sister of the pregnant adolescent. She was 31 years old, related to the pregnant adolescent as being a daughter of the pregnant adolescent's mother.

The last informant was the pregnant adolescent's boyfriend. He was 18. He finished third years of secondary education. He took up odd jobs, having an average income of 9,000 baht per month.

Family 5

The key informants

The father was 49 and the mother was 39. Both had six years of primary education. They were rice farmers. They also raised cattle and grew Turkish tobacco. The average income was uncertain. Their race and nationality were Thai. Their religion was Buddhism. They had two children: a 17 years old daughter who was studying in fifth year of non-formal education, and a 7 months old boy. Both children lived with their parents in their own house.

The general informants

An informant was a 17 years old pregnant adolescent and the gestational age was 17^{+5} weeks. She was studying in fifth year of non-formal education and helped in the business of her boyfriend's family (selling coconut smoothie), with an average income of 15,000 baht per month.

Another informant was the pregnant adolescent's boyfriend. He was 16. He finished three years of secondary education. He helped do his family's business (selling coconut smoothie), having an average income of 15,000 baht per month.

The other informants were the grandfather who was 70 and the grandmother who was 67. Both had four years of primary education. They were farmers, having an average income of 700 and 600 baht per month. They were related to the pregnant adolescent as being the parents of the pregnant adolescent's mother.

Family 6

The key informants

The father was 39 with six years of primary education. He took up odd jobs, having an income of 10,000 baht per month. The mother was 41. She finished three years of secondary education. She took up odd jobs, having an average income of 18,000 baht per month. Their race and nationality were Thai. Their religion was Buddhism. They had three children: a 22 years old son who finished three years of secondary education and took up odd jobs, a 16 years old daughter studying in three years of secondary education of non-formal education, and a 14 years old son, studying in six years of primary education. The children lived with the parents in their own house.

The general informants

An informant was a 16 years old pregnant adolescent. She was studying in three years of secondary education of non-formal education. The gestational age was 12 weeks.

Another informant was the pregnant adolescent's boyfriend. He was 16. He finished six years of primary education. He helped do his family's business, having an average income of 2,000 baht per month.

The other two informants were the grandfather who was 63 and the grandmother who was also 63. Both had four years of primary education. They were rice farmers. They also raised cattle and made woven mats. Their average income per month was 600 baht per month. They were related to the pregnant adolescent as being the parents of the pregnant adolescent's mother.

Family 7

The key informants

The father was 36 with six years of primary education. He took up odd jobs and raised poultry, having an income of 6,000 baht per month. His race and nationality were Thai. His religion was Buddhism. The mother was 36. She did not attend school because her parents did not report her birth to the authority. Her race was Indian. She had Thai nationality and she was a Buddhist. They had five children: a 16 years old daughter who was studying in third year of non-formal education, an 11 years old son, studying in six years of primary education, a 9 years old son, studying in four years of primary education, and a 7 years old daughter, studying in first year of primary education, and a 6 years old son, studying in kindergarten 2. All of the children lived with the parents in a 2-story wooden house on stilts with the ground floor unwalled.

The general informants

An informant was a 16 years old pregnant adolescent. She was studying in third year of non-formal education. The gestational age was 16 weeks.

Another informant was the pregnant adolescent's boyfriend. He was 26. He finished six years of primary education. He took up odd jobs, having an average income of 9,000 baht per month.

The last informant was the grandfather. He was 72. He had four years of primary education. He took up odd jobs, having an average income of 3,000 baht per month. He was related to the pregnant adolescent as being the father of the pregnant adolescent's father.

Family 8

The key informants

The father was 39, with 6 years of primary education. The mother was 33, with two years of primary education. They owned a brick manufacturing business, having an income of 30,000 baht per month. Their race and nationality were Thai. Their religion was Buddhism. They had three children: a 21 years old son who finished six years of primary education and helped the parents in the business, a 17 years old daughter, who finished six years of primary education, and she helped the parents in the business, and a 13 years old son, studying in five years of primary education. All of them lived in a rented one-story concrete house.

The general informants

An informant was a 17 years old pregnant adolescent. She had six years of primary education. She worked in the family's brick manufacturing business, having an income of 10,000 baht per month. The gestational age was 11 weeks.

The other informant was the pregnant adolescent's boyfriend. He was 29 years old. He finished third years of secondary education. He worked in the family's brick manufacturing business, having an average income of 10,000 baht per month.

Family 9

The key informants

The father was 49, with six years of primary education. He was a farmer and also an employee of the provincial public health office, having an average income of 7,500 baht per month. The mother was 40, with six years of primary education. She was an employee in a factory, having an average income of 10,700 baht per month.

Their race and nationality were Thai. Their religion was Buddhism. They had two children: a 17 years old daughter who was studying in the second year of the certificate of vocational education, and a 7 years old son, who was studying in two years of primary education. The children lived with their parents in a two-story half concrete half wood house.

The general informants

An informant was a 17 years old pregnant adolescent. She was studying in the second year of the certificate of vocational education in the provincial vocational education college. The gestational age was 18^{+1} weeks.

Another informant was the pregnant adolescent's boyfriend. He was 18 years old. He was studying in the higher certificate of vocational education in the provincial vocational education college. He worked in the family's business of making deep fried rice flour dessert business, having an average income per month was uncertain.

The grandmother was another informant. She was 73. She had four years of primary education. She was a farmer. Her monthly income was 700 baht per month. She was related to the pregnant adolescent as being the mother of the pregnant adolescent's father.

The last informant was the aunt, father's older sister. She was 48 years old. She had six years of primary education. She was a farmer. Her monthly income was uncertain. She was related to the pregnant adolescent as being the older sister of the pregnant adolescent's father.

Family 10

The key informants

The father was 63, with four years of primary education. He was an employee in a construction materials store, having an average income of 8,000 baht per month. The mother was 58, with six years of primary education. She was an employee in a traditional massage parlor, having an average income of 10,000 baht per month. Their race and nationality were Thai. Their religion was Buddhism. They had a 16 years old daughter who was studying in third years of non-formal education. They lived in a one-story concrete house.

The general informants

An informant was a 16 years old pregnant adolescent. She was studying in third years in non-formal education. The gestational age was 26^{+1} weeks.

The other informant was the pregnant adolescent's boyfriend was 22 years old. He finished third years of secondary education. He took up odd jobs, having an average income of 7,000 baht per month.

Family 11

The key informants

The father was 52 and the mother was 46. Both had six years of primary education. They had a family business (They sell food cooked to order), having an average income of 10,000 baht per month. Their race and nationality were Thai. Their religion was Buddhism. They had three children: a 25 years old son and a 23 years old son. Both sons were employees in Bangkok and were single. The third child was a 15 years old daughter who was studying in third years of secondary education and she lived

with the parents of the pregnant adolescent's mother in a two-story half concrete half wood house.

The general informant

The informant was a 15 years old pregnant adolescent. She was studying in third years of secondary education in a district secondary school. The gestational age was 24^{+4} weeks.

Family 12

The key informants

The father was 52 years old. She finished third years of secondary education. And the mother was 47. She finished six years of primary education. They had a family business (making and installing curtains), having an average income of 10,000 baht per month. Their race and nationality were Thai. Their religion was Buddhism. They had three daughters. The first one was 26 years old, with six years of secondary education, married and had a child, and she helped the parents do the business of the family. The second daughter was 17, studying in third years of secondary education. The third daughter was 14 and was in two years of secondary education. All of them lived with their parents in a one-story concrete house.

The general informants

An informant was a 17 years old pregnant adolescent. She was studying in third years of secondary education in a district secondary school. The gestational age was 25^{+4} weeks. The other informant was the pregnant adolescent's boyfriend. He was 16 years old. He finished four years of secondary education. He helped do the business (installing curtains), having an average income of 9,000 baht per month.

Parental Care when Their Daughter was Pregnant

After the parents discovered that their daughter had an unplanned pregnancy, they made changes in parentals care as a result of their daughter's pregnancy. The results revealed three themes: (1) dealing with the situation of unplanned pregnancy, (2) giving closer care to the daughter and her fetus, and (3) directing the pregnant daughter's academic study and achievement for a better future. These thmes are explored further in the discussion section.

(1) Dealing with the situation of unplanned pregnancy

After knowing that their daughter had an unplanned pregnancy, both parents helped to solve problems by discussing the matter. Parents discussed how they would inform the daughter's boyfriend and his family about the pregnancy. The goal was often to encourage the daughter's boyfriend to prepare to make a proposal of marriage. The ways they chose to inform the boyfriend were making a smartphone call and meeting with the boyfriend's family. A family showed that the parent used a smartphone call to tell the daughter's boyfriend that their daughter was pregnant and that he must tell his relatives. After the daughter's boyfriend had done so the parents called the boyfriend's relatives to reaffirm the matter so that they would prepare to come to make a proposal.

The researcher discovered that eleven families adapted the strategy of meeting with the boyfriend's family. The parents or a parent together with senior relatives went to meet with the boyfriend's relatives at the boyfriend's family to inform them about their daughter's pregnancy. Additional reasons for the visit were to see the boyfriend's family and to tell his relatives to come to make a proposal or an apology.

The results of telling the boyfriend's family appeared to be that the boyfriend accepted his responsibility. Three of the boyfriends accepted their responsibility by proposing an engagement, eight of the boyfriends accepted his responsibility by wrist binding and making apology, and one of the boyfriends accepted his responsibility by planning a wedding. These actions are discussed in the following portions from the interviews.

"I called. We didn't go. At first, I didn't call. I told the daughter's boyfriend to inform his parents that he had made our daughter pregnant. So, the boyfriend called his parents. The boyfriend's relatives told our daughter not to have an abortion. They were afraid that the couple would resort to abortion. They were nice. They came to our place for the wrist binding. Some of them came from Bangkok. Almost all of them came. The situation was that when we knew she was pregnant, the daughter's boyfriend called them and I made another call to reaffirm it and asked them to set the date they would come." KM_2 (line 388,718-724,784-785)

"We, father and mother, went to talk with his relatives. We also wanted to see his home. We talked with his senior relatives…telling them to come to us and have a talk. And we told them not to worry about the money, just come and talk. We told them just this." KM_1 (line 1313-1314, 1586-1589)

"Yes, when the wrist binding was done, the ceremony was finished and didn't have an uproarious wedding. We just wanted him to come to perform an apology ceremony, with senior relatives to witness. When the apology had been made, it was okay. We could have a feast…wrist binding according to the tradition, so everybody felt comfortable. The tradition was observed, the senior relatives acknowledged it and did the wrist binding. When they came, it means that they didn't let us down. They were good. They came." KF_2 (line 378-380,384-385,401-402)

(2) Giving closer care to the daughter and her fetus

After the parents had known that their daughter became pregnant, their life way was changed because the parents had another role added to what they already had. That was giving closer care to the daughter and her fetus. Giving closer care to the daughter, the parents helped each other give their pregnant daughter care, both physical care and psychological care. For her fetus, parents prepared for the coming of the grandchild.

(2.1) Giving closer care to the daughter

(2.1.1) Giving physical care: The parents helped each other give their pregnant daughter health care by care on the aspect of providing care for food and medication, rest, exercise, and safety.

Providing care for food and medication: The parents looked after the daughter's eating, taking medicine, and giving her money to buy food. Looking after the daughter's eating, the parents tried to make sure that their daughter ate her food in 5 main food groups. The 5 main food groups are composed of rice, meat, vegetables, fruits and oil. They looked after the daughter's eating by preparing the food for her, telling her to eat on time, telling her to eat meat, fish, animal offal like pork lever, and drink bottled milk and carton milk. Eggs were for breakfast and supper. Vegetable was well rinsed to get rid of chemicals. Fruits to eat were coconuts, watermelons oranges, grapes, mangosteens, rambutans, longans, apples, and jackfruits. Soft drinks, spicy and sour food as well as ready-made food must be decreased. In addition, giving health care on the aspect of medication, the parents made sure that their daughter took pregnancy tonic as prescribed by the doctor, by telling her to take it every day. Below are parts of the interviews.

"In the morning I call my daughter to come and eat breakfast. I tell her to be concerned about her baby and herself. Sometimes she doesn't want to eat the food that I have cooked for her, she cooks it for herself and I let her do it alone. It is good for the body if we eat food of the 5 main groups. They are meat, milk, eggs, vegetables, which must be rinsed well to get rid of chemicals. That's how we live our daily life. She has to look after herself. There are different kinds of food that she can eat. KM_{12} (line 397-398,402-403,496-501)

"We try to see that she eats enough. We try to find what she wants to eat. We tell her to drink milk every evening, hoping that the baby will be healthy. Tell her to drink milk in the evening." KF_3 (line 581-582, 296)

"I went out to find food to nourish her pregnancy. I got some aromatic coconuts to help make the fetus healthy. Mostly I only looked for coconuts because there are plenty in our area. I went out once a week, beginning when my daughter's gestational age was 4 months until it was over 8 months. I got watermelons from the farmers at the irrigation area for free." KF_3 (line 844-846, 857, 869, 872,913-914)

"Acquaint yourself with taking medication and eating nutritious food. Eat vegetables. I told her not to eat only sweets, they aren't nutritious. I also told her to take a good care of herself. Father also told her to take a good care of herself. He sure did." KM_{11} (line 281-284)

Rest: The parents provided for the daughter to rest during the pregnancy by not letting her do risky work, resting after helping parents do something, resting when there were some unusual symptoms, telling daughter not to

stay up late for good development of the baby in the uterus. Below are parts of the interviews:

"…I told her to go to bed early." KF_5 (line $_{134}$)

"I think we've taken care of her food, eating and rest well than before. We tell her not to go to bed late because she has a baby in her belly. She needs to give the baby good development. She's not alone any more. If we give good care to the baby in the uterus, it will have good development." KF_9 (line $_{61\text{-}67}$)

"I told her to rest and wait for the childbirth." KF_6 (line $_{367}$)

Exercise: The parents provided for the daughter to do some physical exercise during the pregnancy. The activities were telling her to help do housework, telling her to go for a walk every day, strolling in the garden, strolling in the neighborhood and walking to the rice paddy for mental refreshment which would help bring about an easy childbirth. Below are parts of the interviews:

"I told her to wash dishes, to sweep the floor. I told her to wash the dishes so the baby would have a clean face." KM_4 (line $_{856\text{-}857}$)

"Don't sleep too much. Walk often. In the morning and the evening, walk around the neighborhood or to the rice paddy. Stroll into the village. My friends said walking often will make the childbirth easy." KF_{11} (line $_{174\text{-}185,197}$)

"Exercise every day. That's walking. You may walk around our garden, or stroll in the garden to make your mind cheerful. Then your baby will not be sad…" KM_{12} (line $_{722\text{-}724}$)

Safety: The parents provided for safety of their daughter by having an antenatal care, preventing accidents, and looking after complications during the pregnancy. The parents looked after the antenatal care by giving advice or taking the daughter to the doctor for the antenatal care right away after knowing about the pregnancy. In giving health care on the aspect of preventing accidents, the parents looked after accident prevention that might occur from hard working, sleeping in the hammock and riding a motorcycle. An accident that could occur included a miscarriage and a fall. In addition, in looking after complications during pregnancy, the parents tried to look after their daughter to make her safe when there were complications. The complications found during pregnancy were rash, headache, labor pain and anemia. Below are parts of the interviews.

"She's been pregnant. So, I told her not to work hard. I was afraid of miscarriage. I told her not to walk too much. If she had fallen down, it would have been really troublesome. An adolescent's pregnancy is hard to know. I'm afraid that if there was something wrong and there was a miscarriage, it would be dangerous." KM_8 (line 77-81)

"I don't want her to ride the motorcycle often because she's pregnant, but she says she likes to ride it. I tell her not to go to places so often, but she rides it often…" KM_4 (line 152, 1877-1878)

"Then there were itchy rashes. I took her to see the doctor…Mostly there were rashes and itchy bumps. We went everywhere, to the clinic, the sub-district health promotion hospital, the hospital. Got only ointment, no medicine to be injected. We told the doctor and he said she must not take medicine orally because it might have been caused by pregnancy. We believed the doctor. She bathed and no

matter how much she bathed, it didn't get better. We ran out of the cream, so I had dog tick cream for her to apply but it didn't work. Luckily, she wasn't allergic to it." KM_2 (line 1226,764, 776-777,797- 801)

"…It is like last month when she had to go to the hospital every 2 or 3 days. She had a pain in her belly and there was blood running down along her legs. Last month she had to go to the hospital every 2 or 3 days, got admitted one or two nights each time. The doctor said the blood that ran down along the legs showed that a miscarriage was threatening. She needed a lot of rest, and must not lift heavy objects." KM_7 (line 312-324)

(2.1.2) Giving psychological care: The parents looked after the daughter's psychological health more closely. They gave advice, encouraging words, and they refrained from complaining. Below are parts of the interviews:

"I want her to be cheerful. I don't want her to think of what has passed. I don't want her to be serious about it." KF_{12} (line 233-234)

"I give her mental support. Talk to her and give encouraging words. I make myself an example for her to live on." KF_8 (line 1596-1597)

"Changed. Not scolding, not beating, preparing food for her." KF_7 (line 48)

"I didn't scold or criticized my daughter…"KM_5 (line 83)

"My husband doesn't talk much. During the pregnancy, he didn't say anything bad to daughter" KM_4 (line 1859)

2.2 Preparation for the coming of the grandchild

The parents looked after the fetus in their daughter's womb by preparing baby's items and living environment, and they prepared to take care of the grandchild.

(2.2.1) Baby's items: The parents prepared baby items for the fetus in their daughter's womb, or their grandchild. The items were diapers, towels, baby clothes, a mosquito net, sleeping pads, socks, gloves, hats and a cradle. Below are parts of the interviews:

"We've prepared diapers, towels, baby clothes, a mosquito net, sleeping pads, socks, gloves and hats. There is a cradle, we'll get it. Now we have all the items needed. KM_3 (line 412-417)

"Yes, everything has been prepared. Diapers, towels and many other things. We talked about preparing clothes. I talked to mother what to prepare. We went together." KF_{12} (line 327-338)

"My husband made a couple of cradles. All finished. This is a new one. The other one is downstairs. He only needs to fix a piece of cloth to it. His expertise. This cradle. If diapers are not many enough, buy with them. We haven't bought swaddles and towels." KM_4 (line 264-269,285-288)

(2.2.2) Preparation of the living environment: The parents remodeled the house for the daughter and her baby. The preparation included buying a new mattress, paving the floor, building a new room. Below are parts of the interviews:

"We bought construction materials for paving the floor

and making the ceiling. At first, we were going to pave the floor with tiles, but we couldn't do it. We have to fill it first. So, I bought linoleum, and a mattress for them." KM_3 (line 489-492)

"Build an additional room for my daughter." KF_{10} (line 602)

"I built an additional room for my daughter. I got money, not very much, just enough for building the room…Nowadays things are expensive…" KM_{10} (line 1091-1093)

(2.2.3) Preparation to care for the grandchild: The parents planned how to raise their grandchild after the childbirth. The activities were planning to help raising the child and planning to stay home. Below are parts of the interviews:

"If my daughter asks me to look after the child because she will sell things, I will do that." KF_5 (line 319)

"If they can't handle it, we will have to have the child brought up here." KF_8 (line 1136-1137)

(3) Directing the pregnant daughter's academic study and achievement for a better future

Regarding the daughter's education during pregnancy, the parents expected her to finish her current schooling, and expected her to continue her education in the future. So, they directed the pregnant daughter's academic study in both the formal education system and the non-formal education system. The parents directed the pregnant daughter's academic study and achievement by giving support in her education

by helping her to go back to studying, giving advice for a better future, and directing the pregnant daughter's academic study in both the formal education system and the non-formal education system.

(3.1) Directing the daughter's study in the formal education system, the parents directed their daughter's education in the provincial secondary school, the district secondary school, and the vocational college. The activities were advising the daughter to continue her study, informing the school and the teachers about the pregnancy. Relevant parts of the interviews with parents are provided here.

"About her education, at first she wanted to stop learning. She asked me whether she should end her study or go on. I said that she must not stop. I wanted both of them to go on studying. I told them to ask their teachers. If the teachers allow them to go on, there will be no problems. She can drop out for a year and after that go back to finish it for me. This is my expectation…" KF_{9} (line 207-212)

"She is doing some work for grade improvement. The teachers assigned some work to do at home and it could be handed in by a parent or her sister. Sometimes a younger student helped hand in assignments for her." KF_{12} (line 92, 94-95,101)

(3.2) Directing the daughter's study in the non-formal education system, the parents kept directing the daughter's study at the non-formal education center. Directing the study was carried out by taking the daughter to school, and going to class with the daughter. Relevant parts of the interviews with parents are provided here.

"I took her to apply for the non-formal education. She goes to class at the teacher's home. Sometimes she has classes at Non-Formal Education Center. I

take her to class by motorcycle. When she has a class at the teacher's home, I wait for her. When she has classes at Non-Formal Education Center, I wait for her there." KM_7 (line $_{85\text{-}103}$)

"My daughter studies in her third year of non-formal with me. I go to school with her. I don't get anything. Yes. We took the same test at… school (the name of the school). I take her to school so her boyfriend will not feel bad. He has gone to Bangkok to work. He has just gone and hasn't been back" KM_{10} (line $_{30\text{-}36}$)

The Factors Related to the Parental Care

According to the results of this study the main factors that related to the care given by parents during their daughter's pregnancy were: (1) the acceptance by their family members and the community, (2) the parent's childbirth experiences, (3) the involvement of the daughter's boyfriend, (4) their Buddhist beliefs, (5) the grandparents beliefs, (6) parents doing work to earn more income, (7) country welfare, (8) modern communication technology, and (9) health care services. The next section discusses these findings in more details.

(1) Acceptance by their family members and the community

(1.1) Acceptance by their family members: The parents' family members accepted the daughter's pregnancy and gave assistance. The family members who participated were paternal and maternal grandparents, pregnant daughter's older sister, an aunt, and a female cousin.

(1.1.1) Paternal grandparents, tended to accept the pregnancy and gave assistance to their granddaughter. This acceptance could be seen in the food

they bought for their granddaughter and the wisdom about childbirth and parenthood they shared. They convinced her that childbirth is naturally painful, informed her that breastfeeding should last for at least six months, and told her that being a mother required training. Regarding giving assistance, the grandparents prepared the cradle for the child and gave the granddaughter money. Relevant parts of the interviews are provided here.

(1.1.2) Maternal grandparents, like the grandparents on the father's side, those on the mother's side also tended to accept the pregnancy and gave their granddaughter assistance. Their acceptance was demonstrated in their chatting, looking after her eating, getting her up in the morning to offer alms to the monk, advising her to go to the temple, and teaching her traditional beliefs. In terms of assistance, the grandparents gave the girl's mother money for expenses in the family.

(1.1.3) The pregnant daughter's older sister: The older sister also accepted the pregnancy, indicating it by saying encouraging words. In terms of assistance, the older sister gave items for the baby to use, told the pregnant girl about her experiences of pregnancy and childbirth, eating, taking medication, labor pain, and the prohibiting of attending funerals.

(1.1.4) An aunt, the older sister of the pregnant daughter's father accepted the pregnancy and gave assistance by giving care while her niece was pregnant.

(1.1.5) Female cousin, the pregnant daughter's cousin on her father's side accepted the pregnancy and gave assistance as the cousin had experienced pregnancy and childbirth before. The cousin looked after the pregnant girl while she was having labor pain and took her to hospital. Excerpts from their interviews are given

here.

"Grandmother comes in to help me with my meals. She tells me where things are. Then she tells me to go eat. I tell her that I want to offer alms to the monk, but I don't get up. So, she wakes me up…" GP_{12} (line 579-582,590-591)

"I got it and I spent all of it. Nowadays 1,000 baht can be all gone in a short while. For our food it must be at least 100 baht, but if we want to be really full, it must be 300 baht. Sometimes I pay for it. Sometimes my daughter (mother of pregnant adolescent) does. Mostly my daughter pays for it." $GGMF_5$ (line 78-83)

"Older sister told my daughter to get up early. If she gets up early, she can have breakfast. The food will go to the fetus and so the fetus has food to eat. If she gets up late and doesn't have breakfast, the fetus doesn't have anything to eat. It has nothing to make it healthy. The fetus will not be healthy and will have nutrition deficiency." KM_{12} (line 442-446)

"My older sister (an aunt). Yes, she has helped to bring her up since she was a little child. Sometimes when I was busy, I called my daughter to ask if she had eaten. Her grandmother and aunt both helped bring her up." KF_9 (line 77-81)

"…I told female cousin to take a look. She had experience. I myself have forgotten what the pain was like. They talked and knew that it was just stomach cramps at the beginning. Female cousin was the one who got the vehicle to take her to hospital. I told her to go to the doctor because everything was up to the doctor." KM_3 (line 469-473)

(1.2) Acceptance of the community: The groups of people within the community who accepted the pregnancy included neighbors and employers. The acceptance and assistance given to the parents was demonstrated by things like encouraging to speak about the pregnancy, suggesting tonic food for the womb, giving advice on education continuation, giving information about complications that might occur during the pregnancy, teaching how to make a living, and preparing baby items. Relevant parts of the interviews are presented here.

"My colleagues say eating coconut helps make the complexion good and the brain bright." KF_3 (line 290-292)

"My mother said that she had an acquaintance at the Non-formal Education Center. That person would help me to continue my education in the fifth year of non-formal education and also adjust it to make it equivalent to the sixth year of non-formal education." GP_5 (line 175)

"I asked my friends and they said they had that too. They said when the uterus gets bigger the cyst will shrink. The uterus will jostle against the cyst. At first, I was worried. I tried to think of what to do. They said it wouldn't matter. The uterus will jostle the whole cyst." KM_6 (line 386-393)

"I've prepared diapers, towels, baby clothing, a mosquito net, and sleeping pads. I was about to prepare other things, but the boss said he would buy them for her." KM_3 (line 142-143)

(2) The parent's childbirth experiences

Parent's childbirth experience: The parents had direct experience of having children. The experience included the mother's direct experience

in antenatal care and child birth, and the father's direct experience in looking after his pregnant wife. The mother had direct experience in antenatal care and child birth as she herself went to see the doctor for antenatal care and later gave birth to a child. The mother also had experience of symptoms during the pregnancy and was taught to do things according to traditional beliefs. The mother experienced antenatal care at the doctor's private clinic and experienced the childbirth in the hospital. The doctor looked after the pregnancy and the childbirth all the way through. In addition, the symptoms that occurred during the pregnancy were belly itching, the fetal movements, and lactation before childbirth, and fetal death. Provided here are parts of the interviews to exemplify the situation.

"My daughter said it was like being pricked by hairs. I told her to pat it and it would stop itching. That was all I told her. I myself had belly itching and I scratched it and my belly was striped…" KM_3, ($line_{181\text{-}184}$)

"On the day my daughter went for antenatal care, she asked me that when I was pregnant how many months of pregnancy when the fetus began to move. She said hers was 3-4 months but there was no movement. I answered that I couldn't remember it. I remembered the fetal movements occurred close to the childbirth. I told her there were no movements until close to the childbirth." KM_8 (line $_{1045\text{-}1049}$)

"She told me her milk was leaking. I said it was normal as it was near the childbirth…I thought it was normal." KM_{10} (line $_{1271\text{-}1298}$)

"Eat nutritious food. Don't eat durian. I don't know whether it's related to this or not. I don't know whether it can kill…my son. He died. He was in the ninth month but had no movements. She ate durian every day, saying that it would make the child big. I don't know. At that time, it was cheap…They said they were suspicious

of eating durian. Durian makes us feel hot. The doctor didn't say anything, but I think it was caused by eating durian. The doctor said the fetus was not healthy, but after the childbirth the baby was healthy." KM_6 (line 126-58,145-149,160-165)

In the demographic data, it was found that two fathers and six mothers had their first child when they were under twenty years of age.

(3) The involvement of daughter's boyfriend

Daughter's boyfriend, the baby's father, accepted his responsibility for the fetus and assisted in providing care. He took the pregnant daughter to the doctor for antenatal care, helped with the family work, took up employment, and helped the pregnant daughter when she felt unwell. Provided here are parts of the interviews to exemplify the situation.

"The day my daughter went to see the doctor, boyfriend took her there." KM_5 (line 433)

"I understand that as she has got a husband, she must have been mature in her physique and thinking, not thinking like a child any more. When she has got a husband, it's done and it's good for me as I don't need to handle any trouble. She has got a husband so she should live with husband. I've saved myself from trouble of being suspicious of our daughter." KM_8 (line 207-211)

"Now I use my boyfriend's salary, he goes to work" GP_3 (line 121)

(4) Their Buddhist beliefs

Buddhism was the religion the parents in this study beliefs. Buddhism is important as its teachings are used in instructing children to be good, to be mindful

and careful. Buddhist activities typically performed include going to the temple to do religious activities, chanting, and doing activities according to the beliefs about merit, sin and destiny. Going to the temple to do religious activities means the family goes to the temple to do any sort of religious activity.

The activities that were performed were offering alms to the monks, with the food prepared earlier in the morning, joining the sacred round stone burying and donating money, and meditating, in order to ask for blessings for the safety of the family, the daughter and the grandchild.

In chanting, a prayer is used. Usually the mother and the daughter chanted. The mother chanted to ask for blessings for her daughter and herself. The blessings asked for the daughter were about being a good person, being healthy, and having true friends. The blessings asked for herself were about being able to make an addition on the house, and being healthy. The daughter chanted to ask for blessings for her own safety and to have a good birth.

Regarding beliefs about merit, sin and destiny, Buddhism teaches people to do good and make merit. The belief is that if one makes merit one will get merit, and if one makes a sin one will get a sin. Having an abortion, raising fighting cocks and cockfighting are considered sinful. Beliefs about destiny come from Buddhism. It is believed that destiny is derived from merit and karma. The ones who created their merit and karma were the daughter and the parents. In addition, the parents' merit and karma could affect the daughter. Below are parts of the interviews that exemplify the belief.

"Teach us to do good, to make merit." KM_6 (line 197)

"Go to the temple to meditate. Yesterday I went to the temple too. I

went to a province. I spent two days there. I came home yesterday. I wish our family safety, no harms…When she was going to school, I hoped she would finish her education. Now she's pregnant, I wish my grandchild safety, having 32 components…" KF_{12} (line 130-133,365,370-371)

"Yes, I believe so. I believe that if you commit a sin, you'll get a sin. If you make a merit, you'll get a merit, as such." KF_2 (line 736-737)

"A sin is abortion, taking out the baby." KM_5 (line 662)

"I believe in destiny. It's our Buddhist belief. We believe in people's destiny. It has been created that way. Our daughter destiny is not much…It's her merit and karma and her destiny…Her destiny is just about this much…But I don't blame the destiny. It's up to the merit she has made… It's up to parents' karma also. It affects our daughter. We did this much, so we get this much…" KF_2 (line 698-704, 707-708, 686-688, 695-696, 711-713)

(5) The grandparents beliefs

The parents had received teachings from their grandparents that had been handed down through generations. Traditional teachings that were related to the pregnant woman's behavior were: wearing a pin could protect the pregnant woman from ghosts and could prevent premature labor pain; attending a funeral one should wear a pin, and one can attend only the funeral of a relative; eating must be quick so the childbirth would be easy; taking a shower must also be quick so the child would grow fast. Sewing was prohibited because it would make the baby' lips cleft; working would bring about an easy childbirth, and preparing baby items would cause the premature birth. Below are parts of the interviews:

"Wherever she goes, I tell her to wear a pin all the time. We believe that it prevents bad things to come to us. Since she has worn the pin, she rarely went to the hospital. I mean she has been admitted not often lately. Wherever she goes, she wears it all the time. After having a shot, she hasn't had pain. She has a pin on every blouse all the time. I bought pins for every blouse of hers from the All-20-Baht shop." KM_7 (line 366-372)

"My parents told me to take a shower early as to make the baby big. So, I passed it on. Hurry to eat, hurry to finish eating, don't sit there for a long time. The childbirth will be easy." $GGMM_5$ (line 153-155)

"I don't want her to do anything, including uprooting the seedlings, but people in the old days said that a pregnant woman needs to work to have an easy childbirth. And finishing a meal, she must go right away. I said so. I don't know, but I taught her. I told her, according to the traditional beliefs." $GGFF_7$ (line 72-82)

(6) Parents doing work to earn more income

Income refers to the money the parents earned for the work they did. This income could be earned from emploment and running a family business. The income form work was used to support their daughter's education, her fetus, and the living environment when their income from working was inadequate. The parents also had additional works, including trading, raising cattle, growing Turkish tobacco, and employment. It was found in the group of parents who farmed rice or were employee.

Trading, the parents took up trading during the rice planting season or after. Trading included selling short mackerel and salted fish. Raising cattle,

parents raised cattle during the rice planting season or after. They built a cowshed at the rice paddy and went from home to look after the cattle or had a relative to look after them. The cows were raised for sale.

Growing Turkish tobacco, parents grew Turkish tobacco after the rice growing season to sell. They grew it in the rice paddy by transplanting Turkish tobacco seedlings there and watered it regularly. When the plants were fully grown, they picked the leaves, then pierced and pinned them into a strip of about one meter long. If they had to hire someone to do that, the hire rate would vary depending on what portion the plant the leaves were taken from. For the leaves picked from the lower part to the middle of the stem, it would be ten Baht for three strips, while it would be five baht for each strip of the leaves from the upper part. However, when the researcher met a key informant, it was four baht for one strip of leaves from the middle of the stem. The parents also had additional works for employment such as house construction and general employment. House construction and general employment were in the local villages. Relevant parts of the interviews with parents are provided here.

"On weekdays I make 20 kilos a day and sell them in the village. The short mackerels are divided into two portions. One portion is to be sold at market, my husband sells the other portion at the market of another village. We sort the mackerels and sell them for 20, 30 and 40 baht. Every time we do it, we can earn up to ten thousand baht. But we can't do that every day." KM_1 (line 22-25,280-282,284, 317)

"When my daughter got pregnant, I began to buy cows, planning to look after my grandchild after my daughter gives birth and look after the cattle at the same time. I had four cows but one of them died. Now I have three cows left. They're at the rice paddy. My husband's father keeps watch over the cowshed at night. When

we go there and the three cows see us, they keep looking, hoping to be fed with rice bran." KM_2 (line 1187-1189, 64, 92)

"I go to work every day. I go out to hunt birds and fish and look for employment." KM_7 (line 1559-1568)

"I get more tired because I need to work for more money. I need to save money for my daughter to give birth to the baby." KM_9 (line 70-71)

(7) Country welfare*:* The nationally funded welfare provided to pregnant women covers antenatal care and childbirth. It helps ease the financial burden of the adolescent's parents. The welfare provides for the right of free medical treatment, the 30 baht gold card, and the state welfare card. Parents who were eligible for welfare used their cards to provide food for the family, including their pregnant daughter. Like the state-funded health benefits, the welfare helped to take some of the financial burden away from the pregnant adolescent's parents. Provided here are the portions of the interviews pertaining to this program.

"All of the welfare money that we got was spent on baby items. If we didn't have this money, it would be rather difficult for us. It's good. I can say that the government is good. We are not their children but they gave us, helped us." KM_1 (line 796-797, 1099-1100)

"We have free medical treatment right at the hospital. We don't have to pay." KM_8 (line 267-269)

"Use the 30 baht right, the gold card, when we go to the hospital." KF_3 (line 1306-1710)

"Bought in boxes, big packages, bought a lot each time. Sometimes we used the card. We have Pracharat cards. We used the cards for a big stock of that until she had the child birth. It was the Pracharat card that gave her what to eat. Mine is 300, my son-in-law's is 300, and father's is 200." KM3 (line 1702-1706, 1720)

(8) Modern communication technology

A mobile phone was used to make contact between the parents and their daughter to ask about the daughter's symptoms and eating habit. It has become an important tool not just for communicating, but for accessing knowledge, and it was also used by parents to contact teachers at the school to inform the teachers about their daughter's pregnancy. Parents and their daughter used the mobile phone to search for knowledge during the pregnancy. The knowledge obtained was about fetal movements and childbirth. Relevant parts of the interviews are given here.

"Sometimes if I don't have time, I call her and ask if she has eaten…I don't know what to say. She doesn't feel hungry. But in the evening after work, I call and ask her what she would like to eat. I buy it for her. I tell her to tell me what she wants to eat and I will buy it for her. I do this in the evening almost every day. Like yesterday, she told me to buy her some fruits and I did. Sausages, noodles or whatever she wants to eat, she'll tell me and I'll buy it. If she doesn't want to eat, she will tell me not to buy anything. And I tell her to be concerned not only about herself but also the child and she should eat her food to nourish the child too." KF9 (line 79-80,167-170,172-177)

"My daughter downloaded an application to see whether the fetus had some movements or not. What did the doctor say? The doctor didn't say anything. Just normal. Mother, when you were pregnant with me, in which month did I begin to move.

Oh, I don't know. I've forgotten it. I was pregnant for seven to eight months when I knew that my baby had movements." KM8 (line 1051-1055)

"Mostly Mother looked up information from her phone and told me. She told me this woman had a childbirth like this, one with anemia ate this. She told me. I think Mother looked things up from the Internet more than I did. I didn't do it." GP3 (line 170-174)

"I look it up from the Internet. I want to know how much pain they talk about in the Internet. Mostly they say it's a lot of pain, and they say giving birth the natural way is better, because the baby will be healthier, something like this." GP9 (line 429-430,433-434)

(9) Health care services

Health care services are essential during a pregnancy, and adolescents may require additional care compared with adult women. As the finding of this study are meant to inform not only parents of pregnant adolescents but their health care service providers, it is important to look at the sorts of services and the team of providers with which pregnant adolescents might interact. This section explores the health care service factors related to adolescent pregnancy. Health care service factors are those factors involving antenatal care for the pregnant daughter, and include the health care team and health facilities.

(9.1) The health care team

The health care team is comprised of persons who provided health service during antenatal care. For this study, typically they were a doctor and a nurse. The doctor examined and diagnosed the patient, prescribed medication, and told the

patient about abnormalities that may require the patient to see the doctor for additional follow-up examination. Moreover, the doctor often suggested that his patients drink natural honey to prevent problems in the alimentary system and some undesirable symptoms such as allergy, uterine contraction, and cyst in the uterus during the pregnancy. Meanwhile, the nurse gave advice on what and how to eat and what to expect during childbirth. Interviews revealed that parents of pregnant adolescents put a lot of trust in their health team. The relevant parts of the interviews in which informants discussed their interaction with their health team members are provided here.

"My daughter went to see the doctor and the doctor told her to bring her husband along the next time for blood examination…" KM_4 (line 166-172)

"The doctor didn't give a lot of medicine. He checked only blood examination. The doctor said my daughter was healthy. That made me feels comfortable. I was afraid the doctor would say she wasn't healthy…When she was a little child, she had what they call thalassemia." KM_8 (line 282-295)

"Then there was an itchy rash. Took my daughter to the doctor…Mostly there were itchy bumps on her hands and legs…got antipruritic drug…" KM_2 (line 1226, 768-777)

"The nurse advised me to eat a lot. The weight will go to the baby. The nurse said the childbirth shouldn't be longer than 2 weeks from now" GP_1 (line 174, 251-252)

(9.2) Health facilities

The health facilities that provided antenatal care included the sub-district health promotion hospital, the community hospital, the provincial hospital and the

doctor's private clinic. Portions of the interviews that discuss health facilities are provided here.

"Went everywhere, the clinic, the sub-district health promotion hospital, and the hospital. Got only ointment, no medicine to be injected…"KM_2 (line 1226, 768-777)

"…This truck is ours. We bought it for my daughter to drive to school and for taking my daughter to the hospital for the antenatal care…" KM_2 (line 64-67)

"If my daughter is back from the hospital, ask her how many months, how many weeks the doctor said she has been pregnant. They have a photo of this…" KM_8 (line 274-275)

As can be seen from the interviews, health care services play an important role in the lives of pregnant adolescents and their parents. The health care service factors discussed include antenatal care services and consulting with the health care team that comprised a doctor and a nurse. Meanwhile, the health facilities visited included the sub-district health promotion hospital, the community hospital, the provincial hospital, and the doctor's private clinic.

Discussion

The results of the study found that parentals care in the adolescent pregnancy context includes dealing with the situation of an unplanned pregnancy, giving closer care to the daughter and her fetus, and directing the pregnant daughter's academic study in the hopes of a better future.

Parental care when their daughter was pregnant

Discovering that one's daughter has an unplanned pregnancy while still an adolescent can take a toll on a parent, and has wider implications for not just the daughter, but the family and the wider community. Adolescent pregnancy can stigmatize, and that stigma can affect related family members and their community standing (UNICEF for children in Thailand, 2018). Additionally, the parent may have to come to terms with the realization that their plans for their daughter's future may now be permanently changed. Therefore, a part of the care provided by parents involves dealing with these kinds of social and psychological changes.

The family's belief system has an effect on the types of care provided by parents. For example, psychological care could include taking their daughter to the temple to offer alms to the monks, and to chant for her and her fetus's safety. This type of parental care develops adolescents' spirituality by teaching the Buddha's principles and religious beliefs (Chamratrithirong et al., 2010). Parents believed that abortion is sin, a belief based in Buddhism. All the families that participated in this study believed in Buddhism, and each adolescent continued her pregnancy rather than attempting an abortion. This study's findings are consistent with a study by Smemyak (2015) that Buddhism was the most common family religion in Thailand. The effect of Buddhist beliefs is discussed further in the next section.

Along with these social and psychological challenges, there are real physical and economic issues that arise as a result of the pregnancy. Parents may have to take on additional work or debt, for instance. Another economic aspect, one that also has bearing on the family's composition and how it is viewing in the community, involves persuading the boyfriend to take responsibility for his part in the pregnancy.

Parents discussed how they would inform the daughter's boyfriend and his family about the pregnancy. The goal was often to encourage the daughter's boyfriend to prepare to make a proposal of marriage.

In addition to these changes, parents also have to provide closer care to their daughters as the pregnancy progresses. There are real health risks associated with pregnancy in general and adolescent pregnancy in specific, and parents must help their daughters manage their health during pregnancy. This meant that the parents helped each other to give physical and psychological care to their daughter. Physical care included making certain that their daughter ate her food from the five main food groups. These food groups are composed of rice, meat, milk, eggs, vegetables, and fruits. Acts of physical care might be preparing food, telling their daughter to eat on time, feeding her milk, finding coconuts, and hoping that their daughter and fetus would be healthy. For her psychological care, the parents looked after their daughter's emotional wellbeing more closely. They gave advice, encouraging words, and they refrained from complaining because they were afraid it would affect their daughter during pregnancy. They sought to make their daughter comfortable and as such they did not chastise her about her boyfriend, or the pregnancy. This study's findings are consistent with a study by Gray (2014) that parents of adolescents with unplanned pregnancy give support in different ways, such as action support, tangible support, nurturing support, network support, emotional support, and postpartum support.

Finally, parentals care included directing the pregnant daughter's academic study in the hopes of a better future. Regarding a daughter's education during pregnancy, parents generally expected her to finish her current schooling, and to continue her education in the future. To achieve this goal, they directed the pregnant

daughter's academic study in both the formal and the non-formal education system. They advised their daughter to continue her studies, informing the school and the teachers about the pregnancy, directing their daughter's assignments to be submitted to her teacher, taking their daughter to class by motorcycle, and studying in the non-formal education system with their daughter. Parents believed that education, including completing higher education programs, was important for their daughter. Higher education will help their daughter to have a good job and a good life. This study's findings are consistent with a study by Klaykaew (2014) that parents should support their children's education. In addition, this study is consistent with the Thai parenting styles reported by Phuphaibul et al. (2012). The Thai parenting styles were classified as: (1) authoritative, (2) controlling, (3) overprotective, and (4) neglectful. The parenting style found in this study was overprotective.

The study's findings on parentals care were sometimes consistent and sometimes not consistent with other studies that have been cited. Providing closer care to the daughter and her fetus was one of the consistent findings, for example, with Gray (2014); Klaykaew (2014); Phuphaibul et al., (2012), and Smemyak (2015). Findings not discussed in previous research include how parents directed their pregnant daughter's academic study. The inconsistency might have been caused by differences in the objectives, methodology, population and the setting of the studies.

The factors related to the parentals care

Once the types of care provided by parents' pregnant adolescents were determined, it was possible to analyze the possible factors related to the parental care provided. According to the data, these factors were acceptance by family members and

the community, the parent's own childbirth experience, the involvement of daughter's boyfriend, Buddhist beliefs, grandparents' beliefs, the need for additional income, country welfare, modern communication technology, and health care services.

As mentioned in the previous section, adolescent pregnancy is stigmatized in Thailand, as it is in many places around the world, therefore, the acceptance of one's family and one's community can have a large impact on how a pregnancy is perceived in a household, and the types of care that follow.

In this study, parents' family members accepted the daughter's pregnancy and gave assistance. These supportive family members were paternal and maternal grandparents, an older sister, an aunt, and a female cousin. The importance of this support lay in the assistance they provided.

Paternal and maternal grandparents shared their wisdom about childbirth and parenthood, eating, and traditional beliefs. Grandparents also prepared the cradle for the child and gave their granddaughter money. Grandparents encouraged her in her Buddhist beliefs as well, calling their granddaughter to wake her up in the morning to offer alms to the monks, and advising her to go to the temple.

An older sister who participated in this study also accepted the adolescent pregnancy in her family. Because the older sister had been through pregnancy herself already, she knew how the adolescent daughter might feel. She helped by saying encouraging words and gave items for the baby to use, telling the pregnant adolescent about her own experiences of pregnancy and childbirth.

Another participant was an aunt, the older sister of the pregnant daughter's father. She provided care to the pregnant adolescent while her parents went to work. She also taught her about her grandparents' belief regarding preparing the

baby's items. Likewise, a female cousin also assisted with the adolescent pregnancy. She often acted as a counselor to her pregnant cousin as well because of her own experiences with adolescent pregnancy and chilbirth. Smemyak (2015) also talked about the influence of family members and their support on the parents. Much wisdom, and many beliefs and experiences were shared through family members. In addition, this study's findings are consistent with a study by Phromchaisa et al., (2014) that found that support from family member are key for developing a maternal role in pregnant adolescents.

Another factor related to parentals care was the acceptance of the community. The groups of people within the community who accepted the pregnancy included neighbors and employers. The acceptance and assistance given to participating parents were demonstrated by encouraging them to speak about their daughter's pregnancy, providing advice about food for their daughter during her pregnancy, advice about her education, and information about the complications that occur during the pregnancy. They also helped to prepare items for the baby.

The acceptance and support of both the family and the community were important to parents of pregnant adolescents. Kinship and social standing were factors influencing the parental care as a result. The finding was consistent with that reported by Wanchia (2021).

Parents' childbirth experience was another factor related to parentals care. The experience included the mother's direct experience in antenatal care and child birth, and the father's direct experience in looking after his pregnant wife. Parents wanted to share their experiences with their daughter so she would be better prepared for what was to come. They often explained a typical consultation with the doctor, took

their daughter to the health facilities, and provided information about how to look after the pregnancy and the child. They also shared their experience with knowledge about the symptoms that occurred during pregnancy. The mothers' experiences during pregnancy included abdominal itching, the absence of fetal movements, milk leaking close to the time of childbirth, and the link between durian fruit and pregnancy complications. The fathers' direct experiences were looking after a pregnant wife, knowledge gained from his boss and from reading that drinking milk was useful for pregnant women. These findings were consistent with those reported by Dayer-Berenson (2011) which stated that culture can be defined by two types of characteristics. The primary characteristics comes from nationality, race, color, gender, and religious affiliation. Secondary characteristics come from life circumstances and life experience. Parents' childbirth experience falls under the second characteristic as it comes from the life experiences of parents that are then shared from parents to their daughter. Moreover, several parents also had adolescent pregnancies themselves. In the demographic data, it was found that two fathers and six mothers had their first child when they were under twenty.

The involvement of the boyfriend had an effect on the care provided by parents as well. He generally accepted his responsibility for the fetus and assisted in providing care. He took the pregnant daughter to the doctor for antenatal care, helped with the family work, took up employment, and helped the pregnant daughter when she felt unwell. The daughter's boyfriend helped parents care their daughter, easing some of their burden. Additionally, he assisted parents in providing financial support. The daughter's boyfriend often came to live with their daughter in the same family dwelling after the wrist binding was done. The wrist binding was performed according to the

tradition in Roi-Et Province, Northeast Thailand. It is used to show that their daughter was part of a couple and is not having a pregnancy outside of a serious relationship. In addition, the daughter's boyfriend took on the responsibilities of the father's role by working to earn money to support his wife and the fetus. The finding was consistent with that reported by Sriyasak (2016) that men/husbands are expected to provide financial support for members of the family as this is considered to be one of the father's roles.

Another factor related to parentals care was Buddhist beliefs. Parents' beliefs were in merit, sin and destiny. Parents meditated and prayed for the safety of the family, the daughter and grandchild. In chanting, the mother told their daughter to pray for her own safety and to have a good birth. This study's findings are consistent with a study by Roojanavech et al. (2015) which reported that family has an important role in developing adolescents' spirituality by teaching the Buddha's principles and religious beliefs. Moreover, this study's findings are consistent with a study by Chamratrithirong et al. (2010) which stated that the spiritual beliefs and practices of parents had an impact on adolescents' spirituality. Similarly, Sriyasak (2016) discussed Buddhist beliefs that link karma or sin with non-compliance. The family has an important role in developing adolescents' spirituality by teaching the Buddha's principles and religious beliefs. The religious beliefs practiced include observing the Buddhist precepts, refraining from committing sin, Tamboon (donating money or materials) and Saibart (offering food to monks), chanting religious prayers, practicing meditation, having consciousnes, and having wisdom in the abstinence of inappropriate behaviors (Roojanavech, Chatdokmaiprai, & Tantapong, 2015). Moreover, Buddhist beliefs are consistent with Thai social and culture life (Thitimapong, 2014).

The beliefs of the grandparents are another factor related to parentals care. The parents had received teachings from their grandparents that had been handed down through generations. Traditional teachings that were related to the pregnant woman's behavior were wearing a pin, eating quickly so the childbirth would be easy, and taking a shower quickly so the child would grow fast.

With the addition of another member to the family, expenses increase. In the same vein, the pregnancy itself comes with associated costs, so families may need additional income to support their daughter and her new baby. The parents often took on additional works, including trading, raising cattle, growing Turkish tobacco, and employment.

Another important element that has an effect on parentals care in a form of governmental care that acts as a safety net for pregnant women. The national health security program, the health security provided by the state for pregnant women, covers antenatal care and childbirth. It helps ease the financial burden of the adolescent's parents. The health security program provided the right of free medical treatment, the 30 baht gold card, and the state welfare card. These provisions reduce the financial burden on the family during the pregnancy, freeing funds up to be used in other ways.

Changes in modern communication technology have also impacted pregnancy care. Parents can find information quickly and easily on their smartphone for example, it was used to make contact between the parents and their daughter to ask about the daughter's symptoms and eating habits, and to contact teachers at the school to inform the teachers about their daughter's pregnancy. In addition, parents and their daughter used the smartphone to search for knowledge during the pregnancy.

Finally, the health care services a pregnant adolescent receives can

impact parental care. It is important to look at the sorts of services and the team of providers with which pregnant adolescents might interact. Health care service factors are those factors involving antenatal care for the pregnant daughter, and include the health care team and health facilities. The health care team could assist the family by providing knowledge about the pregnancy and the care needed by both the daughter and her fetus.

Some of the results of this study related to the factors presented in this section have not been discussed in the literature previously. These factors are the sharing of parents' childbirth experiences, the involvement of daughter's boyfriend, the grandparents' beliefs, the need to earn additional income, country welfare, modern communication technology, and health care services. The fact that this study provides different insights into coping with adolescent pregnancy might have been a result of the fact that this research aims to study parental care and focuses on the sample of parents who had adolescent pregnant daughters in Roi-Et Province, Northeast Thailand. The context was specific, and it focused not as much on the daughters themselves as the parents and the care they provided. Although many of the findings support those of previous research, there were some unique elements revealed in this study. This is likely due to the multiple-case methodology and the family development theory paradigm, which can delve more deeply into a group through in-depth interviews. Further inconsistencies might have been caused by the differences of objectives, methodology, population and the setting of other studies.

CHAPTER 5

CONCLUSION AND RECOMMENDATION

Conclusion

The goal of this study was to describe and explain the parentals care of adolescents with unplanned pregnancies in Thai context with the intention of improving the knowledge about the care given by the parents. In addition, the findings of this study will be useful to healthcare professionals, especially those in the nursing practice, to help prepare parents who will care for their pregnant adolescents from the antenatal through the postnatal periods.

This research was conducted on the basis of a review of the relevant literature regarding parenting in the Thai context, including factors related to parental care. This study followed the Family Development Theory and multiple-case methodology. Twenty-four key informants and 33 general informants participated in this study. Data were collected by the researcher during May to September 2019 and May 2020 through January 2021 using various methods through interview guideline, observation guideline, and field notes. The data used a three-phase data analysis appropriate for qualitative research (Polit et al., 2017). The findings pertain to parental care and the factors related to the parental care.

The way parents described the care given to their pregnant daughter can be categorized into three broad themes. The three themes are: (1) dealing with the situation of unplanned pregnancy, (2) giving close care to the daughter and her fetus, and (3) directing the pregnant daughter's academic study and achievement for a better future.

On the theme of dealing with the situation of unplanned pregnancy, one of the methods utilized by parents was pushing the boyfriend and his family to prepare to make a proposal of marriage. Because of the stigma against pregnancies among unmarried couples, this action helped to reduce the negative feelings associated with adolescent pregnancy in the family and community. All boyfriends of informants in this study accepted their responsibilities, which were to make an engagement, plan the wrist binding ceremony, and to get married. Another type of parental cares was to provide closer care to their daughter and her fetus through physical and psychological means and through preparation of the living environment for the arrival of their grandchild.

Finally, parents directed their pregnant daughter's academic study in formal and non-formal education system. Parents hoped that their daughter would finish her current, schooling and expected her to continue her education in the future.

The results highlighted nine factors related to parentals care with a pregnant daughter. These factors included acceptance by their family members and the community, their own childbirth experiences, and the involvement of daughter's boyfriend. Family members that accepted the pregnancy and supported the participants were paternal and maternal grandparents, an older sister, an aunt, and a female cousin. Acceptance in one's community meant the support of neighbors and employers.

Parents relied on their own and others' childbirth experience to advise their daughter, such as having experienced antenatal care at the hospital, or receiving information from their boss and from reading that drinking milk was useful for pregnant women. In addition, parents' adolescent experience was shared with their daughter. Moreover, an integral element of support was the involvement of the daughter's boyfriend or the father of the fetus. Boyfriends often took the pregnant females to

antenatal care at the health facility, worked to provide for the unborn child, and to support family.

Another factor affecting parentals care was the parents' Buddhist beliefs. The demographic data showed that Buddhism was the religion of all parents in this study. Beliefs about merit, sin and destiny are principles of Buddhism. Buddhism is important in the lives of the participants, as are its teachings and religious activities such as chanting, going to the temple, meditating, and blessing. These teachings were provided to their daughter to encourage her to be a good person, and to pray for her safety and a good birth. Grandparents beliefs was another factor in parentals care. The parents had received teachings from their grandparents that had been handed down through generations. Many teachings from their grandparents were wearing a pin, eating, sewing, and preparing baby items that would encourage safety and a good birth for their daughter.

Income was an important factor for parentals care. The income that the parents make is used for supporting their daughter's education, her fetus, and the living environment. The parents took on additional works including trading, raising cattle, growing Turkish tobacco, and employment. Country welfare might also provide support for their daughter's antenatal care. It helps ease the financial burden of the adolescent's parents. The Health Security Act provided for the right of free medical treatment, the 30 baht gold card, and the national welfare card. In addition, modern communication technology such as mobile smartphones helped parents communicate with their daughters, search for knowledge about pregnancy and birth, and contact their daughter's teacher to discuss her education.

The final factor in parental care was the kind of health care services

available. Health care services included the health care team and health facilities. The health care teams were the doctor and nurse who provided health service during antenatal care. The health facilities that provided antenatal care included the sub-district health promotion hospital, the community hospital, the provincial hospital, and the doctor's private clinic.

Recommendations

These multiple case studies have described and explained the parental care of pregnant adolescents in the Thai context. On the basis of the observations of these studies, recommendations for nursing and midwifery practices, nursing education, further research, and policy can be made.

Nursing and midwifery practice

The findings of these studies indicated that parents who have a daughter with an unplanned pregnancy often are dealing with problems related to an early pregnancy. These were problems such as providing proper care for their daughter, affording the expenses associated with the pregnancy, and encouraging the daughter to continue her education. These observations can help inform nursing and midwifery practice. Nursing and midwifery practice will help prepare parents who are caregivers for pregnant adolescents from the antenatal through the postnatal periods.

Nursing education

The results of these studies are relevance to nursing education related to providing care for an unplanned pregnancy and the Thai parents who are Buddhist. Nursing students should pay attention to Thai-specific cultural care practices when working with Thai adolescents with unplanned pregnancies and their families.

Further research

A program should be developed to test the factors related to parentals care that were uncovered in this research. Testing will determine the reliability of the data and analysis. If the same findings are replicated, further recommendations to improve the care of pregnant adolescents can be extended.

Policy

The results of this study show that unplanned adolescent pregnancies will continue to be a problem. In the study area, there should be health care team to care for parents, the adolescent with an unplanned pregnancy, and the wider community. In addition, the policy should be linked to the Abortion Act related to adolescents who have an unplanned adolescent pregnancy for criminal abortion prevention.

Limitation of the Study

Although the researcher worked hard to insure the most rigorous standards of data collection and analysis, there are limitations to the current study. The arrival of the Coronavirus (Covid 19) pandemic affected data collection and could have affected results, although it remains too soon to know for certain. Additionally, the relatively small sample size and the localized geographic constraints of the study might mean the data is not generalizable to a larger population. More research is needed to determine whether the findings hold true for pregnant adolescents throughout the rest of Thailand and the rest of the world.

REFERENCES

Attrill, B. (2002). The assumption of the maternal role: A developmental process. *Australian College of Midwives Incorporated, 15*(1), 21-25.

Aukhapatskul, P., Deoisres, w., & Wacharasin, C. (2016). Factors related to perceived fatherhood roles of first-time adolescent fathers. *Journal of Boromarajonani College of Nursing, Bangkok. 32*(1). 68-78.

Boonyaporn, T., & Saetan, C. (2017). Nursing role: Stress managment of pregnant teenage. *The Southern College Network Journal of Nursig and Public Health, 4*(3), 271-281.

Buahom, K., Kala, S., & Youngwanichsetha, S. (2016). The effect of progressive muscular relaxation with husband support on stress of teenage pregnancy women. *Princess of Narathivas University Journal, 9*(2), 38-51.

Bureau of Reproductive Health. (2016). *Situation of reproductive health in adolescents*. Retrieved from http://rh.anamail.moph.go.th.

Cambridge University. (1995). *Cambridge international dictionary of English.* London: Cambridge University Press.

Chaimano, M., & Ongkasing, C. (2018). A study of sexuality of teenage pregnancy in school. *Journal of Education Thaksin University, 18*(1), 65-76.

Chainok, L. (2015). Factors influencing breast feeding behaviors of postpartum adolescent mothers in Maharat Nakhonratchasima Hospital. Retrieved from http://sutir.sut.ac.th:8080/sutir/bitstream/123456789/5712/2/fulltext.pdf

Chamratrithirong, A., Miller, B. A., Byrnes, H. F., Rhucharoenpornpanich, O., Cupp, P. K., Rosati, Fongkaew, W., Atwood, K. A., & Chookhare, W. (2010). Spirituality within the family and the prevent of health risk behavior among adolescents in Bangkok, Thailand, *Social Science & Medical 71*(10), 1855-1863. doi: 10.1016/j.socscimed.2010.08.020

Chatchawet, W., & Surakhumhaeng, M. (2017). *Teenage pregnancy: Perspectives of Thai Parents.* The 44 Biennial Convention (28 October-01 November 2017), Indianapolis, USA.

Chirawatkul, S., Rungreangkulkij, S., & Rujiraprasert, N. (2016). Lesson learned from development of hotline system for helping teens pregnant. *Thai Journal of Nursing Council, 31*(3), 5-15.

Chung, H.W., Kim, E. M., & Lee, J. E. (2018). Chomprehensive understanding of risk and protective factor related to adolescent pregnancy in low-and middle-income countries: A systematic review. *Journal of Adolescence 69, 180-188.*

De-Chesnay, M. (2015). *Nursing research using ethnography*. New York**:** Springer Publishing Company**.**

DeJong, N. A., Vu, M. B., Cui, J., Dole, M., Moulton, D. E., & Kappelman, M. D. (2020). A multiple case study of coordinated care for children with IBD through caregiver interviews. *International Journal of Care Coordination. 23*(4), 156-164. Doi:10.1177/2053434520979957.

Darroch J. E., Woog V, Bankole A, & Ashford L.S. (2016). *Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents*. New York: Guttmacher Institute.

Dayer-Berenson, L. (2011). *Cultural competencies for nurses: Impact on health and illness*. Boston: Jones and Bartlett Publish.

Department for Education Government of South Australia. (2018). *Parenting style-parent easy guide.* Retrieved from https://www.education.sa.gov.au/parenting-and-child-care/parenting/parenting-sa/parent-easy-guides/parenting-style-parent-easy-guide

Department of Health (2021). The strategy nation for prevention and solution of the adolescent pregnancy problem 2017-2026. Retrieved July 20, 2021, from oic.go.th/fileweb/cabinfocenter17/drawer002/general/data001/0000147.pdf.

Department of Health, 7th District Health Center (2021). Performance of adolescent health promotion department. Retrieved July 18, 2021, from 203.157.71.148/data/kvp/data/2021/adolescent.pdf.

Ebneyamini, S., & Moghadam, M. R. S., (2018). Toward developing a framework for conducting case study research. *International Journal of Qualitative Methods, 17*, 1-11. doi: 10.1177/1609406918817954.

Eichhorn, N. (2012). Maternal fetal attachment: Can acceptance of fetal sentience impact the maternal-fetal attachment relationship? *Journal of Prenatal and Perinatal Psychology and Health, 27*(1), 47-55.

Englund, D., Ann-C., Rydstrom, I., & Norberg, A. (2001). Being the parents of a child with asthma. *Pediatric Nursing Journal*, *27*(4), 365-373.

Fleming, N., O'Driscoll, T., Becker, G., & Spitzer, R. F. (2015). Adolescent pregnant guidelines. *Journal Obstetricians Gynaecology Canada, 37*(8), 740-756.

Friedman, M. M., Connelly, C. D., Miller, K., & Williams, R. P. (1988). *Family Nursing: Research, theory, & practice.*

Gasornboonnak, P. (2011). The factor influencing health-promoting lifestyle amongst primigavidarum adolescents in Nakhon Pathom Province (Master's thesis). Christian University, Thailand.

Gray, J. B. (2014). The social support process in unplanned pregnancy. *Journal of Communication in Healthcare, 7*(2), 137-146. doi:10.1179/1753807614y. 0000000054.

Hentz, P. (2012). *Nursing research: A qualitative perspective* (5th ed.). United States of America: Jones & Bartlett Learning.

Howard, C. L., & Stratton, J. A. *Nursing theory of Ramona T. Mercer*. Retrieved from http://cherylhoward.weebly.com/uploads/9/0/0/5/9005925/ramonamercer-theory-project-cheryl-howard-julie-stratton.pdf

Horwath, J., Lees, J., Sidebotham, P., Higgins, J., & Imtiaz, A. (2008). *Religion, beliefs and parenting practices.* Retrieved from 2264-faith-parenting-youth.pdf.

Karalai, S., & Sriratanaprapat, J. (2018). Relationships between social support and health promoting behavior among pregnant teenagers. *The Journal of Faculty of Nursing Burapha University, 26*(1), 1-10.

Kars, M. C., Grydonck, M. H. F., & Delden, J. J. M. (2011). Being a parent of a child with cancer throughout the end-of-life course. *Oncology Nursing Forum, 38*(4), 260-271.

Khumnurak, S., Kawamawat, J., & Lekphet, K. (2019). Evaluation of teenage pregnancy Prevention and solving project in Nakhosawan. *Journal of Health Science, 28*(2), 202-214.

Klaykaew, K. K. (2014). The role of families in the fostering and development of children becoming good citizens in a democratic society. *Journal of Behavioral Science, 20*(1), 1-8.

Kundalaputra, C. (2014). *Descriptive research*: *Theory to practice* (2nd ed.). Plan Printing Company, Samut Sakhon Province, Thailand.

Kuo, D. Z., Houtrow, A. J., Arango, P., Kuhlthau, K. A., Simmons, J. M., & Neff, J. M. (2012). Family-centered care: Current applications and future directions in pediatric health care. *Maternal Child Health Journal, 16*, 297-305. doi: 10.1007/s10995-001-0751-7.

Lambert, V. A., & Lambert, C. E. (2012). Qualitative descriptive research: An acceptable design. *Pacific Rim International Journal of Nursing Research, 16*(4), 255-256.

Law. (2016). *Act for prevention and solution of the adolescent pregnancy problem, B.E. 2559 (2016).* Retrieved from http://law.m-society.go.th.

Leininger, M. M. (1994). Evaluation criteria and critique of qualitative research *studies*. In J. M. Morse (Ed.), *Critical issues in qualitative research methods.* Newbury Park, CA: Sage.

Leininger, M. M. & McFarland, M.R. (2006). *Culture care diversity and universaliry: A worldwide nursing theory.* (3rd ed.). Boston: Jones and Bartlett Press.

Leininger, M. M. (2008). *Overview of Leininger's theory of culture care diversity and universality*. Retrieved from http://www.madeleine-leininger.com/cc/overview.pdf

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.

Lophongpanit, P., Tongsiri, S., & Thongprasert, N. (2019). Social return on investment for patient treated by continuous ambulatory peritoneal dialysis: A case study in ubon ratchathani province. *Dove Press Journal, 11*, 569-578.

Mamak, N., & Turner, K. (2016). Nurses' roles and promoting the participation of husbands or relatives for the success of breast feeding. *Journal of Nursing Division, 43*(3). 114-126.

Manen, M. V. (1990). *Researching living experience human science for an action sensitive pedagog*. New York: State University of New York Press.

McFarland, M.R. (2001). *Nursing theories and nursing practice* (4th ed**.**). Philadelphia: F.A Davis Company

McFarland, M. R., Mixer, S. J. Webhe-Alamah, H., & Burk, R. (2012). Ethnonursing: A qualitative research method for studying culturally competent care across disciplines. *International Journal of Qualitative Methods, 11*(3), 259-279.

McFarland, M. R., & Webbe-Alamab, H. B. (2004). *The theory of culture care diversity and universality.* Retrieved from http://samples.jbpub.com/ 9781284026627/McFarland_CH01_Sample.pdf

McFarland, M. R., & Webbe-Alamab, H. B. (2015*). Leininger's culture care diversity and universality* (3rd ed.). Boston: Jones and Bartlett Press.

Mercer, R. (2004). Becoming a mother versus maternal role attainment. *Journal of Nursing Scholarship, 36*(3), 226-232.

Ministry of Education, Euyana (2020). *What does it mean to be a parent.* Retrieved from https://www. education.gov.gy/web/index.php/parenting-tips/item/1621

Munball, P. L., Boyd, C. O., Mariano, C., & Beauchamp, C. J., (1993). *Nursing research: A qualitative perspective* (2nd ed.). New York: National League for Nursing press.

Narong, T. (2013). *Effects of the maternal roles enhancing program on perception of family support and success in maternal roles attainment among postpartum adolescents* (Master's thesis). Burapha University, Thailand.

Nilmanat, K., & Kurniawan, T. (2021). The quest in case study research. *Pacific Rim International Journal of Nursing Research. 25* (1), 1-6.

Noppatanakal, N., & Jirapaet, V. (2014). The effect of a maternal roles promotion with computer-assisted instruction program on newborn care behavior of primipara adolescent mothers. *Kuakarun Journal of Nursing. 21*(1), 144-160.

Offic of the Councill of State for Information. (2016). *Act for Prevention and Solution of the Adolescent Pregnancy Problem, 2016.* Retrieved from https://www. Krisdika.go.th

Ogbuehi, O., & Powell, J. (2015). Parenthood. In Lewis, L. (Ed.), *Fundamentals of midwifery a textbook for students*. (pp.90-119). UK: Wiley Blackwell.

Ounjit, W. (2015). Social and cultural dimension of adolescent sexual relationships in Thailand. *Social and Behavioral Sciences, 171*, 606-612.

Pancharean, S. (2014). Effects of using health promoting program with family support on health promoting behavior of primigravida adolescents. *Journal of Nursing and Education*, *7*(3), 113-123.

Pejlert, A. (2001). Being a parent of an adult son of daughter with severe mental illness receiving professional care: Parents' narratives. *Health and Social Care in the Community*, *9*(4), 194-204.

Pholgaya, O. (2015). Development of a self-care behavior promoting program with family participation for pregnant teenagers. *Nursing Journal of the Ministry of Public Health, 25*(3), 55-67.

Phromchaisa, P., Kantaruksa, K., & Chareonsanti, J. (2014). Effect of social support enhancement on maternal role among adolescent pregnant women. *Nursing Journal, 41*(2), 97-106.

Phuangprasong, R., Samantarant, P., & Sitthasak, C. (2018). Stigma in adolescent pregnancy: Nurse's role. *Vajira Nursing Journal, 20*(1), 1-11.

Phuphaibul, R., Promneramit, P., & Hattakitpanichakul, K. (2016). The birthday box project: Effects of parental participation program on parental sexual communication intention and sexual communication behavior to children. *Journal of the Royal Army Nurse. 17*(2), 12-20.

Phuphaibul, R., Wittayasooporn, J., & Choprapawon, C. (2012). Consistency analysis of parenting styles in Thailand during children's first year. *Nursing and Health Sciences, 14*, 405-411. doi:10.1111/j.1442-2018.2012.00720.x

Plodpluang, U., Boonyarat, A., Kanhadilok, S., Luk-in, P., Uthaithum, N., Pomphayoon, P., & Intana, J. (2017). Path analysis of factor affecting quality of life of pregnant women, *Nursing Journal of the Ministry of public Health, 27*(3), 42-56.

Polit, D. F., & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence for nursing practice* (9th ed.) New York**:** Lippincott**.**

Polit, D.F, & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). New York: Lippincott.

Prabdin, J., Phumdoung, S., & Thitimapong, B. (2017). Fear of childbirth among pregnant teenagers in the third trimester and its related factors. *Journal of Nursing Science & Health, 40*(2), 96-106.

Preaium, P., & Raveepong, T. (2002). *Effectiveness of early intervention in fine motor skills for children with developmental delay by mainstream teachers in Mahasarakham Province* (Master's thesis). Rajabhat Institute Mahasarakham Institute, Thailand.

Rongluen, S., Talengiit, P., & Siriborirak, S. (2012). Unwanted pregnancies in Teenagers: A survey of problems and needs for health care support. *Siriraj Nursing Journal, 3*(2), 14-28

Roojanavech, S., Chatdokmaiprai, K., & Tantapong, A. (2015). Spiritual need related to prevention of pre-marital sex among Thai adolescents. *Journal of Public Health Nursing, 29*(3), 91-102**.**

Saejeng, K., Sukarat, B., Kovavisarach, E., Proprapat, P., & Kanjanawetang, J. (2015). *Practical guide to adolescent mother cares.* Nonthaburi: Bureau of Reproductive Health, Department of Health, Ministry of Public Health, Media Center and Kaewchaochom Publication, Bangkok, Thailand.

Sandelowski, M. (2000). Whateven happened to qualitative description ? *Research in Nursing & Health, 23*, 334-340

Sa-ngiamsak, P. (2016). *The life experiences of unmarried teenager mothers in Thailand* (Doctor dissertation). The University of Queensland, Australia.

Sangjinda, K. (2016). *Factor related to maternal tasks of unplanned adolescent pregnant women* (Master's thesis). Burapha University, Thailand.

Santelli, J., Rochat, R., Hatfield Timajchy, K., Gilbert, B. C., Curtis, K., Cabral, R., & Schieve, L. (2003). The measurement and meaning of unintended pregnancy. *Perspectives on Sexual and Reproductive Health*, *35*(2), 94-101.

Schaffer, M. A. (2013). Social support. In S. J. Peterson & T. S. Bredow (Eds.), *Middle range theories: Application to nursing research* (3rd ed., pp. 108-127). Philadelphia: Lippincott Williams & Wilkins.

Singchungchai, P. (2008). *Principles and using qualitative research in nursing and health* (2nd ed.). Songkhla: ChanMueang Press.

Sombutsook, P., Chunuan, S., & Punthmathrith, B. (2015). *A concept analysis of prenatal attachment*. More than 2 decades of graduate nursing study, Faculty of Nursing, Prince of Songkla University, Thailand.

Smenyak, S. (2015). *What factors affect a parent's child rearing philosophy?* Retrieved from https://www.livestrong.com/article/151030-what-factors-affect-a-parents-philosophy-on-child-rearing/

Stapley, E., Midgley, N., & Target, M. (2016). The experience of being the parent of an adolescent with a diagnosis of depression. *Journal Child Family Studies*, *25*, 618-630. doi: 10.1007/s10826-015-0237-0.

Speziale, H. J., & Carpenter, D. R. (2003). *Qualitative research in nursing* (3rd ed.). Philadelphia: Lippincott Williams & Wilkins.

Srisomboon, A., Serisathien, Y., Yusamran, C., & Phahuwatanakorn, W. (2011). The effect of a maternal role promoting program on maternal role attainment in adolescent mothers with unplanned pregnancies. *Journal of Nursing Science (Supplement 1), 29* (2), 74-81.

Sriurai, S., Subgranon, R., Boonyanurak, P., & Wangsukpisan. (2016). Effect of the use of primary nursing model that integrates social support concept on birth experience perceived by women during delivery. *Kuakarun Journal of Nursing, 23*(1), 21-40.

Sriyasak, A. (2016). *Becoming a Thai teenage parent* (Doctoral dissertation). Malardalen University, Sweden.

Sriyasak, A., Almqvist, A-L. Sridawruang, C., & Haggstrom- Nordin, E. (2015). Father role: A comparison between teenage and adult first-time fathers in Thailand. *Nursing and Health Sciences. 17*, 337-386. doi: 10.1111/nhs.12200.

Sriyasak, A., Almqvist, A-L. Sridawruang, C., & Haggstrom- Nordin, E. (2017). Parent's experiences of their teenage children's parenthood: An interview study. *Nursing and Health Sciences. 20*, 39-45. doi: 10.1111/nhs.12378.

Suan Phayom Health Promoting Hospital, Roi-Et Province. (2020). *Pregnant adolescent delivered during April1, 2019-December 18, 2020*. Statictic report Suan Phayom Health Promoting Hospital, Roi-Et Province.

Sukarat, B. (2018). *Teenage pregnancy surveillance 2018.* Nonthaburi: Bureau of Reproductive Health, Department of Health, Ministry of Public Health Bangkok, Thailand.

Tapanya, S. (2011). Attributions and attitudes of mothers and fathers in Thailand. *Parenting Science Pratice Journal. 11*(2-3), 190-198. doi: 0.1080/152951. 2011.585566.

Thaopan, W. W., & Sota, C. (2017). Teenage pregnancy and social dilemma in a province of northeastern Thailand. *Journal of Public Health and Development, 15*(2), 43-54.

Thitimapong, B. (2014). *Striving for a better life: The role adaptation process of adolescent mothers returning to school* (Doctor dissertation). Prince of Songkla University, Songkhla Province, Thailand.

Thongkhom, R., Oncham, S., Sompornrattanaphan, M., & Laisuan, W. (2020). Banana anaphylaxis in Thailand: case series. *Asia Pacific Journal of Allergy and Immunology, 10*(1), 1-7. Doi:10.5415/apallergy.2020.10.e4.

Tumchuea, S., & Pumprayool, P. (2018). Teenage pregnancy: concept of solving problems with the district health system. *Journal of Health Science Research, 12*(2), 29-38.

Turnbull, J. (2015). *Oxford Advanced Learner's Dictionary international student's edition*. Oxford: Oxford University Press.

Tzilos, G. K., Zlotnick, C., Raker, C., Kuo, C., & Phipps, M. G. (2012). Psychosocial factors associated with depression severity in pregnant adolescents. *Arch Womens Mental Health. 15*(5), 397-401. doi:10.1007/s00737-012-0296-9.

UNICEF for Children in Thailand. (2015). *Situation analysis of adolescent pregnancy in Thailand.* Retrieved from https://www.unicef.org/thailand/reports/situation-analysis-adolescent-pregnancy-Thailand.

UNICEF for Children in Thailand. (2018). *Situation analysis of adolescent pregnancy in Thailand: Synthesis report 2015.* Retrieved from https://www.unicef.org/ thailand/160614_SAAP_in_ Thailand_report_EN.pdf

Vázquez-Nava, F., Vázquez-Rodriguez, C. F., Saldívar-González, A. H., Vázquez-Rodríguez, E. M., Córdova-Fernández, J. A., & Sánchez-Márquez, W. (2013). Unplanned pregnancy in adolescents: Association with family structure, employed mother, and female friends with health-risk habits and behaviors. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 91*(1), 176-185. doi:10.1007/s11524-013-9819-6.

Wellings, K., Jones, K., G., Mecer, H., C., Tanton, C., Clifton, S., Datta, J., & Johson, A., M. (2013). The prevalence of unplanned pregnancy and associated factors in Britain: Findings from the third National Survey of sexual attitudes and lifestyles (Natsal-3). *Lancet 2013, 382*, 1807-1816. doi.org/10.1016/s0140-6736(13)62071-1.

Wongsahi, P. (2014). Pregnancy outcomes of adolescent in Roi-Et Hospital. *Journal of Roi-Et Hospital*, *1*(1), 48-57.

World Health Organization. (2004). *Adolescent pregnancy: Issues in adolescent health and development.* Retrieved from http://www. adolescent pregnancy in who.pdf

World Health Organization. (2018). *Adolescent pregnancy: Fact sheet.* Retrieved from http://www.who.int/en/news-room/fact-sheets/detail/adolescent-pregnancy

World Health Organization. (2020). *Adolescent pregnancy: Fact sheet.* Retrieved from http://www.who.int/en/news-room/fact-sheets/detail/adolescent-pregnancy

APPENDICES

APPENDIX A

A Pilot interview

การสัมภาษณ์ครั้งที่ ๑

ผู้ให้ข้อมูล มารดาของหญิงตั้งครรภ์วัยรุ่น อายุ ๔๒ ปี (K1)

วันที่ ๓ มกราคม ๒๕๖๑ เวลา ๑๕.๐๐-๑๖.๐๐ น.

สถานที่ บ้านสวนที่ทุ่งนา ผู้สัมภาษณ์ไปถึงบ้านพบว่า มีถนนดินยาวประมาณ ๒๐๐ เมตรเชื่อมจากถนนลาดยาง เข้าสู่ตัวบ้าน ขณะที่ผู้สัมภาษณ์เดินไปถึงบ้านลักษณะบ้านชั้นเดียว มีห้อง จำนวน ๑ ห้อง อีก ๑ ห้องเปิดโล่ง สระน้ำติดกับบ้าน ๑ สระ มีคนจำนวน ๑๐ คนดังนี้ ผู้ชาย ๔ คน กำลังช่วยกันปิ้งปลาในเตาถ่าน คุณยายน้อง น. กำลังเก็บผักอยู่รอบๆ บ้าน น้องน.(G1) และสามีกำลังนั่งรับประทานปลาปิ้งรวมกับน้องสาว (G2) และน้องเขย คุณแม่น้องน. นั่งอยู่หน้าบ้าน เมื่อผู้สัมภาษณ์หรือผู้วิจัย (R) ไปถึงน้องน.และสามีเดินออกมาต้อนรับ แนะนำให้รู้จักกับคุณแม่ และคุณยายของน้องน. และคนอื่นๆ จากนั้นจึงได้นั่งสัมภาษณ์ ข้างบ้านใกล้สระน้ำ

สัญญาลักษณ์ที่ใช้ ผู้สัมภาษณ์หรือผู้วิจัย (R), ผู้ให้สัมภาษณ์หลัก(K), ผู้ให้สัมภาษณ์ทั่วไป(G)

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
1	R	สวัสดีค่ะ คุณแม่ของน้อง น. สบายดีไหมค่ะ	
2	K1	สวัสดีค่ะ สบายดีค่ะ	
3	R	น้องน บอกไว้ไหมคะว่าจะมาขออนุญาตสัมภาษณ์คุณแม่ที่บ้าน	
4	K1	บอกไว้ค่ะ วันที่ลูกไปฝากท้องที่โรงพยาบาล พอกลับมาถึงบ้านก็	
5		บอกทันทีที่กลับมาถึงว่าจะมีคุณพยาบาลมาหาที่บ้าน ลูกกลัวว่า	
6		จะลืมเลยรีบบอกแม่คะ	
7	R	ขอบคุณมากเลยนะคะที่สละเวลาสำหรับการสัมภาษณ์ในครั้งนี้	
8		พบน้องน.ที่คลินิกฝากครรภ์ค่ะ พบน้องน. กับสามีที่พาไปฝาก	
9		ท้อง ก็ถามน้องเขาว่าสะดวกไหมหากจะไปขอสัมภาษณ์คุณแม่ที่	

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
10		บ้านเกี่ยวกับการดูแลน้องน. ในระหว่างการตั้งครรภ์ น้องน. บอก	
11		ว่าสะดวกจึงขอเบอร์โทรศัพท์ของน้องไว้เพื่อการติดต่อก่อน	
12		ออกมาสัมภาษณ์ และได้สอบถามน้องเกี่ยวกับแผนที่บ้านค่ะ	
13	K1	ได้ค่ะ ปกติแล้วแม่ใช้โทรศัพท์ไม่เป็นหรอกค่ะ วันนี้พอได้ยิน	แม่ใช้
14		เสียงโทรศัพท์ดังขึ้นตั้งนาน คิดว่าจะไม่รับจึงลองเอามือไปจับดู	โทรศัพท์ไม่
15		โชคดีที่เลื่อนไปถูกจุดที่คุยกันได้จึงได้คุยกันทางโทรศัพท์	เป็น
16		ไม่อย่างนั้นก็คงไม่ได้คุย ขณะที่โทรศัพท์ดังขึ้นนั้นลูกสาวเข้าไป	
17		ในบ้านที่อยู่ในหมู่บ้านค่ะ	
18	R	ค่ะถือว่าเป็นความโชคดีที่จะทำให้เราได้มาพบกันพูดคุยกัน ก่อน	
19		อื่นขอแนะนำตัวเองก่อนนะคะ ดิฉันเป็นพยาบาล กำลังไปเรียน	
20		ต่อระดับปริญญาเอก ที่คณะพยาบาลศาสตร์	
21		มหาวิทยาลัยสงขลานครินทร์ อำเภอหาดใหญ่ จังหวัดสงขลา มี	
22		ความสนใจที่ศึกษาเกี่ยวกับ พ่อแม่ของผู้หญิงตั้งครรภ์ที่อายุต่ำ	
23		กว่า ๒๐ ปีว่ามีการดูแลลูกอย่างบ้างในระหว่างการตั้งครรภ์ จะใช้	
24		เวลาไม่เกิน ๑ ชั่วโมงในการพูดคุยครั้งนี้ค่ะ	
25	K1	ได้ค่ะก็ดูแลเขาดีหน่อยช่วงที่ท้องเพราะลูกยังเด็กอยู่ ลูกยากกิน	
26		อะไรก็พยายามหาให้กินค่ะ อย่างวันนี้เขาอยากกินปลา พวกเราก็	
27		ออกมาทุ่งนาเอาปลาในสระที่เราเลี้ยงไว้มาให้ลูกสาวกิน	
28	R	ดีจังเลยค่ะ มีบ่อเลี้ยงปลาของตนเอง แล้วที่บอกว่าลูกยังเด็กอยู่	
29	K1	อายุเท่าไหร่คะ และท้องได้กี่เดือนคะ	
30		ลูกอายุ 19 ปีค่ะตอนนี้ท้องได้ ๘ เดือนอีก ๒ เดือนจะคลอด ลูกคน	
31		แรกก็ต้องคอยบอกว่าช่วงที่ท้องให้กินแต่ของดีๆ ลูกในท้องจะได้	ช่วงที่ท้องให้
32		แข็งแรงด้วย อยากกินอะไรก็ซื้อมาให้กินโดยเฉพาะสามีของลูก	กินแต่ของดีๆ

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
33		พอพูดว่าวันนี้อยากกินส้ม อยากกินน้ำแข็งไสเขาก็พาเมียไปหาซื้อ	ซื้อมาให้กิน
34		ที่ในหมู่บ้าน จึงได้รับโทรศัพท์เขาไม่ได้เอาโทรศัพท์ไปด้วยแม่จึง	โดยเฉพาะ
35		ต้องรับโทรศัพท์แทน	สามี
36	R	ช่วงที่ท้องให้กินแต่ของดีๆ ทำอย่างไรบ้างคะ	
37	K1	ช่วงเขาท้องใหม่ๆ แม่ทำงานก่อสร้างที่ในเมือง เห็นเขาโฆษณาใน	
38		ทีวีเรื่องนมกินนมบำรุงท้องในผู้หญิงแล้วดี แม่ก็จำเอาแล้วพอเลิก	นมกินนม
39		งานแม่ก็ไปซื้อนมมาให้ลูกเยอะๆ นมหมีที่เป็นกระป๋อง ซื้อที่ละ	บำรุงท้องใน
40		๒ ถึง๓ โหลหอบกลับมาบ้านให้ลูกกินแม่ไม่ได้เรียนหนังสือนะ	ผู้หญิงแล้วดี
41		แต่เห็นในทีวีแม่ก็จำเอา แม่จำเก่งเห็นอะไรก็จำได้หมด แล้วเอามา	
42		ทำตาม	
43	R	เก่งจังเลยค่ะ ไม่ได้เรียนแต่ความจำดี แล้วทำไมไม่ได้เรียนหนังสือ	
44		คะ ขอโทษค่ะคุณแม่อายุเท่าไหร่แล้วคะ	
45	K1	ปีนี้แม่อายุ ๔๒ สมัยก่อนพ่อแม่เรายากจน มีลูกเยอะ๘ คนจึงพา	
46		กันไปทำงานตัดอ้อยที่จังหวัดชลบุรี อยู่ในป่าไกลๆ เลยไม่ได้เรียน	
47		หนังสือ พ่อตายตอนอายุ ๔ ปี แม่ตายตอนอายุ ๑๒ ปี พี่สาวคนโต	
48		เลี้ยงจนแต่งงานจึง ย้ายมาอยู่บ้านกับพ่อของน้อง. จนถึงทุกวันนี้	
49	R	คุณพ่อน้องน.อายุเท่าไหร่แล้วคะ และแต่งงานกันอายุเท่าไหร่	
50	K1	คุณพ่อน้องน.อายุ ๔๐ กว่าๆ แก่กว่าแม่ ๓ ปี แต่งงานกันแม่อายุ	
51		๒๒ ปี แต่งงานอยู่ด้วยกันไม่นานประมาณหนึ่งปีคุณพ่อน้องน.ก็	
52		ไปทำงานเก็บเม็ดกาแฟที่ชุมพร เราก็ต้องเลี้ยงลูก ๒ คนอยู่บ้าน	
53	R	ที่บ้านอยู่กันกี่คนคะมีใครบ้าง คุณตาคุณยายท่านอายุเท่าไหร่แล้ว	
54		คะ ท่านแข็งแรงจังเลยค่ะ	
55	K1	อยู่กัน ๘ คน มีคุณตาอายุ ๖๘ ปี คุณยายอายุ ๗๐ปี แม่น้องน.และ	

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
56		พ่อน้องน. น้องน. กับแฟน และน้องสาวน้องน.อายุ ๑๕ ปีเรียนอยู่	
57		ม. ๓ อีกคนหนึ่งผู้ชายคนที่ผิวขาวๆคือคู่หมั้น	
58	R	เรียนอยู่ ม. ๓ คุณพ่อคุณแม่ก็อนุญาตให้หมั้น	
59	K1	ใช่คะ เขาสองคนรักกัน ผู้ชายก็มารับไปกินข้าวและไปดูหนังนอก	
60		บ้าน ทีนี้ชาวบ้านก็พูดว่า “มารับไปกินข้าวและไปดูหนังนอกบ้าน	
61		ต่อไปก็พากันไปเข้าโรงแรมหรอก” แม่ก็มาถามลูกๆ ก็บอกว่ากิน	
62		ข้าวแล้วดูหนังไม่ได้มีอะไรกัน แต่ปากชาวบ้านเขานินทานะ	ชาวบ้านเขา
63	R	แล้วคุณแม่รู้สึกอย่างไรคะ	นินทา
64	K1	แม่ก็ได้ยินเขาพูดจึงมาปรึกษากันในครอบครัวว่าเราจะทำอย่างไร	
65		กัน เรื่องครอบครัวก็จะปรึกษาภายในครอบครัว มีปัญหาจะ	เรื่อง
66		ปรึกษารู้กันหมด น้องน.ก็บอกว่า ให้เขาหมั้นกันไว้ก่อน พ่อแม่	ครอบครัวก็
67		สองฝ่ายก็มาคุยกันฝ่ายผู้ชายก็ยินดี จึงให้หมั้นกันไว้เขาก็มาอยู่	จะปรึกษา
68		ด้วยกันที่บ้านแม่นี่แหละเดียวนี้ ผู้ชายเขาอายุ ๑๙ ปีทำงานเป็น	ภายใน
69		หัวหน้าช่างเชื่อมในตัวเมือง เขามีรถประจำตำแหน่งด้วยขับไป	ครอบครัว
70		ทำงาน เขาทำงานเก่ง	
71	R	น้องน. เจอกันกับแฟนอย่างไรคะ	
72	G1	หนูเจอกันกับแฟนตอนที่เรียนอยู่ ม. ๑ แฟนเรียนอยู่ ม.๓ เพื่อนๆ	
73		ในกลุ่มหนูมี ๑๑ คน เพื่อนเขาก็เอาชื่อหนูเขียนจดหมายไปหา	
74		แฟนหนู จนเขาตามมาถามว่าใครชื่อ น. ซึ่งหนูก็ไม่รู้เรื่องก็จีบกัน	
75		มาตั้งแต่ตอนนั้น จนแฟนเขาจบ ม.๓ ไปทำงานรับจ้างที่ กทม.กับ	
76		ครอบครัวของแฟน นานๆจะกลับมาบ้าน หนูกับแฟนอยู่หมู่บ้าน	
77		ใกล้ๆ กันห่างกันประมาณ ๕ กิโลเมตรค่ะ	
78	R	น้องน.เรียนจบชั้นไหนคะ	

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
79	G1	จบม.๕ ค่ะ ช่วงนั้นปิดเทอมหนูไปทำงานรับจ้างที่ชลบุรี ลืมไป	
80		เลยจนคุณครูโทรศัพท์บอกให้มาลงทะเบียนเรียนหนังสือ หนูถาม	
81		เพื่อนๆ ว่ามีใครมาเรียนต่อไหม ทุกคนบอกว่าไม่มาเรียนต่อ	ไม่มาเรียนต่อ
82		เพราะทุกคนมีแฟนหมดแล้ว หนูติดเพื่อนมากตอนนั้น คิดว่าหาก	เพราะทุกคนมี
83		กลับมาเรียนแล้วไม่มีเพื่อนสนิทหนูจะเรียนได้อย่างไร จึงไม่	แฟนหมดแล้ว
84		กลับมาเรียนอีกเลยค่ะ	หนูติดเพื่อน
85	R	คุณแม่ว่าอย่างไรคะที่ลูกไม่กลับมาเรียนต่ออีก	มาก
86	K1	แม่ก็อยากให้เขาเรียนต่อนะคะ แต่เขาไม่กลับมาแม่ก็ไม่รู้จะว่า	
87		อย่างไร แม่รู้สึกเสียใจ (สีหน้าเศร้าก้มหน้า) จริงๆแล้วเขาเป็นคน	แม่รู้สึกเสียใจ
88		เรียนหนังสือเก่งมากได้เกรด ๓ เกือบได้ ๔ ทุกเทอม พ่อแม่หวัง	(สีหน้าเศร้า
89		ว่าลูกจะได้เรียนหมอ เมื่อเขาไม่มาเรียนชีวิตของเขาๆเลือกเองแม่	ก้มหน้า)
90		ก็บังคับเขาไม่ได้	
91		เมื่อหนูไม่กลับมาเรียน หนูและแฟนแยกย้ายกันไปทำงาน	
92	R	กลับมาเจอกันอีกช่วงไหนคะ	
93	G1	ช่วงสงกรานต์ค่ะ เรากลับมาเจอกันที่บ้านจนมีอะไรกัน พอแฟน	ช่วงสงกรานต์
94		จะกลับกรุงเทพฯ หนูบอกแม่ว่าจะไปกรุงเทพฯกับแฟนแต่แม่	ค่ะ เรากลับมา
95		ไม่ให้ไป	เจอกันที่บ้าน
96	R	คุณแม่รู้สึกอย่างไรคะเมื่อลูกสาวมาบอกว่าจะไปกรุงเทพฯ กับ	จนมีอะไร
97		แฟน	
98	K1	แม่ไม่ให้ไปก็บอกว่าพี่เขาไปทำงาน เดียวเขาก็กลับมาจะไปทำไม	
99		ซึ่งตอนนั้นแม่ไม่รู้หรอกว่าลูกเราเสียให้เขาแล้ว แม่บอกว่าหาก	
100		เอาลูกแม่ไปแม่จะแจ้งตำรวจเพราะลูกยังเป็นเด็กอยู่ เขาก็เลยไม่	
101		กล้าพาลูกสาวแม่ไป	

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
102	R	นานไหมคะกว่าจะบอกแม่ว่าหนูและแฟนมีอะไรกันแล้ว	
103	G1	ประมาณเดือนหนึ่งค่ะกว่าจะตัดสินใจบอกแม่ เราสองคนคุยกัน	ประมาณ
104		ว่าต้องบอกแม่ พวกหนูคิดว่าลูกอยากมาเกิดกับเรา ก็ต้องเลี้ยงเขา	เดือนหนึ่ง
105		ค่ะ	
106	R	ใครเป็นคนบอกแม่คะเกี่ยวกับเรื่องนี้ แม่รู้สึกอย่างไรคะขณะนั้น	
107	K1	ลูกสาวเป็นคนบอก แม่น้ำตาตกในค่ะ แต่แม่จะไม่ให้ลูกเห็นแม่	
108		ร้องไห้ แม่นอนร้องไห้อยู่เป็นเดือนกว่าจะทำใจได้ แต่แม่ไม่ได้ด่า	แม่นอน
109		ว่าอะไรลูก คือสิ่งนี้พลาดไปแล้วมันเอาคืนไม่ได้หรอก ถ้าจะมา	ร้องไห้อยู่เป็น
110		ด่าตีลูกของเราก็ยิ่งจะทำให้เขาหนีออกจากบ้านไป แม่ไม่เคยตีลูก	เดือนกว่าจะ
111		แต่คุยกันด้วยเหตุและผล จึงบอกให้เอาผู้ใหญ่มาคุยกันทั้งสองฝ่าย	ทำใจได้ แต่
112	R	ฝ่ายผู้ชายว่าอย่างไรบางคะ	แม่ไม่ได้ด่าว่า
113	K1	เขาดีนะคะ เป็นผู้ใหญ่ดีรับผิดชอบ เราทั้งสองฝ่ายคุยกัน ตอนนั้น	อะไรลูก
114		แม่โมโหมากเลยอยากเรียกสักห้าแสน ทองต่างหาก แต่ก็ให้เขา	แม่โมโห
115		เอามาแค่แสนเดียว ทองต่างหาก เขาก็หามาให้นะ เขาดีมากเลยยิ่ง	
116		มาอยู่ด้วยกันแล้วดูแลลูกเราดีมาก	
117	R	คุณพ่อตอนที่รู้เรื่องท่านเป็นอย่างไรบ้างคะนานไหมกว่าจะทำใจ	
118		ได้	
119	K1	คุณพ่อนอนร้องไห้ทุกคืน ประมาณสามเดือนจึงทำใจได้ หวังกับ	คุณพ่อนอน
120		ลูกสาวคนนี้มากเลย	ร้องไห้ทุกคืน
121	R	เมื่อทราบว่าท้องหนูรู้สึกอย่างไรคะ คุณแม่รู้สึกอย่างไรบ้างจะมี	ประมาณสาม
122		หลานในระหว่างที่ท้อง	เดือนจึงทำใจ
123	G1	หนูคิดแต่อยากทำบุญค่ะ ช่วงปีใหม่ก็พึ่งจะทำผ้าป่าไปที่วัด	ได้
124		จังหวัดศรีษะเกษ ได้เงินไปแปดพันบาท เป็นวัดป่าหนูเคยฝันว่า	หนูคิดแต่

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
125		เคยไปทำบุญที่วัดนี้ พอไปถึงวัดทุกอย่างเหมือนที่หนูฝันเลยค่ะ	อยากทำบุญ
126		พวกเราไปเฉพาะญาติๆค่ะไปรถส่วนตัว สองคัน	ค่ะ
127	K1	ตั้งแต่ท้อง ลูกอยากไปทำบุญที่วัดมาก อาจจะเป็นเพราะว่าแม่พา	
128		ลูกสาวสองคนไปวัดตั้งแต่ลูกเล็กๆ แต่งชุดขาวไปนอนวัด ไปกัน	
129		สามคนแม่ลูก แม่เชื่อว่าคงเพราะเหตุนี้พอเขามีลูกเขาจึงชอบ	
130		ทำบุญ	แม่เชื่อว่าคง
131	R	นอกจากการไปทำบุญ คุณแม่ดูแลลูกสาวอย่างไรบ้างคะ	เพราะเหตุนี้
132	K1	ดูแลเขาเรื่องอาหาร หมอบอกว่าห้ามกินผงชูรส เวลาทำอาหารก็	พอเขามีลูก
133		จะไม่ใส่ผงชูรส เวลานอนก็เขาไปดูว่าลูกๆปิดไฟหรือยังก็ต้องปิด	เขาจึงชอบ
134		ไฟให้เขา ทำมาตั้งแต่เล็กๆจนถึงปัจจุบันนี้ค่ะตั้งแต่เริ่มท้องก็ซื้อ	ทำบุญ
135		นมมาให้กิน ๖กล่องต่อวัน	ห้ามกินผงชู
136	R	เรื่องเงินหละคะ คุณแม่ต้องให้เงินเขาหรือเปล่า	รส ซื้อนมมา
137	K1	ช่วงท้องใหม่ๆ ก็ดูแลบ้างแต่ช่วงหลังมาแฟนเขามีงานทำแล้ว ไป	ให้กิน ๖
138		ทำงานเป็นช่างเชื่อมเหล็กกับแฟนของน้องสาว ก็ไม่ต้อง	กล่องต่อวัน
139		ช่วยเหลือเขาอีกแล้ว แต่เขาก็ช่วยเหลือแม่หากแม่บอกว่ายืมเงินมา	
140		ซ่อมแซมบ้าน เงินหมดก็บอกเขาว่าไม่มีเงินคืนแล้วนะ เขาก็รู้ว่า	
141		แม่เอาเงินไปทำอะไรเขาก็ไม่ได้ทวงคืน บ้านเราจะไม่มีความลับ	
142		ต่อกันค่ะ ส่วนเรื่องอาหารขอให้บอกว่าอยากกินอะไร แฟนเขาจะ	
143		หาซื้อมาให้ บางครั้งน้องเขยเขาก็ซื้อมาให้กิน เพราะเขาไปทำงาน	
144		ในเมือง	
145	R	คุณตาคุณยายช่วยอย่างไรบ้างคะ	
146	K1	อย่างวันนี้ พอหลานบอกว่าอยากกินปลาทุกคนก็ออกมาทุ่งนา เอา	
147		ปลาในสระมาให้กิน ท่านบอกว่ากำลังท้องอย่าฆ่าสัตว์ตัดชีวิต	

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
148		ทุกคนในบ้านก็ช่วยกันดูแลเขา ส่วนใหญ่จะเป็นแฟนพาไปฝาก	กำลังท้องอย่า
149		ท้องทุกครั้ง แม่ก็ช่วยดูแลเกี่ยวกับอาหารให้ ทุกคนดีใจที่จะได้	ฆ่าสัตว์ตัด
		หลาน	ชีวิตทุกคนใน
150	R	ค่ะ สำหรับวันนี้ ต้องขอขอบคุณคุณแม่ และน้อง น. ข้อมูลที่ได้	บ้านก็ช่วยกัน
151		วันนี้จะนำไปประกอบความรู้ในการทำวิจัยจะใช้ชื่อสมมติในการ	ดูแลแฟนพา
152		นำเสนอข้อมูลในระหว่างนี้หากน้องน.มีปัญหาอะไรที่สงสัย	ไปฝากท้อง
153		เกี่ยวกับอาการของตนเองก็โทรศัพท์ติดต่อได้ตามเบอร์ที่ให้ไว้	แม่ก็ช่วยดูแล
154		หรือหากว่าข้อมูลที่ได้มาวันนี้ยังไม่สมบูรณ์ครบถ้วนอาจจะ	เกี่ยวกับ
155		โทรศัพท์ติดต่อมาขอสัมภาษณ์อีกครั้งนะคะ อย่าลืมไปตามนัด	อาหาร
156		ครั้งต่อไปนะคะ	
157	K1	ได้ค่ะยินดีค่ะ	
158	G1	ได้ค่ะยินดีค่ะ	
159	R	ขอบคุณค่ะ ขอลากลับก่อนนะคะ สวัสดีค่ะ	
160	K1	สวัสดีค่ะ	
161	G1	สวัสดีค่ะ	
162			
163		**การสัมภาษณ์ครั้งที่ ๒**	
164		**ผู้ให้ข้อมูล** K1= คุณแม่น้องน. K2=คุณพ่อน้องน.,	
165		G1= น้องน., G2= น้องสาวน้องน.	
166		**วันที่** ๑๘ กุมภาพันธ์ ๒๕๖๑ เวลา ๑๓.๐๐-๑๔.๐๐ น.	
167		**สถานที่บ้านของน้องน.และวัด**	
168		บ้านของน้องน.อยู่ติดถนนกลางหมู่บ้าน ลักษณะบ้านชั้นเดียว	
169		สร้างด้วยปูนซีเมนต์ ประตูหน้าบ้านทำด้วยกระจก รั้วบ้านทำด้วย	

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
170		เสาไม้ มีไม้ไผ่พาดไว้ในแต่ละเสาที่อยู่ด้านหน้า ส่วนด้านข้างและ	
171		ด้านหลังไม่มีรั้วกั้น ขณะที่ผู้สัมภาษณ์ เดินเข้าไปหน้าบ้าน	
172		น้องสาวของน้องน. เดินออกมาต้อนรับพร้อมยกมือไหว้ผู้	
173		สัมภาษณ์และเชิญไปนั่งที่เก้าอี้พลาสติกสีน้ำเงินหน้าบ้านต่อจาก	
174		กลุ่มผู้ให้ข้อมูล บริเวณหน้าบ้านสังเกตเห็นคุณแม่น้องน.นั่ง	
175		รวมกลุ่มกับผู้หญิงวัยกลางคน ๒ คน นอกจากนั้นเห็นน้องสาว	
176		น้องน.นั่งข้างๆ แฟนหนุ่ม ส่วนน้องน. นั่งห่างออกไปจาก	
177		น้องสาวประมาณ ๑ เมตร ทุกคนกำลังนั่งร้อยยาเตอร์กีสทำเป็น	
178		สายๆ ความยาวประมาณ ๑ เมตร ผู้สัมภาษณ์ยกมือไหว้คุณแม่	ทุกคนกำลัง
179		น้องน. และหญิงวัยกลางคนทั้งสอง ทุกคนยิ้มต้อนรับ คุณแม่	นั่งร้อยยา
180		น้องน. แนะนำให้รู้จักกับหญิงวัยกลางคนทั้งสองว่าท่านมารับจ้าง	เตอร์กีส
181		ร้อยยาเตอร์กีส สายละ ๕ บาท จากนั้นจึงได้เริ่มต้นการสัมภาษณ์	
182		**สัญญาลักษณ์ที่ใช้** ผู้สัมภาษณ์หรือผู้วิจัย (R), ผู้ให้สัมภาษณ์หลัก	
183		(K), ผู้ให้สัมภาษณ์ทั่วไป(G)	
184	R	สวัสดีค่ะคุณแม่ สบายดีไหมคะ	
185	K1	สวัสดีค่ะ สบายดีค่ะ	
186	R	ทำไมวันนี้แต่งตัวสวยกันทุกคน มีงานอะไรหรือคะ	
187	G2	วันนี้ที่วัดมีงานทำบุญอันเชิญพญานาคมาประจำที่วัดบ้านเราค่ะ	
188		บ้านเราทุกคนไปทำบุญที่วัดค่ะ ต้มไข่ไก่ไปร่วมในพิธีช่วงเช้า	
189		เสร็จประมาณ ๑๐ โมงพวกเราจึงกลับมาบ้าน ใครได้กินไข่ในพิธี	บ้านเราทุกคน
190		จะไม่เจ็บป่วย	ไปทำบุญที่วัด
191	R	ใครเป็นคนอันเชิญพญานาคท่านมาคะ ทำไมถึงได้เชิญท่านมา	ต้มไข่ไก่ไป
192		ประจำที่วัดบ้านเราคะ	ร่วมในพิธี

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
193	K1	พระท่านมาจำพรรษาที่บ้านเรา เวลามีคนถ่ายรูปพระจะมีแสงออก	ใครได้
194		จากตัวท่านลักษณะเหมือนพญานาค ท่านเป็นพระนักปฏิบัติ นั่ง	กินไข่ในพิธี
195		สมาธิ ยังหนุ่มๆ อายุประมาณ ๒๐ ปีกว่าๆ เดินทางมาจากจังหวัด	จะไม่เจ็บป่วย
196		ขอนแก่นหาเพื่อนที่เป็นลูกชายของจ้าวอาวาสที่วัด จึงจำพรรษา	พระจะมีแสง
197		ที่นี่เลยหลายปีแล้ว วันนี้ตรงกับวันเกิดของท่านด้วย จึงทำพิธี	ออกจากตัว
198		อัญเชิญพญานาคพร้อมกัน	ท่านลักษณะ
199	R	ดีจังเลยค่ะ น้องน.ได้ไปทำบุญด้วย ลูกในท้องก็ได้ไปทำบุญด้วย	เหมือน
200	K1	ช่วงนี้น้องน.บอกว่าหน่วงๆที่ท้องเวลาปัสสาวะ เหมือนมีอะไรจะ	พญานาค
201		หลุดออกมาด้วย	ลูกในท้องก็
202	R	ค่ะ ใกล้ครบกำหนดคลอดแล้วหัวของลูกจะเข้าสู่อุ้งเชิงกรานทำ	ได้ไปทำบุญ
203		ให้มีอาการหน่วงๆเช่นนั้นค่ะ น้องน. ไปทำบุญวันนี้แล้วรู้สึก	ด้วย
204		เป็นไงบ้างคะ	
205	G1	รู้สึกดีค่ะ เหนื่อยสักหน่อย ไปนั่งนานรู้สึกว่าหน่วงๆ ที่ท้อง พระ	
206		ท่านรดน้ำมนต์ให้ ลูกในท้องดิ้นดีมากเลยที่ได้รับน้ำมนต์ ช่วง	
207		ก่อนท้องฝันเห็นว่ามีพญานาคผู้หญิงมาขออยู่ที่บ้านด้วย บอกว่า	
208		บ้านของหนูเย็นดี ต่อมาหนูก็มีท้อง หนูเชื่อว่าท่านพญานาคมาขอ	
209		เกิดกับหนูค่ะ	หนูเชื่อว่าท่าน
210	R	แล้วลูกในท้องเป็นผู้หญิงหรือผู้ชายคะ ทราบหรือยัง	พญานาคมา
211	G1	เป็นผู้ชายค่ะ พระท่านบอกว่าหากชาติที่แล้วเกิดเป็นผู้หญิง ชาตินี้	ขอเกิดกับหนู
212		พญานาคท่านจะเกิดเป็นผู้ชาย	
213	R	ค่ะ คุณพ่อไปไหนคะวันนี้ไม่เห็นท่านเลย	
214	G1	พ่อน้องน. ไปช่วยงานที่วัด เป็นรปพ. (รักษาความปลอดภัย	
215		ประจำหมู่บ้าน) เวลามีงานในหมู่บ้านต้องไปช่วยงานค่ะ	ไปช่วยงานที่

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
216	R	วันนี้มาอยากขอสัมภาษณ์ท่านด้วยค่ะเกี่ยวกับการดูแลน้องน.	วัด เป็นรปพ.
217	G1	ทำงานอยู่ที่วัดแหละค่ะ ไปคุยได้เลย เดินอยู่แถวๆ วัดค่ะ	(รักษาความ
218	R	ค่ะ ขอบคุณสำหรับการพูดคุยวันนี้นะคะ มาติดตามดูอาการของ	ปลอดภัย
219		น้องน.ด้วยค่ะ หากต้องการคำปรึกษา ยินดีนะคะ โทรติดต่อตาม	ประจำ
230		เบอร์ที่ให้ไว้นะคะ สวัสดีค่ะ	หมู่บ้าน)
231	G1	สวัสดีค่ะ	โทรติดต่อ
232		ผู้สัมภาษณ์เดินทางต่อไปที่วัดประจำหมู่บ้านห่างจากตัวบ้าน	ตามเบอร์ที่ให้
233		ประมาณ ๑ กิโลเมตร เมื่อเดินทางไปถึงวัด เดินผ่านประตูโขงวัด	ไว้
234		เข้าไปประมาณ ๕๐๐ เมตรทางด้านขวามือ พบว่ามีรูปปั้น	
235		พญานาค ปั้นด้วยปูนซีเมนต์ จำนวน ๕ ตัว ตั้งอยู่ในบ่อน้ำ ถัดจาก	
236		บ่อน้ำประมาณ ๒๐๐ เมตร เห็นมีศาลาทรงไทย๑ หลังตั้งอยู่ มีพระ	
237		๓ รูป นั่งอยู่บนศาลา หนึ่งในนั้นจะนั่งอยู่หน้ารูปภาพพระที่สูงวัย	
238		มีกองหมอนขิดประมาณ ๕ ใบ นอกจากนั้นจะมีชายหญิง	
239		ประมาณ ๕ คนนั่งอยู่ตรงพื้น กำลังให้พระปะพรมน้ำมนต์ให้ ผู้	
240		สัมภาษณ์เดินต่อไปตามทางเดินเข้าบริเวณวัด ตรงกลางลานวัดมี	
241		การจัดที่บวงสรวงพญานาค เช่น พานบายศรีรูปพญานาค ร่ม	
242		ขนาดใหญ่ ตะกร้าใส่ไข่ เครื่องบวงสรวง ชั้นบนสุด มีองค์	
243		พระพุทธรูป ตั้งเป็นประธาน ๑ องค์ บนเวทีกลางแจ้งมีการแสดง	
244		หมอลำโปงราง มีผู้คนนั่งชมประมาณ ๕๐ คน ผู้สัมภาษณ์	
245		สอบถามหาคุณพ่อน้องน. สักครู่ชายวัยกลางคนแต่งกายด้วย	
246		เครื่องแบบ รปภ. เดินยิ้มเข้ามาหาผู้สัมภาษณ์ ที่ยืนรออยู่ใต้ต้นไม้	ชายวัย
247		ข้างสถานที่จัดบวงสรวง	กลางคนแต่ง
248	R	สวัสดีค่ะคุณพ่อน้องน. สบายดีไหมคะ	กายด้วย

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
249	K2	สวัสดีครับ สบายดีครับ	เครื่องแบบ
250	R	ดีจังเลยค่ะได้มาช่วยงานทำบุญที่วัด ทำอะไรบ้างคะวันนี้	รปภ.
251	K2	ผมทำเกี่ยวกับรักษาความสงบเรียบร้อยภายในวัดครับ วันนี้มีงาน	
252		บวงสรวงอันเชิญพญานาคมาประจำที่วัดครับ นั่นไงครับสถานที่	ทำเกี่ยวกับ
253		บวงสรวง แต่เสร็จแล้ว ช่วงนี้ก็ฟังหมอลำกันครับ ลูกศิษย์พระ	รักษาความ
254		อาจารย์มาจากหลายที่ครับ ทำผ้าป่ามาด้วย คงได้เงินหลายแสน	สงบเรียบร้อย
255	R	ทำไมลูกศิษย์ท่านบริจาคเงินมากจังเลยค่ะ	ภายในวัด
256	K2	ลูกศิษย์ท่านถูกหวยครับ จึงเอาเงินมาบริจาค คนที่มาจาก	
257		กรุงเทพฯ มารับผิดชอบค่าใช้จ่ายในการทำพิธีครับ	
258	R	ดิฉันพึ่งจะมาจากบ้านของคุณพ่อค่ะ ไปเยี่ยมน้องน. และทุกคนที่	
259		บ้านค่ะ น้องน.บอกว่าลูกในท้องเป็นพญานาคมาขออยู่ด้วย คุณ	
260		พ่อทราบไหมคะจะได้หลานผู้หญิงหรือผู้ชาย	
261	K2	น้องน.บอกว่าเป็นผู้ชายครับ ดีใจมากเลยครับที่จะมีเด็กๆ มาอยู่	
262		ในบ้าน ดีใจสุดๆ จะได้มีเด็กผู้ชายมาวิ่งในบ้านเพราะว่าตัวเองมี	
263		แต่ลูกสาว	ดีใจสุดๆ จะ
264	R	คุณพ่อช่วยดูแลน้องน. อย่างไรบ้างคะ วันแรกที่รู้ว่าน้องน.ท้อง	ได้มีเด็กผู้ชาย
265		กับวันนี้ความรู้สึกเป็นอย่างไรคะ	มาวิ่งในบ้าน
266	K2	ช่วยกันซื้อนมให้ลูกกิน เห็นเขาตัวเล็กต้องให้กินนมมากๆจะได้	
267		แข็งแรงทั้งแม่และลูก อยากกินอะไรก็ซื้อให้กิน วันแรกที่รู้เรื่อง	ซื้อนมให้ลูก
268		เสียใจมากนอนร้องไห้ วันนี้ดีใจมาก (ขณะพูดยิ้ม)	กินอยากกิน
269	R	คุณแม่เล่าให้ฟังว่าช่วงที่น้องน. จะแต่งงานคุณพ่อนอนร้องไห้ตั้ง	อะไรก็ซื้อให้
270		สามเดือน	กิน วันแรกที่รู้
271	K2	นานมาแล้วครับไม่อยากพูดถึง ตอนนี้ดีใจมาก อยากได้หลานชาย	เรื่องเสียใจ

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
272		สมใจอยาก รอวันที่เขาจะเกิด จะได้ช่วยกันเลี้ยง	มากนอน
273	R	ยินดีด้วยที่ได้หลานชาย วันนี้รบกวนเวลาทำงาน ขอกลับก่อน	ร้องไห้ วันนี้ดี
274		สวัสดีค่ะ	ใจมากนาน
275	K2	ครับ สวัสดีครับ	มาแล้วครับ
276			ไม่อยากพูดถึง
277			ช่วยกันเลี้ยง

การสัมภาษณ์ครั้งที่ ๓

ผู้ให้ข้อมูล คุณแม่น้องน. (K1) และน้องน. (G1)

วันที่ ๑๔ กุมภาพันธ์ ๒๕๖๑ เวลา ๑๖.๐๐-๑๖.๓๐ น.

สถานที่ ตึกสูติกรรมหลังคลอด โรงพยาบาลร้อยเอ็ด จังหวัดร้อยเอ็ด ผู้สัมภาษณ์เดินไปถึงเตียงผู้ป่วยหลังคลอดเบอร์ ๖ สังเกตเห็น น้องน.(G1) นั่งอยู่บนเตียงสวมชุดของทางโรงพยาบาล ขณะเดียวกันคุณแม่น้องน. นั่งข้างเตียงทางด้านซ้ายของน้องน. กำลังอุ้มเด็กและพูดคุยกับเด็กและน้องน.ด้วยใบหน้าที่ใบหน้ายิ้มแย้ม เมื่อผู้สัมภาษณ์ เดินไปถึงทั้งน้องน.และคุณแม่น้องน.ยิ้มให้พร้อมกับยกมือสวัสดี ผู้สัมภาษณ์ยิ้มตอบพร้อมยกมือสวัสดีและเข้าไปนั่งที่เก้าอี้ข้างเตียงผู้ป่วยทางด้านขวามือของน้องน.

สัญญาลักษณ์ที่ใช้ ผู้สัมภาษณ์หรือผู้วิจัย (R), ผู้ให้สัมภาษณ์หลัก(K), ผู้ให้สัมภาษณ์ทั่วไป(G),

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
278	R	สวัสดีค่ะ คุณแม่น้องน. และน้องน.ยินดีด้วยค่ะ	
279	K1	สวัสดีค่ะ ขอบคุณค่ะ	
280	G1	สวัสดีค่ะ ขอบคุณค่ะ	
281	R	คลอดเร็วจังเลยค่ะ เห็นกำหนดคลอดในสมุดฝากครรภ์เป็นวันที่ ๗	
282		มีนาคม ๒๕๖๑ ผู้หญิงหรือผู้ชายคะน้ำหนักเท่าไหร่คะ คลอดตอนกี่	
283		โมง	
284	G1	ลูกผู้ชายค่ะใช่ค่ะ น้ำหนัก ๒,๕๐๐ กรัมเวลา ๑๐.๑๖น. ก็ไม่คิดว่าจะ	
285		คลอดเหมือนกันค่ะ เมื่อวานยังไปทำบุญที่วัดที่อยู่ที่บ้านเขามีงาน	
286		บวงสรวงพญานาคและเป็นวันที่ตรงกับวันเกิดของพระที่ท่านเป็นผู้	
287		อันเชิญพญานาคมาอยู่ที่วัดค่ะ	
288	R	น้องน.ไปวัดไปทำอะไรบ้าง	

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
289	G1	ไปกับคุณแม่ค่ะ เอาไข่ต้มไปร่วมในพิธีบวงสรวง และให้พระท่าน	
290		รถน้ำมนต์ให้ค่ะ พอตอนเย็นกลับมาถึงบ้านเริ่มเจ็บท้องเลย เจ็บมาก	
291		ขึ้นๆ จึงบอกแม่ๆจึงพามาที่โรงพยาบาล	
292	R	คุณแม่เป็นคนพาน้องน.มาที่โรงพยาบาลหรือคะ แล้วสามีน้องน.	
293		ไหนคะ	
294	K1	เขาไปทำธุระที่บ้านค่ะแม่พาน้องน.มาโรงพยาบาลก่อนแล้วเขาก็	
295		ตามมาค่ะ	
296	R	ดีค่ะคุณแม่คอยช่วยเหลือตลอดเวลา แล้วช่วยที่น้องน.เข้าไปอยู่ใน	
297		ห้องคลอดคุณแม่รู้สึกอย่างไรคะ	
298	K1	แม่จะเอาประสบการณ์ของตัวเองมาสอนลูกค่ะ ว่าเราจะเป็นแม่คน	เอา
299		แล้วต้องอดทน ยิ่งใกล้คลอดจะปวดท้องมากอย่างร้องเพราะจะ	ประสบกา
300		เหนื่อย แล้วจะไม่มีแรงเบ่ง เพราะแม่เคยเห็นช่วงที่แม่คลอดลูก มี	รณ์ของ
301		บางคนปวดท้องแล้วร้องตลอดเวลา ไม่ฟังคุณหมอคุณพยาบาลที่	ตัวเองมา
302		คอยบอก ผลสุดท้ายต้องใช้เครื่องมือช่วยและบางคนก็ต้องผ่าตัด	สอนลูก
303		คลอด	
304	R	ค่ะ คุณแม่ใช้ประสบการณ์ตัวเองที่เคยคลอดมาสอนลูก ดีจังเลยค่ะ	
305		จะขออนุญาตคุยกับคุณแม่เกี่ยวกับประสบการณ์ของคุณแม่ที่ใช้ใน	
306		การสอนลูก ขออนุญาตไปคุยกันที่ระเบียงทางเดินของตึกทางด้าน	
307		หลังเพื่อจะไม่ได้รบกวนน้องน.และผู้ป่วยคนอื่นๆนะคะ ฝากน้องน.	
308		อุ้มลูกไว้ก่อนนะคะ	
309	K1	ได้ค่ะ (สังเกตเห็นคุณแม่น้องน.ค่อยๆเอาเด็กส่งให้น้องน.อุ้มพร้อม	
310		กับสอนวิธีการอุ้ม ขณะเดียวกันผู้สัมภาษณ์ได้ถือเอาเก้าอี้พลาสติก	

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
311		๒ ตัวเดินถือไปที่ระเบียงทางด้านข้างของตึกห่างออกไปประมาณ	
312		๕๐๐ เมตร)	
313	R	คุณแม่คะ ขออนุญาตถามในประเด็นที่เกี่ยวกับจากการพบกันครั้ง	
314		แรกที่แล้วที่คุณแม่บอกว่า แม่นอนร้องไห้อยู่เป็นเดือนกว่าจึงทำใจ	
315		ได้ ช่วงนั้นปฏิบัติตัวอย่างไรคะ	
316	K1	แม่พยายามคิดบวกไว้ค่ะ คิดว่าเมื่อลูกเสียไปแล้วหากจะดุด่าหรือตี	พยายาม
317		ลูกสิ่งที่เสียไปก็ไม่ได้กลับคืนมา พยายามดึงตัวเองให้กลับมาเป็น	คิดบวก
318		หลักของครอบครัวเพราะคุณพ่อน้องน. ก็ผิดหวังมากอีกปีเดียวลูกจะ	ดึงตัวเอง
319		จบแล้ว หวังกับน้องน.มากค่ะ	ให้กลับมา
320	R	การดึงตัวเองกลับมาเป็นหลักของครอบครัวทำอย่างไรคะ	เป็นหลัก
321	K1	ตั้งสติค่ะ พยายามไม่คิดมาก ทำงานของตัวเองทั้งวันคืองานของแม่	ของ
322		คือการทำงานที่ทุ่งนา ตอนเย็นกลับมาบ้านนั่นแหละค่ะคือช่วงที่ทำ	ครอบครัว
323		ให้เราคิดมาก ช่วงว่างจากงาน ทำอาหารเย็นเสร็จแล้ว แม่อาบน้ำ	เพราะคุณ
324		แต่งตัวก็จะเข้าไปห้องพระ ไหว้พระตั้งนะโมสามจบ แล้วนั่งสมาธิ	พ่อน้องน.
325		ค่ะ ประมาณ ๓๐ นาที	ก็ผิดหวัง
326	R	มีบทสวดมนต์พิเศษไหมคะสำหรับการไหว้พระและทำสมาธิแต่ละ	มาก
327		ครั้ง	ตั้งสติเข้า
328	K1	ไม่มีค่ะ ใช้นะโมสามจบแล้วนั่งสมาธิ ทำอยู่เช่นนั้นแหละค่ะ เป็น	ไปห้อง
329		เดือนจึงสบายใจขึ้น	พระ
330	R	คุณพ่อทำเหมือนคุณแม่ไหมคะ เข้าห้องพระและนั่งทำสมาธิ	ไหว้พระ
331	K1	ไม่ค่ะ คุณพ่อใช้วิธีการไม่ออกไปคุยกับเพื่อนๆอยู่แต่บ้าน ทำแต่งาน	ตั้งนะโม
332		และคุณแม่ก็ต้องไปจับแขนคุยกัน บางครั้งแม่ไปนอนหนุนที่ตักคุณ	สามจบ

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
333		พ่อพยายามบอกพ่อว่า สิ่งที่ลูกเสียไปแล้วถ้าจะตี จะด่าลูกสิ่งนั้นจะ	แล้วนั่ง
334		คืนมาไหม ก็ไม่ได้คืนมา แม่ก็พูดก็บอกพ่อ นานค่ะประมาณ ๓	สมาธิค่ะ
335		เดือนพ่อถึงยอมรับ เราก็หันกลับมาช่วยกันดูแลลูกเรา	ประมาณ
336	R	ทางผู้ชายเขาเป็นไงบ้างคะ	๓๐ นาที
337	K1	ผู้ชายเขาก็ดีค่ะ รับผิดชอบดี บอกเขาว่าให้เอาผู้ใหญ่มาคุยกัน ทาง	ไม่ออกไป
338		ผู้ใหญ่เขาก็มาคุย ตกลงกันและให้หมั้นกันไว้ก่อนจึงมาแต่งงานกัน	คุยกับ
339		เขาดูแลลูกเราดีมากเลยค่ะ ช่วงที่ท้องมีแต่เขาแหละค่ะ น้องน.อยาก	เพื่อนๆอยู่
340		กินอะไรรีบไปหาซื้อมาให้ และไปทำงานหาเงินกับน้องเขย มีลูกเขย	แต่บ้าน ทำ
341		๒ คนทุกคนดีมากค่ะ	แต่งานไป
342	R	คุณพ่อหละคะเป็นไงบ้างหลังจากนั้น	จับแขนคุย
343	K1	พอทำใจได้แล้ว ท่านก็ดีค่ะไม่ได้ดุด่าหรือตีลูก ช่วยกันดูแลลูก	นอนหนุน
344		ตอนนี้ทุกคนยิ่งดีใจมากเลยที่ได้หลานชาย พวกเราไม่มีเด็กอยู่ใน	ที่ตักคุณ
345		บ้านนานแล้ว	พ่อ
346	R	ค่ะ ดีใจด้วยกับทุกคน ตอนนี้คุณแม่ก็กลายเป็นคุณยายที่ยังสาวๆ	พยายาม
347	K1	ค่ะ ได้เป็นคุณยายแล้วก็จะไม่ได้ไปไหนแล้วค่ะ เลี้ยงหลาน (พูดด้วย	บอก
348		รอยยิ้ม)	ไม่ได้ดุด่า
349	R	ค่ะ สำหรับวันนี้ ขอบคุณสำหรับประสบการณ์ที่ได้เล่าให้ฟังเพื่อการ	หรือตีลูก
350		เรียนรู้ เรากลับไปหาน้องน. ดูแลน้องน.ต่อค่ะ	
351	K1	ค่ะ	
352		จากนั้นเราทั้งสองคนเดินกลับมาหาน้องน. สังเกตเห็นสามีน้องน. นั่ง	สามี
353		อยู่ข้างเตียงพูดคุยกับน้องน.ด้วยใบหน้าที่ยิ้มแย้มและมีน้องสาวของ	น้องน. นั่ง
354		น้องน. กำลังอุ้มเด็กอยู่ด้วยใบหน้าที่ยิ้มยิ้ม ผู้สัมภาษณ์เดินเข้าไป	อยู่ข้าง

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
355 356		ทักทาย แสดงความยินดีกับสามีน้องน. และน้องน.อีกครั้งแล้วขอตัวกลับ **สรุปผลการสัมภาษณ์บิดามารดาของน้องน.** จากการสัมภาษณ์สามารถสรุปเกี่ยวกับสภาพของครอบครัวของน้องน. ในด้านต่างๆ ได้แก่ สมาชิกในครอบครัว การตั้งครรภ์โดยไม่ได้วางแผน ความรู้สึกของพ่อแม่ การจัดการหมั้นและแต่งงานตามประเพณี ความเชื่อ การดูแลขณะตั้งครรภ์ **สมาชิกในครอบครัว** ครอบครัวของน้องน. ประกอบด้วยสมาชิกจำนวน ๘ คนคือ คุณตาอายุ ๖๘ ปี คุณยายอายุ ๗๐ปี แม่น้องน.อายุ ๔๓ ปีและพ่อน้องน. อายุ ๔๕ ปี น้องน. อายุ ๑๙ ปี แฟนอายุ อายุ ๒๑ ปี และ	เตียงพูดคุยกับน้องน.ด้วยใบหน้าที่ยิ้มแย้มและมีน้องสาวของน้องน.กำลังอุ้มเด็กอยู่ด้วยใบหน้าที่ยิ้มยิ้ม

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
		น้องสาวน้องน.อายุ ๑๕ ปีกับคู่หมั้น อายุ ๑๙ ปี **การตั้งครรภ์โดยไม่ได้วางแผน** น้องน.เจอกับแฟนตอนที่เรียนอยู่ ม. ๑ แฟนเรียนอยู่ ม.๓ เพื่อนๆ ในกลุ่มน้องน.เอาชื่อเขียนจดหมายไปหาแฟนๆ ตามมาดูตัว ในระหว่างปิดเทอม ม.๕ น้องน.ไปทำงานรับจ้างที่ชลบุรี ลืมลงทะเบียนเรียน คุณครูโทรตามแต่ไม่มาเรียนต่อเพราะไม่มีเพื่อน สนิทกลับมาเรียนเนื่องจากเพื่อนมีแฟน น้องน.กลับมาเจอกับแฟนเมื่อกลับมาบ้านเนื่องจากหมู่บ้านอยู่ใกล้กัน ช่วงสงกรานต์กลับมาเจอกันที่บ้านจนมีอะไร ทั้งสองปรึกษากันว่าจะบอกพ่อแม่รับรู้หลังจากนั้นอีกหนึ่งเดือนจึงบอกให้ท่านได้รับทราบ คิดว่าลูกอยากมาเกิดมาก็ต้องเลี้ยงดู **ความรู้สึกของพ่อและแม่** เมื่อแม่รับรู้เรื่องของน้องน.แม่น้ำตาตกใน แม่จะไม่ให้ลูกเห็นแม่ร้องไห้ แม่นอนร้องไห้อยู่เป็นเดือน ช่วงว่างจากงานตอนเย็นเป็นช่วงที่คิดมาก ทำอาหารเย็นเสร็จ แม่อาบน้ำแต่งตัวก็จะเข้าไปห้องพระ ไหว้พระตั้งนะโมสามจบ แล้วนั่งสมาธิ ประมาณ ๓๐ นาทีจึงสบายใจขึ้น แม่พยายามคิดบวกคือสิ่งนี้พลาดไปแล้วเอาคืนไม่ได้ แม่ไม่ได้ด่าว่าอะไรลูก การด่าตีลูกจะทำให้เขาหนีออกจากบ้านไป แม่ลูกคุยกันด้วยเหตุและผล ตั้งสติดึงตัวเองให้กลับมาเป็นหลักของครอบครัว แม่จับแขนคุยกับพ่อ นอนหนุนที่ตักพ่อพยายามบอกพ่อว่า สิ่งที่ลูกเสียไปแล้วถ้าจะตี จะด่าลูกสิ่งนั้นจะคืนมาไหม ก็ไม่ได้คืนมา ส่วนพ่อเมื่อทราบข่าวลูกพ่อบอกนอนร้องไห้ทุกคืน ประมาณ	

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
		สามเดือนจึงทำใจได้ หวังกับลูกสาวคนนี้มากเลย พ่อใช้วิธีการไม่ออกไปคุยกับเพื่อนๆอยู่แต่บ้าน ทำแต่งาน แม่จะช่วยอธิบายและให้คอยพูดกำลังใจ เมื่อมีปัญหาในครอบครัวจะใช้วิธีการปรึกษาคนภายในครอบครัว **การจัดการหมั้นและแต่งงานตามประเพณี** หลังจากสบายใจ แม่บอกให้แฟนน้องน.นำผู้ใหญ่มาปรึกษากันทั้งสองฝ่าย แม่ให้หมั้นด้วยเงินหนึ่งแสนบาทและทอง แฟนน้องน.ก็หาเงินและทองมาหมั้น หลังจากนั้นแม่บอกว่าแฟนของน้องน.ดูแลน้องน.ดีมาก **ความเชื่อ** น้องน. ก่อนตั้งครรภ์ฝันว่ามีพญานาค มาขออยู่ที่บ้านจึงเชื่อว่าลูกในท้องมีความเกี่ยวพันกับพญานาค ชอบทำบุญผ้าป่าด้วยการรวบรวมเงินจากสมาชิกในครอบครัวไปถวายวัดที่จังหวัดศรีษะเกษ ทำบุญด้วยการถวายไข่ต้มในพิธีบวงสรวงอัญเชิญพญานาค แม่เชื่อว่าแม่พาลูกสาวทั้งสองคนไปวัดตั้งแต่ลูกเล็กๆ แต่งชุดขาวไปนอนวัด สามคนแม่ลูกเพราะเหตุนี้น้องน.จึงชอบทำบุญ คุณตาคุณยายเชื่อว่าขณะตั้งท้องห้ามฆ่าสัตว์ **การดูแลขณะตั้งครรภ์** เมื่อน้องน. ชอบรับประทานส้ม น้ำแข็งไส แฟนก็ไปซื้อ แม่และพ่อจะช่วยกันดูแลด้วยการซื้อนมมาบำรุงร่างกายน้องน. เนื่องจากน้องน.ตัวเล็กต้องได้รับประทานนม จะดีสำหรับหญิงตั้งครรภ์ โดย	

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
		แม่ทราบว่านมมีประโยชน์จากการฟังข่าวและดูโทรทัศน์ แม่ช่วยดูแลเกี่ยวกับอาหาร ห้ามกินผงชูรส เวลาทำอาหารก็จะไม่ใส่ผงชูรส เวลานอนไปตรวจดูว่าปิดไฟหรือยังต้องปิดไฟให้ แม่จะช่วยเหลือทางการเงินก่อนที่แฟนน้องน. มีงานทำเมื่อทำงานแล้ว น้องน.และแฟนจะช่วยเหลือการเงินแก่ครอบครัว นอกจากนั้นน้องเขยของน้องน. จะช่วยซื้ออาหารมาฝากถ้าได้ทราบว่าน้องน. ชอบรับประทานอะไร คุณตาคุณยายจะช่วยดูแลด้วยการพาออกไปรับประทานปลาที่สระน้ำ บริเวณสวนทุ่งนา ทุกคนในบ้านช่วยกันดูแลน้องน. การฝากครรภ์ส่วนมากแฟนพาไปฝากครรภ์ รองลงมาคือแม่ ทุกคนดีใจที่จะได้หลาน **การดูแลก่อนคลอดและภายหลังคลอด** ก่อนการคลอด ๑ วันน้องน.,มีอาการหน่วงๆที่ท้องเวลาปัสสาวะ เหมือนมีอะไรจะหลุดออกมาด้วย เมื่อมีอาการเจ็บครรภ์แม่และแฟนเป็นคนนำส่งโรงพยาบาล แม่จะเอาประสบการณ์ของตัวเองมาสอนลูก ให้ต้องอดทน ยิ่งใกล้คลอดจะปวดท้องมากห้ามร้องเพราะจะเหนื่อย ไม่มีแรงเบ่ง แม่เคยเห็นช่วงที่แม่คลอดลูก มีบางคนปวดท้องร้องตลอดเวลา ไม่ฟังคุณหมอคุณพยาบาลที่คอยบอกผลสุดท้ายต้องใช้เครื่องมือช่วยและบางคนก็ต้องผ่าตัดคลอด ภายหลังคลอด บุคคลในครอบครัวที่มาเยี่ยมและช่วยดูแลน้องน. ได้แก่ แม่ แฟนน้องสาว ทุกคนช่วยกันกำลังอุ้มลูกน้องน.ด้วยใบหน้าที่ยิ้มแย้ม	

L	บุคคล	บทสัมภาษณ์	การจัดกลุ่มคำ
		สรุป การตั้งครรภ์โดยไม่ได้วางแผนของน้อง ส่งผลให้พ่อแม่รู้สึกผิดหวัง เสียใจแต่ไม่มีการดุด่าหรือตี พุดคุยกันด้วยเหตุและผล แม่จะนอนร้องไห้ ใช้วิธีการสวดมนต์ไหว้พระ ทำสมาธิ ตั้งสติ เวลาในการปรับตัวประมาณ ๑ เดือนส่วนพ่อจะใช้วิธีการทำงาน อยู่บ้าน ใช้เวลาประมาณ ๓ เดือน การปรับตัวและการช่วยเหลือกัน แม่จะเป็นผู้ที่ช่วยเหลือพ่อด้วยการพูดคุยกัน ปรึกษากันภายในครอบครัวไม่ปรึกษาบุคคลภายนอกเพราะคิดว่าเป็นปัญหาในครอบครัว การแก้ปัญหาตามประเพณีจัดการด้วยการพุดคุยระหว่างผู้ใหญ่ทั้งสองฝ่าย ขณะตั้งครรภ์ คลอดและหลังคลอดได้รับการช่วยเหลือจากสมาชิกในครอบครัว ผู้ที่บทบาทมากในการสนับสนุนของครอบครัวได้แก่ แม่ รองลงมาคือแฟน พ่อจะช่วยสนับสนุนแต่จากการสัมภาษณ์พ่อจะพยายามไม่กล่าวถึงเหตุการณ์ที่ผ่านมา ทุกคนดีใจที่มีสมาชิกใหม่ในครอบครัว	

APPENDIX B

Guidelines on questions used in the semi-structured interview with key informants (parents)

General baseline data

1. Name…….….Surname……..Age……years
   Marital status……..Level of education……..Occupation……
   Average income per month……baht
   Race……..…Religious……Telephone number……
   Present address House number……. Village number…..….Sub-district……
   District……...Province……..
2. Number of children……..as follows:
   1. Name.……Surname……Age…….years. Level of education……..
   2. Name.……Surname……Age……years. Level of education……....
3. History of having family: First time, at the age of……
   After wedding lived with……..
   Having first child at the age of……Second child at the age of……..…….....
   Birth control……..

Guidelines on questions for the interview

1. Have you ever had an experience of unwed adolescent pregnancy or unexpected/ unplanned pregnancy, if so, how?
2. What is your opinion on unwed adolescent pregnancy or unexpected/ unplanned adolescent pregnancy?
3. How do you understand the meaning of parents for an unplanned pregnant adolescent?

4. When you knew that your daughter was pregnant while she was not wed/unexpectedly, how did you feel and think?
5. What changes occurred in your lifestyle after your daughter got pregnant?
6. You have a daughter who is an unplanned/ unwed pregnant adolescent. How has your life been changed? Has the relationship between you and your daughter been changed? How?
7. (If interviewing a mother) When your daughter became pregnant as mentioned, how did her father give care to your daughter?

   (If interviewing a father) When your daughter became pregnant as mentioned, how did her mother give care to your daughter?
8. (Probing) if your daughter had gotten pregnant at a proper time, do you think your care given would have been different from this time? Why?

APPENDIX B (ภาษาไทย)

แนวคำถามการสัมภาษณ์แบบกึ่งโครงสร้างสำหรับผู้ให้ข้อมูลหลัก (พ่อแม่)

ข้อมูลพื้นฐานทั่วไป

1. ชื่อ……..…นามสกุล……อายุ……ปี
   สถานภาพสมรส……..ระดับการศึกษา……อาชีพ…….รายได้เฉลี่ยต่อเดือน…..……บาท
   เชื้อชาติ……การนับถือศาสนา……หมายเลขโทรศัพท์……
   ที่อยู่ปัจจุบันบ้านเลขที่…หมู่ที่…..ตำบล……อำเภอ……จังหวัด……
2. จำนวนบุตร……..คนดังนี้
   1. ชื่อ……นามสกุล……อายุ……ปี ระดับการศึกษา……
   2. ชื่อ…….นามสกุล……อายุ……ปี ระดับการศึกษา……

3. ประวัติการมีครอบครัวครั้งแรกเมื่ออายุ……..ปี หลังการแต่งงานอาศัยอยู่กับ……..
   มีบุตรคนแรกเมื่ออายุ…….ปี บุตรคนที่ 2 เมื่ออายุ……ปี การคุมกำเนิด……...….

แนวคำถามการสัมภาษณ์

1. ท่านเคยมีประสบการณ์เกี่ยวกับการตั้งครรภ์ในวัยรุ่นโดยไม่ได้ผ่านการแต่งงานหรือโดยไม่คาดคิด/วางแผนมาก่อนหรือไม่อย่างไร
2. ท่านคิดเห็นอย่างไรเกี่ยวกับหญิงตั้งครรภ์วัยรุ่นที่ไม่ได้ผ่านการแต่งงานหรือโดยไม่คาดคิด/วางแผนมาก่อนอย่างไร
3. ท่านเข้าใจว่าความหมายของการเป็นพ่อแม่ของหญิงตั้งครรภ์วัยรุ่นโดยไม่ได้วางแผนอย่างไร
4. เมื่อท่านทราบว่าบุตรสาวของท่านมีการตั้งครรภ์โดยยังไม่ได้มีการแต่งงานอย่างถูกต้อง/โดยไม่คาดคิดมาก่อน ท่านรู้สึกอย่างไร คิดอย่างไร
5. อะไรบ้างที่ทำให้การใช้ชีวิตของท่านเปลี่ยนไป หลังบุตรสาวตั้งครรภ์
6. เมื่อท่านมีบุตรวัยรุ่นที่เกิดการตั้งครรภ์โดยไม่ได้วางแผนมาก่อน/โดยยังไม่ผ่านการแต่งงาน การดำเนินชีวิตของท่านได้เปลี่ยนไปอย่างไร ความสัมพันธ์ของท่านและบุตรเปลี่ยนไปหรือไม่อย่างไร
7. เมื่อบุตรสาวของท่านมีการตั้งครรภ์ดังกล่าว พ่อให้การดูแลบุตรอย่างไรบ้าง
   เมื่อบุตรสาวของท่านมีการตั้งครรภ์ดังกล่าว แม่ให้การดูแลบุตรอย่างไรบ้าง
8. (Probing) ถ้าบุตรของท่านตั้งครรภ์ในช่วงเวลาที่เหมาะสม “ท่านคิดว่า” วิธีการดูแลของท่านจะต่างจากการตั้งครรภ์ครั้งนี้หรือไม่ เพราะเหตุใด

APPENDIX C

Guidelines on questions used in the semi-structured interview for the pregnant adolescent

1. Name……..…Surname……..Age……years

   Marital status……..….Level of education……Occupation……

   Average income per month…..……baht

   Race……Religious……Telephone number……

2. History of pregnancy: Gravida……Para…….Abortion…….

   Number of living children…….....

   The first day of the Last Menstrual Period (LMP)…….

   Expected Date of Confinement (EDC)……...

   Gestational age……weeks Date of this antenatal care……...

   Symptoms/signs/treatment received……...

3. During pregnancy, how were you given care by your father?

   During pregnancy, how were you given care by your mother?

4. When your father learned that you were pregnant, how did his life change?

   When your mother learned that you were pregnant, how did her life change?

5. What are positive factors associated with your pregnancy that affect your parents' lives?

   What are negative factors associated with your pregnancy that affect your parents' lives?

6. How do you think culture/beliefs affect your father's lifestyle?

   How do you think culture/beliefs affect your mother's lifestyle?

Guidelines on questions used in the semi-structured interview for family members

1. Name……Surname…….Age……years

Marital status……Level of education……..…..…Occupation……..

Average income per month…..…….……..baht

Relationship with pregnant adolescent's parents……

2. As a family member, what kind of care did you notice the parents' giving to their pregnant daughter, physically, mentally and socially?

3. Did you notice any differences in the care given by the parents before and during their daughter's pregnancy, physically, mentally and socially?

4. When the parents learned of their daughter's unplanned/unwed pregnancy, what changes took place in their life? (If the informant did not understand, examples such as daily activities, participation in social activities, communication with neighbors or relatives, should be cited)

5. (Probing) Please explain more about the matters in which the parents helped their daughter during the pregnancy other than what has been talked about, such as financial status, education, helping in getting antenatal care, buying food/books for pregnant women.

6. What factors do you think affect the parents' lives while having an unwed/unplanned pregnant adolescent daughter?

APPENDIX C (ภาษาไทย)

แนวคำถามการสัมภาษณ์แบบกึ่งโครงสร้างสำหรับหญิงตั้งครรภ์วัยรุ่น

1. ชื่อ……นามสกุล……อายุ……ปี
   สถานภาพสมรส….ระดับการศึกษา……อาชีพ….รายได้เฉลี่ยต่อเดือน…….บาท
   เชื้อชาติ……การนับถือศาสนา……หมายเลขโทรศัพท์……...
2. ประวัติการตั้งครรภ์ การตั้งครรภ์ครั้งที่…การคลอด……การแท้ง…บุตรที่มีชีวิต..…....
   ประจำเดือนวันแรกครั้งสุดท้าย……กำหนดวันคลอด……..…...
   อายุครรภ์……สัปดาห์ วันที่ที่มาฝากครรภ์ครั้งนี้…….
   อาการ/อาการแสดง/การรักษาที่ได้รับ……..
3. ในระหว่างการตั้งครรภ์ ท่านได้รับการดูแลจากพ่ออย่างไรบ้าง
   ในระหว่างการตั้งครรภ์ ท่านได้รับการดูแลจากแม่อย่างไรบ้าง
4. เมื่อพ่อทราบว่าท่านตั้งครรภ์ การดำเนินชีวิตของพ่อเปลี่ยนแปลงอย่างไรบ้าง
   เมื่อแม่ทราบว่าท่านตั้งครรภ์ การดำเนินชีวิตของแม่เปลี่ยนแปลงอย่างไรบ้าง
5. ท่านคิดว่าปัจจัยทางบวกอะไรบ้างที่มีผลต่อการดำเนินชีวิตของพ่อแม่
   ท่านคิดว่าปัจจัยทางลบอะไรบ้างที่มีผลต่อการดำเนินชีวิตของพ่อแม่
6. ท่านคิดว่าวัฒนธรรม/ความเชื่อ มีผลต่อการดำเนินชีวิตของพ่อท่านอย่างไร
   ท่านคิดว่าวัฒนธรรม/ความเชื่อ มีผลต่อการดำเนินชีวิตของแม่ท่านอย่างไร

แนวคำถามการสัมภาษณ์แบบกึ่งโครงสร้างสำหรับสมาชิกครอบครัว

1. ชื่อ .....นามสกุล .....อายุ .....ปี สถานภาพสมรส.....ระดับการศึกษา.....อาชีพ.....รายได้เฉลี่ยต่อเดือน.....บาท ความสัมพันธ์กับพ่อแม่ของหญิงวัยรุ่นตั้งครรภ์.....
2. ในฐานะที่ท่านเป็นสมาชิกของครอบครัว ท่านสังเกตเห็นว่าพ่อแม่ได้ดูแลบุตรสาวในระหว่างการตั้งครรภ์อย่างไรบ้างทั้งกาย จิต สังคม
3. ท่านสังเกตเห็นว่า พ่อแม่ได้ดูแลบุตรสาวก่อนการตั้งครรภ์และระหว่างการตั้งครรภ์แตกต่างกันอย่างไรบ้างทั้งกาย จิต สังคม
4. เมื่อพ่อแม่ทราบว่าบุตรสาวตั้งครรภ์โดยไม่ได้วางแผนมาก่อน/โดยยังไม่ผ่านการแต่งงาน ทั้งพ่อและแม่มีการดำเนินชีวิตที่เปลี่ยนแปลงอะไรไปบ้าง (กรณีผู้ให้ข้อมูลยังไม่เข้าใจให้ยกตัวอย่าง เช่น กิจวัตรประจำวัน การร่วมกิจกรรมในสังคม การติดต่อกับเพื่อนบ้านหรือญาติพี่น้อง)
5. (Probing) ช่วยอธิบายเพิ่มเติมว่าพ่อแม่ได้ช่วยเหลือลูกสาวในระหว่างการตั้งครรภ์เรื่องอะไรบ้างนอกเหนือจากที่ท่านได้พูดมาแล้ว เช่น การเงิน การศึกษา การพาไปครรภ์ การซื้ออาหาร/หนังสือสำหรับหญิงตั้งครรภ์
6. ท่านคิดว่าปัจจัยอะไรบ้างที่มีผลต่อการดำเนินชีวิตของพ่อแม่ในขณะที่มีบุตรสาวตั้งครรภ์ในวัยรุ่น โดยที่ยังไม่แต่งงาน/ไม่คาดคิดหรือ

APPENDIX D

Observation guideline

According to Polit et al. (2017), suggestion for observation guidelines are the following:

1. The physical setting. What are key features of the setting? What is the context within which human behavior unfolds? What behaviors and characteristics are promoted (or constrained) by the physical environment?
2. The participants. What are the characteristics of the people being observed? How many people are there? What are their roles? Who is given free access to the setting-who “belong”? What bring these people together?
3. Activities and interactions. What are people doing and saying? Is there a discernible progression of activities? How do people interact with one another? How-and how often-do they communicate? What type of emotions do they show during their interactions? How are participants interconnected to one another or to activities underway?
4. Frequency and duration. When did the activity or event begin, and when is it scheduled to end? How much time has elapsed? Is the activity a recurring one, and if so, how regularly does it recur? How typical of such activities is the one that is under observation?
5. Precipitating factors. Why is the event or interaction happening? What contributes to how the event or interaction unfolds?

6. Organization. How is the event or interaction organized? How are relationships structured? What norms or rules are in operation?
7. Intangible factors. What did not happen (especially if it ought to have happened)? Are participants saying one thing verbally but communicating different messages nonverbally? What types of things were disruptive to the activity or situation?

Source: Polit, D., & Beck, C. T. (2017, p.519-520). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). New York: Lippincott, p. 519-520.

APPENDIX E

Field notes form

Name:……..

Date/Time……

Place:…….....

Activities	Environment Notes	Personal Notes	Remark

APPENDIX F

Data collection request letter

ที่ รอ ๐๐๓๒.๐๐๒/ ๑ ๑๐๘๒

สำนักงานสาธารณสุขจังหวัดร้อยเอ็ด
ถนนเทวาภิบาล รอ. ๔๕๐๐๐

๘ พฤษภาคม ๒๕๖๒

เรื่อง ขอเก็บข้อมูลวิจัย

เรียน สาธารณสุขอำเภอเมืองร้อยเอ็ด ธวัชบุรี อาจสามารถ เมืองสรวง จังหาร และเชียงขวัญ

สิ่งที่ส่งมาด้วย สำเนาหนังสือคณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ ที่ ศธ ๐๕๒๑.๑.๐๕/๙๘๗ ลงวันที่ ๒๖ เมษายน ๒๕๖๒ จำนวน ๑ ชุด

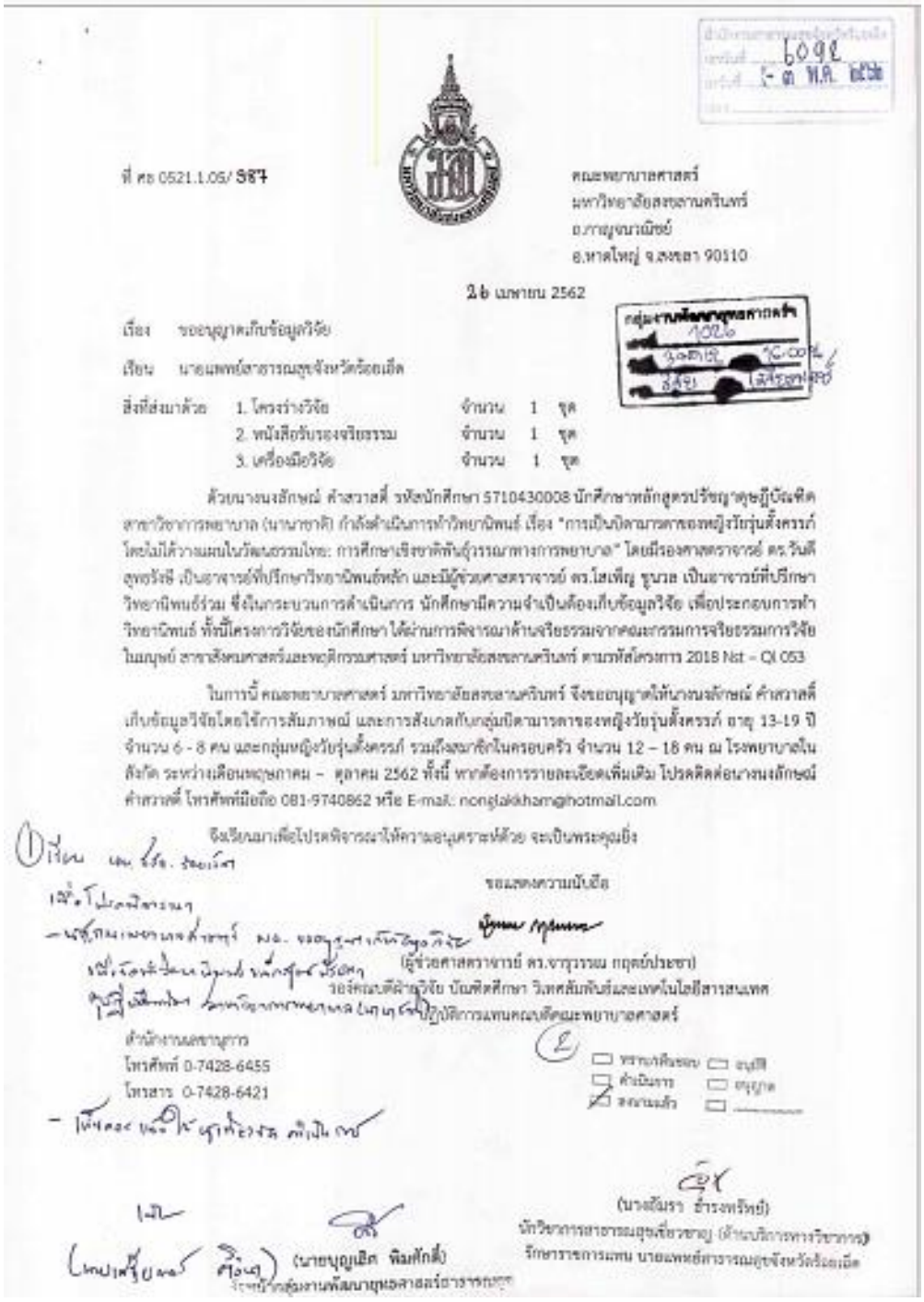
ด้วย นางนงลักษณ์ คำสวาสดิ์ นักศึกษาหลักสูตรปรัชญาดุษฎีบัณฑิต สาขาวิชาการพยาบาล (นานาชาติ) และกำลังอยู่ระหว่างจัดทำวิทยานิพนธ์ เรื่อง "การเป็นบิดามารดาของหญิงวัยรุ่นตั้งครรภ์ โดยไม่ได้วางแผนในวัฒนธรรมไทย: การศึกษาเชิงชาติพันธุ์วรรณาทางการพยาบาล" โดยมีรองศาสตราจารย์ ดร.วันดี สุทธรังสี เป็นอาจารย์ที่ปรึกษาวิทยานิพนธ์หลักและผู้ช่วยศาสตราจารย์ ดร.โสเพ็ญ ชูนวล เป็นอาจารย์ที่ปรึกษาวิทยานิพนธ์ร่วม ดังนั้น จึงมีความจำเป็นต้องเก็บข้อมูลวิจัย เพื่อประกอบการทำวิทยานิพนธ์ รายละเอียดตามสิ่งที่ส่งมาด้วย

ในการนี้ สำนักงานสาธารณสุขจังหวัดร้อยเอ็ด จึงขอความร่วมมือจากหน่วยงานของท่านในการอำนวยความสะดวกและให้ข้อมูลในการวิจัยโดยการสัมภาษณ์ และการสังเกตกลุ่มบิดามารดาของหญิงวัยรุ่นตั้งครรภ์ อายุ ๑๓-๑๙ ปี จำนวน ๖-๘ คน และกลุ่มหญิงวัยรุ่นตั้งครรภ์ รวมถึงสมาชิกในครอบครัว จำนวน ๑๒-๑๘ คน ในพื้นที่ของท่านในระหว่างเดือนพฤษภาคม - ตุลาคม ๒๕๖๒

จึงเรียนมาเพื่อพิจารณา และแจ้งผู้เกี่ยวข้องต่อไป

ขอแสดงความนับถือ

(นางอัมรา ธำรงหรัพย์)
นักวิชาการสาธารณสุขเชี่ยวชาญ (ด้านบริการทางวิชาการ)
รักษาราชการแทน นายแพทย์สาธารณสุขจังหวัดร้อยเอ็ด



ที่ ศธ 0521.1.06/ 987

คณะพยาบาลศาสตร์
มหาวิทยาลัยสงขลานครินทร์
อ.เมืองสงขลา จ.สงขลา 90110

26 เมษายน 2562

เรื่อง ขออนุญาตเก็บข้อมูลวิจัย

เรียน นายแพทย์สาธารณสุขจังหวัดร้อยเอ็ด

สิ่งที่ส่งมาด้วย 1. โครงร่างวิจัย จำนวน 1 ชุด
2. หนังสือรับรองจริยธรรม จำนวน 1 ชุด
3. เครื่องมือวิจัย จำนวน 1 ชุด

ด้วยนางนงลักษณ์ คำสวาสดิ์ รหัสนักศึกษา 5710430038 นักศึกษาหลักสูตรปรัชญาดุษฎีบัณฑิต สาขาวิชาการพยาบาล (นานาชาติ) กำลังดำเนินการทำวิทยานิพนธ์ เรื่อง "การเป็นบิดามารดาของหญิงวัยรุ่นตั้งครรภ์ โดยไม่ได้วางแผนในวัฒนธรรมไทย: การศึกษาเชิงชาติพันธุ์วรรณาทางการพยาบาล" โดยมีรองศาสตราจารย์ ดร.วันดี สุทธรังษี เป็นอาจารย์ที่ปรึกษาวิทยานิพนธ์หลัก และมีผู้ช่วยศาสตราจารย์ ดร.โสเพ็ญ ชูนวล เป็นอาจารย์ที่ปรึกษาวิทยานิพนธ์ร่วม ซึ่งในกระบวนการดำเนินการ นักศึกษามีความจำเป็นต้องเก็บข้อมูลวิจัย เพื่อประกอบการทำวิทยานิพนธ์ ทั้งนี้โครงการวิจัยของนักศึกษาได้ผ่านการพิจารณาด้านจริยธรรมจากคณะกรรมการจริยธรรมการวิจัยในมนุษย์ สาขาสังคมศาสตร์และพฤติกรรมศาสตร์ มหาวิทยาลัยสงขลานครินทร์ ตามรหัสโครงการ 2018 Nst – Ql 053

ในการนี้ คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ จึงขออนุญาตให้นางนงลักษณ์ คำสวาสดิ์ เก็บข้อมูลวิจัยโดยใช้การสัมภาษณ์ และการสังเกตกับกลุ่มบิดามารดาของหญิงวัยรุ่นตั้งครรภ์ อายุ 13-19 ปี จำนวน 6 - 8 คน และกลุ่มหญิงวัยรุ่นตั้งครรภ์ รวมถึงสมาชิกในครอบครัว จำนวน 12 – 18 คน ณ โรงพยาบาลในสังกัด ระหว่างเดือนพฤษภาคม – ตุลาคม 2562 ทั้งนี้ หากต้องการรายละเอียดเพิ่มเติม โปรดติดต่อนางนงลักษณ์ คำสวาสดิ์ โทรศัพท์มือถือ 081-9740862 หรือ E-mail: nonglakkham@hotmail.com

จึงเรียนมาเพื่อโปรดพิจารณาให้ความอนุเคราะห์ด้วย จะเป็นพระคุณยิ่ง

ขอแสดงความนับถือ

(ผู้ช่วยศาสตราจารย์ ดร.จารุวรรณ กฤตย์ประชา)
รองคณบดีฝ่ายวิจัย บัณฑิตศึกษา วิเทศสัมพันธ์และเทคโนโลยีสารสนเทศ
ปฏิบัติการแทนคณบดีคณะพยาบาลศาสตร์

สำนักงานคณบดี
โทรศัพท์ 0-7428-6455
โทรสาร 0-7428-6421

☐ ทราบเพื่อทราบ ☐ อนุมัติ
☐ ดำเนินการ ☐ อนุญาต
☑ ตามเสนอ ☐ _____

(นางอัมรา อำรงฤทธิ์)
นักวิชาการสาธารณสุขเชี่ยวชาญ (ด้านบริการทางวิชาการ)
รักษาราชการแทน นายแพทย์สาธารณสุขจังหวัดร้อยเอ็ด

(นายบุญเลิศ พิมพักดี)
ประธานกลุ่มงานพัฒนายุทธศาสตร์สาธารณสุข

APPENDIX G

Protection of human subjects' rights

ข้าพเจ้า นางนงลักษณ์ คำสวาสดิ์ นักศึกษาปริญญาเอก สาขาการพยาบาล (นานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ กำลังทำการศึกษาวิทยานิพนธ์เรื่อง การเป็นบิดามารดาของหญิงวัยรุ่นตั้งครรภ์โดยไม่ได้วางแผนในวัฒนธรรมไทย เป็นการศึกษาเชิงชาติพันธุ์วรรณาทางการพยาบาลโดยมีวัตถุประสงค์เพื่อศึกษา 1) ความหมายของการเป็นบิดามารดาของหญิงวัยรุ่นตั้งครรภ์โดยไม่ได้วางแผนในวัฒนธรรมไทย 2) วิถีชีวิตบิดามารดาของหญิงวัยรุ่นตั้งครรภ์โดยไม่ได้วางแผนในวัฒนธรรมไทยเป็นอย่างไร และ 3) ปัจจัยที่มีอิทธิพลต่อพฤติกรรมบิดามารดาในการดูแลหญิงวัยรุ่นตั้งครรภ์โดยไม่ได้วางแผน ซึ่งความรู้ที่ได้จากการวิจัยครั้งนี้ผู้วิจัยจะถ่ายทอดไปสู่ทีมสุขภาพที่มีส่วนร่วมในการดูแลบิดามารดาของหญิงวัยรุ่นตั้งครรภ์โดยไม่ได้วางแผนในวัฒนธรรมไทย ทั้งในและนอกพื้นที่ศึกษาของประเทศไทยตลอดจนต่างประเทศ

ท่านเป็นบุคคลหนึ่งที่มีความสำคัญอย่างยิ่งต่อการศึกษาวิจัยในครั้งนี้ ดิฉันจึงมีความประสงค์ใคร่ขอความสมัครใจจากท่านในการเข้าร่วมการศึกษาวิจัยดังกล่าว โดยที่ท่านสามารถตอบตกลงหรือปฏิเสธเข้าร่วมการศึกษาวิจัยก็ได้ เกณฑ์การคัดเลือกผู้เข้าร่วมการวิจัยประกอบด้วย 1) เป็นบิดามารดาของหญิงวัยรุ่นตั้งครรภ์โดยไม่ได้วางแผน และหญิงวัยรุ่นมีอายุตั้งแต่ 13 ปี ถึง19 ปี, 2) บิดามารดาของหญิงวัยรุ่น สามารถพูด เข้าใจและเขียนภาษาไทย, 3) บิดามารดาและหญิงวัยรุ่นอาศัยอยู่ในครอบครัวเดียวกัน และ 4) หญิงวัยรุ่น มีอายุครรภ์ไม่เกิน 28 สัปดาห์ สำหรับเกณฑ์การคัดออกประกอบด้วย ผู้เข้าร่วมปฏิเสธการเข้าร่วมจนสิ้นสุดการวิจัย เมื่อท่านตอบตกลงในการเข้าร่วมโครงการวิจัยครั้งนี้ ดิฉันจะใคร่ขออนุญาตให้ท่านลงลายมือชื่อสมัครใจเข้าร่วมวิจัย เริ่มแรกดิฉันขออนุญาตสัมภาษณ์ข้อมูลส่วนบุคคลของบิดามารดาและบุคคลในครอบครัว ดิฉันขอรับรองว่าข้อมูลต่างๆที่ได้รับจากท่านจะถูกเก็บเป็นความลับไว้อย่างดี ไม่เปิดเผยชื่อและที่อยู่ของท่าน แต่จะนำข้อมูลทั้งหมดไปสรุปและนำเสนอเป็นภาพรวมเพื่อประโยชน์ทางการศึกษาวิจัยเท่านั้น ซึ่งจะไม่มีผลกระทบใดๆต่อท่านแต่จะเป็นประโยชน์ต่อการวางแผนให้การพยาบาลบิดามารดาหญิงวัยรุ่นตั้งครรภ์โดยไม่ได้วางแผนรายอื่นๆโดยส่วนรวมต่อไป หากท่านมีความประสงค์ที่จะยกเลิกการเข้าร่วมวิจัยท่านมีสิทธิ์ที่จะปฏิเสธหรือถอนตัวจากการวิจัยในครั้งนี้ได้โดยไม่จำเป็นต้องบอกเหตุผล ทั้งนี้การตัดสินใจยกเลิกหรือเข้าร่วมหรือถอนตัวจากการวิจัยครั้งนี้จะไม่มีผลกระทบใดๆต่อการบริการและการดูแลที่ผู้ร่วมวิจัยควรได้รับตามปกติจากโรงพยาบาล

ถ้าหากท่านมีข้อสงสัยประการใดเกี่ยวกับการศึกษาวิจัยครั้งนี้ ดิฉันมีความยินดีเป็น

อย่างยิ่งที่จะให้ท่านซักถามจนเข้าใจ ท่านสามารถสอบถามข้อสงสัยในการเข้าร่วมการศึกษาวิจัยได้ทุกครั้งที่พบกับผู้วิจัยหรือติดต่อผู้วิจัยได้ที่ นางนงลักษณ์ คำสวาสดิ์ นักศึกษาปริญญาเอก สาขาการพยาบาล (นานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ หมายเลขโทรศัพท์ ๐๘๑-๙๗๔๐๘๖๒ หากผู้เข้าร่วมการวิจัยได้รับการปฏิบัติไม่ตรงตามที่ระบุไว้ในเอกสารชี้แจงนี้ สามารถขอรับคำปรึกษา/แจ้งเรื่อง/ร้องเรียน ได้ที่ศูนย์จริยธรรมการวิจัยในมนุษย์ สาขาสังคมศาสตร์และพฤติกรรมศาสตร์ มหาวิทยาลัยสงขลานครินทร์ โทรศัพท์ ๐-๗๔๒๘-๖๔๗๕ หรือทางจดหมายอิเล็กทรอนิกส์ chayanit.p@psu.ac.th

ลายเซ็นนักวิจัย……

(……..)

วันที่…….เดือน…….พ.ศ……

ข้าพเจ้าได้รับทราบข้อมูลจากนักวิจัยแล้วและยินดีเข้าร่วมโครงการวิจัยด้วยความสมัครใจ

ลายเซ็นผู้ให้ข้อมูลวิจัยหลัก…….

(……..)

วันที่…….เดือน…….พ.ศ…….

ข้าพเจ้าได้รับทราบข้อมูลจากนักวิจัยแล้วและยินดีเข้าร่วมโครงการวิจัยด้วยความสมัครใจ

ลายเซ็นผู้ให้ข้อมูลวิจัยทั่วไป ……..

(……..)

วันที่…….เดือน…….พ.ศ…….

APPENDIX H

Smartphone recorded format

Informant: P1……...

Date tape recorded: ……. (Month/ Date/Year)

Time:……

Place: ……..

line	Person	Documenting raw data	Codes
1.	Researcher = R Key informant mother = KM Key informant father = KF General informant pregnant adolescent = GP General informant grandfather = GGFF General informant grandmother = GGMM		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

APPENDIX I

Format for data analysis

Phase1		Phase 2
Statement	**Coding**	**Category**

APPENDIX J

Format for summarize data analysis

Theme	1.			
Categories				
Codes				
Theme	2.			
Categories				
Codes				
Theme	3.			
Categories				
Codes				
Theme	4.			
Categories				
Codes				

Phase 1		**Phase 2**	**Phase 4**
Meaning unit (L=line)	**Code**	**Category**	**Theme**

APPENDIX K

Ethics committee approval

เอกสารรับรองโครงการวิจัย
โดยคณะกรรมการจริยธรรมการวิจัยในมนุษย์
สาขาสังคมศาสตร์และพฤติกรรมศาสตร์ มหาวิทยาลัยสงขลานครินทร์

รหัสรับโครงการ:	2018 NSt – Ql 053
ชื่อโครงการ:	การเป็นบิดามารดาของหญิงวัยรุ่นตั้งครรภ์โดยไม่ได้วางแผนในวัฒนธรรมไทย: การศึกษาเชิงชาติพันธ์วรรณาทางการพยาบาล
รหัสหนังสือรับรอง:	PSU IRB 2018 – NSt 051
ชื่อหัวหน้าโครงการ:	นางนงลักษณ์ คำสวาสดิ์
หน่วยงานที่สังกัด:	หลักสูตรพยาบาลศาสตรดุษฎีบัณฑิต สาขาการพยาบาล (นานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์
เอกสารที่รับรอง:	1. แบบเสนอโครงการเข้ารับการประเมินจริยธรรมในงานวิจัย 2. เครื่องมือวิจัย 3. ใบเชิญชวนและใบยินยอมเข้าร่วมการวิจัย

วันที่รับรอง: 14 ธันวาคม 2561

วันที่หมดอายุ: 14 ธันวาคม 2563

ขอรับรองว่าโครงการดังกล่าวข้างต้น ได้ผ่านการพิจารณาเห็นชอบโดยสอดคล้องกับหลักการเบลมองต์ (Belmont) จากคณะกรรมการจริยธรรมการวิจัยในมนุษย์ สาขาสังคมศาสตร์และพฤติกรรมศาสตร์ มหาวิทยาลัยสงขลานครินทร์

(ลงนาม).....
(รองศาสตราจารย์ ดร.วราภรณ์ คงสุวรรณ)
รองประธานคณะกรรมการจริยธรรมการวิจัยในมนุษย์
สาขาสังคมศาสตร์และพฤติกรรมศาสตร์ มหาวิทยาลัยสงขลานครินทร์

สำเนาถูกต้อง
นงลักษณ์ คำสวาสดิ์

ที่ อว ๖๘๑๐๕/๓๓๑

คณะพยาบาลศาสตร์
มหาวิทยาลัยสงขลานครินทร์
ถ.กาญจนวณิชย์
อ.หาดใหญ่ จ.สงขลา ๙๐๑๑๐

๘ กุมภาพันธ์ ๒๕๖๔

เรื่อง ขอขยายระยะเวลาเก็บข้อมูลวิจัย

เรียน นายแพทย์สาธารณสุขจังหวัดร้อยเอ็ด

อ้างถึง หนังสือที่ ศธ ๐๕๒๑.๑.๐๕/๙๘๗ ลงวันที่ ๒๖ เมษายน ๒๕๖๒

สิ่งที่ส่งมาด้วย หนังสือรับรองจริยธรรม จำนวน ๑ ชุด

ตามหนังสือที่อ้างถึง คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ ได้ขออนุญาตให้นางนงลักษณ์ คำสวาสดิ์ รหัสนักศึกษา ๕๗๑๐๔๓๐๐๐๘ นักศึกษาหลักสูตรปรัชญาดุษฎีบัณฑิต สาขาวิชาการพยาบาล (นานาชาติ) ดำเนินการเก็บข้อมูลวิจัย เรื่อง "การเป็นบิดามารดาของหญิงวัยรุ่นตั้งครรภ์โดยไม่ได้วางแผนในวัฒนธรรมไทย: การศึกษาเชิงชาติพันธุ์วรรณาทางการพยาบาล" ณ โรงพยาบาลในสังกัดของท่าน ระหว่างเดือนพฤษภาคม - ตุลาคม ๒๕๖๒ เนื่องด้วยกลุ่มตัวอย่างที่เก็บยังไม่เป็นไปตามเป้าหมายที่กำหนด และหนังสือรับรองจริยธรรมของมหาวิทยาลัยสงขลานครินทร์ ครบกำหนดระยะเวลา ๒ ปี เมื่อวันที่ ๑๔ ธันวาคม ๒๕๖๓ นั้น ทั้งนี้ นักศึกษาได้รับอนุมัติให้ขยายการรับรองจริยธรรมฯ กำหนดระยะเวลา ๑ ปี ระหว่างวันที่ ๑๔ ธันวาคม ๒๕๖๓ – ๑๔ ธันวาคม ๒๕๖๔ แล้ว

คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ จึงขอขยายระยะเวลาในการเก็บข้อมูลวิจัยของนางนงลักษณ์ คำสวาสดิ์ โดยใช้การสัมภาษณ์ และการสังเกตกับกลุ่มบิดามารดาของหญิงวัยรุ่นตั้งครรภ์ อายุ ๑๓-๑๙ ปี และกลุ่มหญิงวัยรุ่นตั้งครรภ์ รวมถึงสมาชิกในครอบครัว เพื่อให้ได้กลุ่มตัวอย่างเพิ่มเติม และเพียงพอ ณ โรงพยาบาลในสังกัดของท่าน ระหว่างเดือนธันวาคม ๒๕๖๓ – พฤษภาคม ๒๕๖๔ ทั้งนี้ หากต้องการรายละเอียดเพิ่มเติม โปรดติดต่อนางนงลักษณ์ คำสวาสดิ์ โทรศัพท์มือถือ ๐๘๑-๙๗๔๐๘๖๒ หรือ E-mail: nonglakkham@hotmail.com

จึงเรียนมาเพื่อโปรดพิจารณาให้ความอนุเคราะห์ด้วย จะเป็นพระคุณยิ่ง

ขอแสดงความนับถือ

(ผู้ช่วยศาสตราจารย์ ดร.จารุวรรณ กฤตย์ประชา)
รองคณบดีฝ่ายวิชาการ วิเทศสัมพันธ์ และนวัตกรรม ปฏิบัติการแทน
คณบดีคณะพยาบาลศาสตร์

งานบัณฑิตศึกษา
โทรศัพท์ ๐-๗๔๒๘-๖๔๕๖
โทรสาร ๐-๗๔๒๘-๖๔๒๑

เอกสารรับรองโครงการวิจัย
โดยคณะกรรมการจริยธรรมการวิจัยในมนุษย์
สาขาสังคมศาสตร์และพฤติกรรมศาสตร์ มหาวิทยาลัยสงขลานครินทร์

รหัสรับโครงการ:	2018 NSt – Ql 053
ชื่อโครงการ:	การเป็นบิดามารดาของหญิงวัยรุ่นตั้งครรภ์โดยไม่ได้วางแผนในวัฒนธรรมไทย: การศึกษาเชิงชาติพันธ์วรรณาทางการพยาบาล
รหัสหนังสือรับรอง:	PSU IRB 2018 – NSt 051
ชื่อหัวหน้าโครงการ:	นางนงลักษณ์ คำสวาสดิ์
หน่วยงานที่สังกัด:	หลักสูตรพยาบาลศาสตรดุษฎีบัณฑิต สาขาการพยาบาล (นานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์
เอกสารที่รับรอง:	1. แบบเสนอโครงการเข้ารับการประเมินจริยธรรมในงานวิจัย 2. เครื่องมือวิจัย 3. ใบเชิญชวนและใบยินยอมเข้าร่วมการวิจัย
วันที่รับรอง:	14 ธันวาคม 2563
วันที่หมดอายุ:	14 ธันวาคม 2564

ขอรับรองว่าโครงการดังกล่าวข้างต้น ได้ผ่านการพิจารณาเห็นชอบโดยสอดคล้องกับหลักการเบลมองต์ (Belmont) จากคณะกรรมการจริยธรรมการวิจัยในมนุษย์ สาขาสังคมศาสตร์และพฤติกรรมศาสตร์ มหาวิทยาลัยสงขลานครินทร์

(ลงนาม).....

(ศาสตราจารย์ ดร.ศศิธร พุ่มดวง)
ประธานคณะกรรมการจริยธรรมการวิจัยในมนุษย์
สาขาสังคมศาสตร์และพฤติกรรมศาสตร์ มหาวิทยาลัยสงขลานครินทร์

VITAE

Name Mrs. Nonglak Khamsawarde

Student ID 5710430008

Educational Attainment

Degree	Name of Institution	Year of Graduation
Master's Degree of Public Health	Chulalongkorm University	2011
Master's Degree of Social Work in Criminal Justice	Thammasat University	1999
Bachelor's Degree of Law	Ramkhamhaeng University	2006
Bachelor's Degree of Public Health	Sukhothai Thammathirat University	1995
Bachelor's Degree of Science in Nursing	Boromarajonani College of Nursing Nakornrajasima, Nakornrajasima Province	1988

Scholarship Awards during Enrolment

Graduate School of Prince of Songkla University
Praboromarajchanok Institute, Ministry of Health

Work – Position and Address

Srimahasarakham Nursing College
Maung District Maha Sarakham Province, Thailand 44000
E-mail: nonglakkham@hotmail.com

List of Publication and Proceeding

Khamsawarde, N. (2020). Pain assessment tool for first stage of labor: Systematic review. *Journal of Health Research and Development, 6*(2), 21-31.

Khamsawarde, N. (2019). Maternal-fetal attachment in adolescents in Thailand. *Medical Journal of Clinical Trials & Case Study, 3*(1). DOI: 10.23880/mjccs-16000208.

Thaewpia, S., Panmaung, S., Khamsawarde, N., Baothong, K., Thuntum, K., Phusee, S. & Puttabut, S. (2015). *Authentic learning instructional model to enhance the midwifery competency and learning achievement of nursing student. Journal of Nursing Science, 33*(1), 27-36

Khamsawarde, N. & Perngparn, U. (2012). Comparison of self-care behavior between HIV/AIDS Infected and Non-Infected Mother. *Journal of Health Rresearch. 26* (2), 97-100.