วัยรุ่นตั้งครรภ์ก่อนวัยอันควร: มุมมองของวัยรุ่น*

The untimely pregnancy in adolescent: Adolescent's perspective

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วารสารพยาบาลศาสตร์และสุขภาพ
Journal of Nursing Science & Health
ปีที่ 41 ฉบับที่ 1 (มกราคม-มีนาคม) 2561
Volume 41 No.1 (January-March) 2018

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บทคัดย่อ

การวิจัยเชิงคุณภาพครั้งนี้มีวัตถุประสงค์เพื่อทำความเข้าใจมุมมองการตั้งครรภ์ในวัยรุ่นตามการรับรู้ของวัยรุ่นในบริบทความรับผิดชอบโรงพยาบาลชุมแพ จังหวัดขอนแก่น เก็บรวบรวมข้อมูลระหว่างเมษายน 2559 – มีนาคม 2560 ผู้ให้ข้อมูล 25 คน คือ วัยรุ่นหลังคลอด วัยรุ่นตั้งครรภ์ วัยรุ่นที่มีพฤติกรรมเสี่ยงทางเพศและวัยรุ่นทั่วไป โดยการสัมภาษณ์เชิงลึกและสนทนากลุ่ม วิเคราะห์ข้อมูลเชิงเนื้อหา ได้ผลวิจัย 3 ประเด็น 1) มุมมองเรื่องเพศสัมพันธ์ 2) มุมมองต่อการตั้งครรภ์ 3) การเข้าไม่ถึงบริการสุขภาพ ปัญหาการตั้งครรภ์ในวัยรุ่นไม่ใช่ปัญหาของใครคนใดคนหนึ่งแต่เป็นปัญหาของวัยรุ่นและบุคลากรด้านสุขภาพที่ต้องตระหนักถึงจุดเริ่มต้นของการมีเพศสัมพันธ์จนนำไปสู่การตั้งครรภ์ก่อนวัยอันควร การสร้างค่านิยมทางเพศที่เหมาะสม และให้บริการสุขภาพที่โดนใจวัยรุ่น

คำสำคัญ: เพศสัมพันธ์ในวัยรุ่น การตั้งครรภ์ก่อนวัยอันควร วัยรุ่นตั้งครรภ์

Abstract:

This qualitative study aimed to understand adolescent pregnancy as perceived by adolescents under the care of Chum Phae Hospital, Khon Kaen, Thailand between April 2016 and March 2017. The 25 informants consisted of pregnant adolescents, adolescents in postpartum period, adolescents with sexual risk behaviors, and general adolescents. Data were collected using in-depth interviews and focus group discussions and were analyzed by content analysis. Findings on three issues were: 1) the perceptions on sexual intercourse, 2) the perceptions on the meaning of adolescent pregnancy, and 3) barriers to access to adolescent clinic services. It can be concluded that adolescent pregnancy is not only the problem of any particular person, but also a problem for all adolescents and healthcare providers who need to recognize the beginning of sexual intercourse leading to untimely pregnancy. Also, healthcare providers need to help foster appropriate sexual values and offer proactive services that appeal to adolescents in particular.

keywords: sexual intercourse in adolescents, untimely pregnancy, adolescent pregnancy

***This article is a part of the Doctor of Philosophy in Nursing, Faculty of Nursing, Khon Kaen University, Thailand.**

***Research Funding from Graduate School Khon Kaen University and the Research and Training Center for Enhancing Quality of Life of Working Age People, Khon Kaen University.**

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Introduction

Adolescent pregnancy has been a significant and sensitive issue for many countries. In 2016, it was estimated that there were about 21 million pregnancies in adolescent females aged 15-19 years old living in developing counties. Of these, approximately 12 million resulted in a birth and nearly half (49%) of pregnancies in this group were unintended[1].

In Thailand, during 2013-2016, the birth rates in adolescents aged 15-19 years old declined from 51.1 births to 42.5 births per 1,000 women in the same age group[2]. The adolescent pregnancy has been reported in all Thai provinces including Khon Kaen, which is a province located in the central part of the northeastern region of the country. In Khon Kaen, in 2016, the birth rate in adolescents aged 15-19 years old was 41.4 births per 1,000 women in the same age group[2].

Although the present adolescent birth rate is likely to decrease, pregnancies in adolescents are still considered a major problem as they are mostly undesirable. This problem creates a major impact on maternal and child health, family, community, society, and the nation. Adolescent mothers are more likely to have eclampsia, puerperal endometritis, systemic infections[3], and psychological pressure[4]. In addition, the infants of adolescent mothers are more likely to have low birth weights[3,5-7], premature births[5-7,8], severe neonatal conditions, stillbirths, or deaths within the first year of life at higher rates than births given by adult mothers[3,7]. Pregnancy complications and childbirth are the leading causes of death among adolescent mothers in low to middle-income countries[9]. Furthermore, adolescent mothers are likely to have repeat pregnancies within two years[10]. Some adolescents who are pregnant while studying have to drop out of school and resign or retire from school and/or work[11]. Consequently, adolescent mothers lack of necessary knowledge and skills for occupational objectives to gain sufficient income. They also lose job opportunities, become unemployed, and become burdens on their families[12]. At present, young females tend to engage in premarital sexual intercourse more than those in prior generations. Female adolescents view sexual intercourse as not being a problem, adding that it is not necessary for women to preserve virginity before marriage[13]. It has been found that Thai adolescents aged as young as 11 years old started having sexual intercourse. There has been an incidence of the adolescent mother at the age of only 12 years old[13]. Traditional Thai culture does not accept adolescent pregnancy before marriage or at school age. Adolescent pregnancies therefore bring about social stigma, and pregnant adolescents are likely to be barred from the education system, healthcare services, and other assistance. Consequently, adolescent mothers and their children lose the opportunity to gain access to a better quality of life[14]. Moreover, there are other obstacles that prevent pregnant adolescents from accessing the health care service system, some of which involve the inability of service providers to approach the adolescents, while the adolescents who are in the risk group have not utilized health care services due to a lack of social contribution, including parental or social stigma that causes adolescents not to use contraceptive services or carry condoms[15]. Although contraceptive services have been provided for everyone, adolescents are

afraid to seek consultation services due to mistrust that the confidentiality regarding their sexual intercourse will be securely concealed[15].

In the fiscal year 2015, the Ministry of Public Health of Thailand determined that, in order to be appropriate for national social and economic development, the indicator of birth rate in adolescents aged 15-19 years old should not exceed 50 births per 1,000 women in the same age group, and the ratio of repeat pregnancies in mothers aged 15-19 years old should not exceed 10%[16]. Chum Phae is one of the districts in Khon Kaen province where the problem of adolescent pregnancy is acknowledged. Since 2010, adolescents' clinic has been responsible for targeting the adolescent population in Chum Phae Hospital, with the services being integrated into other 17 sub-district health promoting hospitals throughout the Chum Phae district to make the services more effective. Despite this, adolescent pregnancy in Chum Phae district remains an important problem because the birth rate and the rate of repeat pregnancy among adolescents aged 15 to 19 years old still exceed the indicators of The Ministry of Public Health. During 2014 -2015 the birth rates among adolescent mothers aged 15-19 years old per 1,000 women of the same age group who came to receive antenatal services at Chum Phae Hospital increased from 64.3 to 71.2 births per 1,000 women[17]. In addition, the rate of repeat pregnancies among adolescents aged 15-19 years old increased from 12.2% to 21.2%[17].

Even though the services at Chum Phae Hospital were originally created to prevent adolescent pregnancies, Chum Phae Hospital continues to see high birth rates among mothers who are adolescents. This strongly implies that the existing services are not enough to solve this problem. This may be due to ineffective strategies which are drawn from existing pregnancy prevention measures as well as various general factors in both personal and environmental contexts. It is accepted that there may be other unidentified factors that, if understood, may inform the creation of appropriate practices to prevent adolescent pregnancies. Therefore, in order to implement a solution that will more effectively lead to the specific strategies to prevent adolescent pregnancies in the future, it is necessary to understand perceptions on pregnancy and possible barriers in pregnancy prevention as perceived by adolescents.

Research objectives

To understand the adolescent's perceptions regarding adolescent pregnancy in the Chum Phae Hospital context.

Research design

Research design and ethical considerations: This qualitative study was a part of a larger study on Development of Pregnancy Prevention Model for Adolescents in Chum Phae Hospital Context. The study received an approval from the Khon Kaen University Ethics Committee on Human Research for Project No. HE582375, and from the director of Chum Phae Hospital. The study was conducted in Chum Phae Hospital, Khon Kaen province, during April 2016 - March 2017.

The Informants and data collection: The researcher collected qualitative data through in-depth interviews, focus group discussions, observations, and collection of data from chart review through

medical records. There were 25 adolescent informants consisting of three adolescents in postpartum period (between 2 days – 6 weeks). Six pregnant adolescents, six adolescents who were perceived by other people as having been involved in sexual risk behaviors, and ten general adolescents (no history of being pregnant, no sexual risk behaviors identified). The researcher approached the informants through the recommendation from the nurse who was responsible for adolescent pregnancy problems at the adolescent clinic of Chum Phae Hospital using the purposive and snowball techniques. According to human subject protection, informed consent was obtained from all informants who participated in this project with all being provided an explanation regarding research objectives and data collection procedures. In addition, any informants who were adolescents under the age of 18 years old also had to obtain permission from their parents/guardians to participate in this project and, in such cases, both parents and/or guardians and adolescents needed to sign consents. The personal names were coded to secure any possibility of data exposure to the public. The semi-structured interviews and the semi-structured focus group question guides were developed by the researcher. The question guides were examined by five experts who were experts in qualitative research and adolescent pregnancy including one pediatrician, one child and adolescent psychiatrist, one psychiatric nursing instructor, one maternal and child nursing instructor, and one community health nursing instructor. The question guides were employed in a pilot study conducted with ten informants. The participants in the in-depth interviews consisted of all thirteen informants (six pregnant adolescents, three adolescents in postpartum period, and six adolescents with sexual risk behaviors). The participants of the focus group discussion consisted of all ten volunteer students who were in the general adolescent group, including five males and 5 females. To ensure some degree of comfort with sharing of personal information, the focus group discussion was undertaken twice, once with only male and once with the only female informants.

Data analysis and trustworthiness: The researcher transcribed recorded tapes verbatim, performed content analysis, and linked the aforementioned data to summarize emerging themes and sub-themes under the same meaning to create an accurate understanding of the phenomenon. Data were verified for accuracy and trustworthiness along with the process of data collection by using the triangulation method to confirm the accuracy of the information. The researcher tested data accuracy with triangulation from data collection using multiple methods including in-depth interviews and focus group discussions with participatory and non-participatory observations. The researcher also used patient information from medical records. Finally, findings from content analysis and interpretation were shared and discussed among the research team for consensus..

Demographic data of informants

All 25 informants were between 13.3 and 18.8 years old (with the mean age of 16.6 years old). They could be divided into four groups as follows: (1) three adolescents in postpartum period who had been visiting the family planning clinic and were 15.8 -18.3 years old (with the mean age of 16.7 years old), (2) six pregnant adolescents who

had been visiting the antenatal care clinic at Chum Phae Hospital and were 13.3-18.8 years old (with the mean age of 16.4 years old), (3) six adolescents in the sexual risk behavior group who were studying in school and were 15.9-18.2 years old (with the mean age of 16.6 years old), and (4) ten general adolescents who had been studying in school were 16.0-18.1 years old (with the mean age of 16.8 years old). Only the general adolescents and adolescents with sexual risk behavior consisted of both males and females. In the general adolescent group, there were five males and five females, and the sexual risk behavior groups were composed of three males and three females. For biological reasons, there were only females in the other groups. As The Khon Kaen University Ethics Committee in Human Research did not allow data collection from adolescents in the general adolescent and the sexual risk behavior groups younger than 15 years old, most of informant adolescents were in their later adolescence (17-19 years old).

All of the informants in the general adolescent group and sexual risk behavior group were studying at an upper secondary school. As for pregnant adolescents, only two were still attending a lower secondary school or pursuing a vocational certificate, while the others had stopped going to school altogether. Perhaps to illustrate the degree of difficulty posed by adolescent pregnancy, one of the two adolescents who was still going to school decided to have an abortion and moved to another school, a decision made by her mother, and the other planned to transfer to an after-hours program studying only on weekends.

The findings of this study reflected the perceptions on sexual intercourse, the meaning of pregnancy, and the barriers to access to adolescent services. The findings as perceived by adolescents could be divided into the following:

The perceptions on having sexual intercourse in adolescence: Both general adolescents (4/10 informants) and adolescents at risk for sexual behavior group (2/6 informants) had sexual intercourse when they were very young as early as 13 to 18 years old, with the average age of experiencing the first sexual intercourse of 15.5 years old. Some of the informants in the pregnant adolescent and adolescents in postpartum period group had their first sexual intercourse sooner than the others, being only 13 years old when they engaged in the first sexual intercourse. The first sexual partner was usually a girlfriend/boyfriend. One informant in the general adolescent group was sexually active with his friend. Adolescents could have sexual intercourse on the first date when they met. Some pregnant adolescents in postpartum period group reported that they already had multiple sexual partners in their lives. In the pregnant adolescent and adolescents in postpartum period group, all of the informants had the first pregnancy at the age of 13-17 years old. The perceptions on sexual intercourse as explained by the adolescent informants were divided as follows:

It was a common issue: Some pregnant adolescents and some female general adolescents perceived that having sexual intercourse was a normal issue and it was not wrong to do, as they described "adolescents tend to think that having sex is normal because sexual intercourse is a common thing among

adolescents in today's society. To them, being someone's boyfriend or girlfriend means that they must have sexual intercourse with that person. Having sexual intercourse with their lover is a normal thing" (IDN3_Female, aged 16.3 years old). Another informant shared a similar sentiment, stating "I see my friends have sexual intercourse and they are alright. Their parents do not say anything. They just live together and go to school as usual. They do not seem to have any problems with this. I think it is not such a big issue in today's society" (IDP2_Female, aged 18.8 years old).

Recklessness: Some pregnant adolescents perceived that having sexual intercourse was an unintentional action or a negligence. "This man was the second person that I had sexual intercourse with. I had sexual intercourse because it was a mistake. I did not intend to" (IDP4_Female, aged 17 years old).

It was not the right age for sexual intercourse: Both male and female informants in the general adolescent and adolescent with sexual risk behavior groups perceived that adolescence was not an appropriate time to have sexual intercourse. "Today, adolescents usually think that love means having sexual intercourse, too, but it is not right for everyone. Some people can love each other without having sexual intercourse. In my mind, I don't want anyone I love to engage in sexual intercourse before she turns 18 years old" (IDN10_Male, aged 17.5 years old).

Safe sex: Some male and female informants in the sexual risk behavior group perceived that their parents/guardians had an open mind and accepted having sexual intercourse without forbidding them. When parents/guardians permitted adolescents to have sexual intercourse, they must prevent the negative consequences which would impact their future. "My grandma didn't say anything, but my mom has told me to be very careful if I wanted to have sex. She was afraid that my girlfriend would get pregnant and wouldn't complete her study" (IDR1_Male, aged 18.7 years old), and "They told me to protect myself if I had sexual intercourse. The pregnancy in adolescence would adversely affect my future" (IDR6_Female, aged 15.9 years old).

Finding from this study suggested that adolescents were sexually active in sexual intercourse on their first date and some already engaged in multiple sexual partners. Such actions indicated that they did not pay attention to virginity and they also lack of sustainable relationship of being lover status. Such findings yield support by Ingkathawornwong et al. [18] which has reported that it is unnecessary for women to be virgins before marriage and being a lover of someone without having sexual intercourse. Instead, adolescents believed that having sexual intercourse was a normal practice and there was nothing wrong with it since they perceived it as a problem when adults did not accept their sexual behaviors [16]. Although some adolescents view that having sexual intercourse is a common issue, communications for understanding and realization of negative consequences of having sexual intercourse in adolescence are needed. More importantly, every adolescent needs to receive proper and straightforward knowledge from sex education[19-20] which should start in later years of elementary school[13, 21] because sexual activity is generally first encountered in early adolescence (aged 10-13 years old). Healthcare providers and stakeholders need to help adolescents

develop the right attitude and practice safe sex. On the other hand, adolescents who have more conservative values and believe in the preservation of virginity should receive a chance to promote life skills to help them continue delaying sex until an appropriate time, which means when they are able to accept the responsibility for their own action and its consequences. Finally, for the adolescents who decide to have sex, they must have knowledge and understanding of safe sex to prevent possible problems, especially unplanned pregnancy[16].

Moreover, the adolescents who were perceived by other people around that they had been involved in sexual risk behaviors or were categorized into the general adolescents were found to be at-risk of having sexual intercourse as well. This finding was also in congruence with a previous study conducted by Chirawatkul et al[13] which has reported that both female adolescents who were considered to be "Dek Thiao" those who paid more attention to other things than studying and "Dek Rain" those who paid more attention to study were more likely to be at-risk of having sexual intercourse as well. However, it is worth noting that sexual behavior is in fact difficult to assess and even observations made by close persons may not accurately reflect the actual sexual behaviors of adolescents.

The meaning of adolescent pregnancy: Although the first sexual intercourse did not always lead to pregnancy, it could still lead to more sexual intercourse in the future. The perceptions on the meaning of adolescent pregnancy as explained by the adolescent informants were divided as follows:

A sense of belonging: When it came to pregnancy, the adolescents in postpartum period and the pregnant adolescents who had experienced pregnancy felt that they could live together as reflected in sentiments. "I talked with my boyfriend and he said that, if it was alright, we wouldn't use condoms. If I got pregnant, it would be alright and we could live together" (IDP2_Female, aged 18.8 years old).

The desire to have a baby: They wanted to have their own baby, as she described "I didn't protect myself. I mean, we lived together, and my boyfriend wanted a child" (IDP4_Female, aged 17 years old).

The attempt to gain acceptance from the family: Having a baby made their parents accept them. "Some of the adolescents needed to be pregnant for accepting from their family" (IDM1_Female, aged 17.1 years old).

The pregnancy was not wanted, but resulted from a mistake: Engaging in sexual risk behaviors was related to unintended pregnancies. "I didn't know how to take emergency contraceptive pills, so I didn't take it" (IDP3_Female, aged 17.9 years old).

The aforementioned findings showed that adolescent pregnancy could occur from a sense of belonging, the desire to have a baby, the attempt to gain acceptance from the family, and the pregnancy was not wanted, but resulted from a mistake. Such meanings of pregnancy as perceived by adolescents who had experienced pregnancy were important issues that healthcare providers needed to be aware of so as to emphasize the long-term effects of pregnancy during adolescence. In fact, unintended pregnancy should be a major cause of concern among healthcare providers who need to change the attitude

of adolescents and generate knowledge on the regular use of contraceptive devices when having sexual intercourse. Even though adolescents are physically ready for sex, adolescence is not an age with readiness for motherhood[22]. In addition, pregnancy among adolescents aged younger than 16 years old when their pelvis structure and vagina are still growing is deemed hazardous for the lives of both the mother and the fetus [22]. Healthcare providers need to pay attention to the causes of pregnancy among adolescents and the meaning of pregnancy in order to prevent untimely pregnancies among adolescents in Thai society.

The barriers to access to adolescent services: Chum Phae Hospital has an adolescent clinic which provides counseling services about general health, private issues, sex education, life skills, and provides recommendations for giving care and support to pregnant adolescents who come to receive healthcare services. However, the barriers to access to adolescent services as perceived by adolescents were divided as follows:

Adolescent clinic services were not accessible to most adolescents: The adolescent clinic was not well aware by adolescent groups in this study. Increasing awareness should be promoted by nurses providing health education to adolescents at school. In addition, healthcare providers needed to remember that there might be adolescents who did not attend classes at school and those who attended classes at school a long time ago and have since forgotten what they learned there. These two groups also needed to be taken into account. Besides this, adolescents tended to think that the adolescent clinic services are provided exclusively to adolescents who had pregnancy problems such as complications. Sometimes, adolescents did not dare to seek counseling services due to a lack of trust, as illustrated in the following examples: "I thought it was shameful. I didn't want to tell anyone who was not close to me. Why would they talk? They would talk to their close friends" (IDR6_Female, aged 15.9 years old). Furthermore, adolescents who had the pregnancy risks were less likely to access services because they did not recognize the importance of it, were unaware of the adolescent clinic or did not use services until they got pregnant. Most of the adolescents who came to receive services were already pregnant. Although the hospital has a protocol for receiving referrals from schools, sub-district health promoting hospitals, and primary care units, referrals could be made verbally with no official system to refer adolescents who need care to the hospital. Thus, nurses only got information on adolescent pregnancy or sexual risk behaviors when adolescents came to the hospital to receive services.

The lack of specialty antenatal care services that were suitable for adolescents: Healthcare services for adolescents had the same service procedures as the services provided to patients of every age. According to information from pregnant adolescents and adolescents in postpartum period, six persons received first ANC at the gestational age older than 12 weeks, only two persons received first ANC services within the first 12 weeks of pregnancy. There were adolescents who decided to receive the first ANC services as late as six months. Additional data showed that the adolescents may be unaware of the pregnancy, concealed their pregnancy from the family, did not recognize the

importance of ANC services, and ANC services were not provided every day, as could be seen from the following examples, "When I came with friends, they wanted to go to other places and the clinic was already closed when we got there. I actually came to the clinic when my parents took me there (laughs). I came for antenatal services when I was three to four months pregnant" (IDP3_Female, aged 17.9 years old).

The barriers to accessing free condoms at health care services: Every health care service offer free condoms or oral contraceptive pills. However, some contraceptive devices such as condoms are limited in quantity, and the sub-district health promoting hospital would distribute condoms to only persons who receive family planning services. Thus, only a small number of condoms are distributed to adolescents. If adolescents needed condoms, they bought them from condom vending machines. Some of the sub-district health promoting hospitals had condom vending machines, but some condom vending machines were damaged or were out of order. Furthermore, most adolescents did not ask for condoms at a health service provider because adolescents did not dare to ask for them, condoms were insufficient, or the adolescents were not a target group.

Barriers to accessing and using contraceptive implant: Although the Chum Phae Hospital provided contraceptive implant services for adolescents, the adolescent who had never been pregnant did not want to receive it due to fear of being viewed as being promiscuous or adolescents did not think that they would become pregnant. They shared what they felt, "I thought that I probably wouldn't dare to do this if I'd never been pregnant. I mean, I'd be embarrassed. Why would I want a contraceptive implant if I were not having sexual intercourse? Other people probably saw it like this. Adolescents would not get implants except they were being sexually active" (IDM3_Female, aged 15.7 years old).

The aforementioned data showed that the adolescent clinic was not well known among the target group. Therefore, few adolescents, particularly sexual risk behavior groups, had access to use services and viewed the adolescent clinic solely as a place for solving adolescent pregnancy problems rather than a facility providing services or consultation related to pregnancy prevention. Moreover, the service facilities were not truly friendly and reference systems had no concrete practice guidelines. In addition, most pregnant adolescents accessed the antenatal care services after the first trimester (12 weeks) of gestational age, thereby causing adolescents to lose the opportunity to receive advice on practices to reduce potential abnormality risks during early pregnancy. Therefore, it is the duty of healthcare providers to improve the systems of proactive services and healthcare service for adolescents with an emphasis on Youth Friendly Health Services, particularly to help adolescents understand and gain access to healthcare services provided at adolescent clinics. If possible, healthcare services should be provided for general adolescents, sexual risk behavior adolescents, pregnant and adolescents in postpartum period separately from patients of other age groups to reduce stigmatism from other patients. Besides this, service hours should be arranged in accordance with adolescent lifestyles

by building awareness of adolescents with sexual risk behavior to ensure that they gain access to consultation services from a healthcare provider in time. Finally, pregnant adolescents should receive quality antenatal care services quickly with an emphasis on public relations for adolescents to ensure timely access to service provision channels [23].

Conclusion and recommendations

Adolescent pregnancy is not only an individual problem (adolescent, parents, family, etc.) but also a public health issue that involves with all parties both adolescents and healthcare providers to minimize consequences and increase prevention programs as much as possible. The understanding of adolescent perceptions on sexual risk behaviors, their experiences of adolescent pregnancy, and barriers to access healthcare specifically to adolescent clinic services is essential. Specific intervention programs for adolescent pregnancy tailored to their needs will enable them to find appropriate strategies to prevent unintended pregnancy and decrease their sexual risk behaviors. In particular, adolescents need to be aware that the beginning of having sexual intercourse and unsafe sex can lead to the path of unplanned or untimely pregnancy in adolescents. By laying down measures of cultivating adolescents' self-awareness appropriate to culture and gender values is crucial to enhance adolescents' responsibility of their own sexual behaviors. In case of adolescents who have an unplanned pregnancy, they need to receive assistance so as to enhance the chances of experiencing a quality pregnancy in a timely manner. On the part of healthcare providers, to generate a better understanding of safe sex and pregnancy prevention including to prevent having more girl mothers and boy fathers in society, new proactive services should be offered and healthcare services refocused in such a way as they become more appealing to adolescents.

Acknowledgment

The researcher would like to thank the Graduate School Khon Kaen University and the Research and Training Center for Enhancing Quality of Life of Working Age People, Khon Kaen University, for funding this research.

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