WHY DO TEENAGE GIRLS CONTINUE THEIR PREGNANCIES DESPITE BEING UNPLANNED?¹

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Abstract

Background: The termination of unplanned pregnancies sometimes leads to serious health consequences. However, some teenage girls decide to continue their pregnancies despite unexpected.

Aims: This qualitative study aimed to explore why teenage girls continue their pregnancies despite being unplanned.

Methods: Purposively selected participants were 13 teenage girls aged below 20 years old who received antenatal care at a community hospital in Lampang province, Thailand. Thematic analysis analyzed data.

Results: Four major themes that emerged were 1) reactions toward unplanned pregnancy, 2) Hiding and communication, 3) Deciding to continue pregnancies, and 4) Bonding. Reactions toward unplanned pregnancy composed of three subthemes confusion, fear of blames, and unexpected gift. Hiding and communication composed of two subthemes hiding and breaking the news. Deciding to continue pregnancies composed of six subthemes do not want to commit a sin, husband support, family support, family-family agreement, fear of birth defects, and moral responsibility. Bonding composed of two subthemes included bonding with baby and bonding with families.

Conclusion and Recommendations: Moral, responsibility, and support from husband and families can help teenage girls to continue their unplanned pregnancies. Understanding reasons to continue unplanned pregnancy could promote healthy decision making of these teenage mothers.

Keywords: teenage pregnancy, unplanned pregnancy

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Introduction

Globally, teenage pregnancy, a pregnancy of a woman aged between 15-19 years old is one of the major adolescent development issues (Al-Sahab et al., 2012). In Thailand rates of teenagers participating in sexual intercourse have increased. Worryingly, most of these sexual practices are not safe and sometimes result in unplanned pregnancy (Suktuaryat, 2008). The data of Punsuwun et al. (2014) showed that teenage pregnancy (mothers aged from 15 to 19 years old) was 23.09 per 1,000 teenaged girls and the percentage of births among this age group was 23.81%. Pregnant teenagers without pregnancy planning tend to find a way out with abortion, and it affects the health of the mother and the baby such as postpartum hemorrhage in mother, preterm labor, low birth weight in infants, and maternal and child deaths. Moreover, there are mental effect on the mothers such as stress, stigmatization, shame, and ambivalence (Srisaeng, 2003). On the other hand, there are pregnant teenagers who decided to conceive and accept the baby feeling that the fetus is part of themselves (Sangyemsak, 2005). A positive response to pregnancy in teenagers leads to a healthy behavior such as antiretroviral services in the state and antenatal in the obstetrician’s clinic resulting to quality care during pregnancy, delivery, and after delivery (Lowdermilk & Perry, 2004). Therefore, decision making is needed in choosing the best option possible. Decision making is a process of choosing which one to consider or to evaluate in selecting the best option in achieving the goal or the purpose (Lerdturnnongtram, 2003).

Decisions must be made through deliberation and reflection to select the best way which is suitable with the present resources and which the individuals are able to execute. In cases where the teenagers are confronted of being pregnant, both planned and unplanned; it naturally causes them to feel stress, fear, guilt, and depression (Nirattharadorn, 2005). If they perceive the result of pregnancy positively, it will make it easier for them to accept and care for themselves, but if they think of the effects of pregnancy to their lives negatively, they would tend to terminate the pregnancy. A study by Atuyambe et al. (2009) found that factors affecting women in deciding for pregnancy included environmental factors and personal factors. The environmental factors involve the person who helps the pregnant woman, social support, and family members. Personal factors are the basic characteristics of a person including expectation, demand for a child, knowledge, skills, and health status.

Objective

To explore decision making and issues surrounding the decision making regarding continuation of unplanned pregnancy in Thai teenage pregnant women.

Research Questions

How do Thai teenage girls with unplanned pregnancy decide about their pregnancy?
Scope of the Study

This qualitative research focuses on the decision making of unplanned pregnant teenagers in continuing pregnancy. The participants were selected by purposive sampling, age range of not exceeding 20 years old and used the service for antenatal care at Sopprap Hospital, Lampang Province. The collection of data was done by in-depth interview and data were analyzed by thematic analysis.

Ethical consideration

The researcher met the participants to discuss the purpose of the research and ask for their cooperation. In the process of collecting data, name of the participants are kept confidential, presentation of information into all of them, use pseudonym, and participants are free to cancel, and can know the results of the research after the research ends.

Instrumentation

1. Teenage pregnancy form includes general information, age, education, domicile, age, health status of children, parenting history, and pregnancy history
2. In-depth interview form contains questions about decision of continue pregnancy such as the cause of pregnancy, the thought of pregnancy termination, the factors affecting decisions in continuing pregnancy, the consultant for judgment and the reason for consultation, the problems and obstacle during pregnancy, the postpartum care, the planning, future, and after pregnancy, the perception on unplanned pregnancy, and the solutions. The questionnaire was consulted with specialists for the clarity of the questions and content coverage which included three specialists: 1 expert in the field of qualitative research and two specialists about nursing. Afterwards, corrections were made based on the suggestions of the experts.

Research methods

The researcher explained the objectives and the purpose of the research to the participants and followed by requesting consent from the participants. The researcher established relationships with the participants before conducting the interview. Interviews were arranged at the participant’s convenience. In-depth interviews were conducted with tape recordings.

The researchers used the thematic analysis for the data. First, the researchers open coded or identified words from the recordings. Then, the coding was categorized in different groups considering the dependability of the findings or themes through peer checking.

Findings

Thematic analysis identified four themes on the experiences of the participants which reverberated. These included: 1) the reaction to unplanned pregnancy, 2) conceal and disclosure, 3) decision to continuous pregnancy, and 4) attachment.
1. The reaction to unplanned pregnancy

At first, there is often a sense of self-wrong, shame, anxieties, fear of others knowing, fear uncommitted partner, and fear of parental regret leading to stress and depression but there are some teenage girls who feel happy to conceive as a gift. These included 3 issues and illustrated from the participants’ narratives below. *All name use in research article is ALIAS.

1.1 Confusion, stress, and grief

Bancheun: “I am sorry for the mistake.”
Daoreung: “I’m stressed to be pregnant because I will miss the opportunity to study.”
Anchan: “I feel irritated”
Lamduan: “I often feel confused and stressful.”
Dokrak: “I’m sorry that I do not go to study higher levels and I want to go to school with my friends.”
Kradungnga: “I’m discouraged make parents regret.”
Chaba: “I am anxious and scared for my family to know.”

According to data most of the participants were confused, stressed, feeling bad, discouraged, and still wants to study.

1.2 Fear of being blamed

Guaymay: “I’m afraid of raising children because I have no money.”
Anchan: “I do not dare consult my parents because I am scared to be scolded.”
Lamduan: “I’m afraid my parents have regrets because they expected me to study.”

1.3 As an unexpected gift

Kradungnga: “I feel so glad.”
“I would like to see my baby and not ever to think about abortion because I sympathize.”
“I see another cute baby.”
Dokkeaw: “I’m happy to have children because I have had one child.”
“I feel good and happy to raise a child.”
“If I go back, I still want to conceive.”
Chaba: “I’m glad that I have a baby.”
Pregnant teenagers who feel glad to conceive and have experience in raising children have a higher sense of responsibility in raising the child and feeling that this pregnancy is an unexpected gift.

2. Conceal and disclosure

The Thai culture is conservative when it comes to women, where in women should not be pregnant before the appropriate age. The role of a teenager is to study according to the hope of the parents and family with regards with graduating and getting a job. The participants shared their experiences during the first stages of pregnancy.

Mali: “I spent a week before consulting my mother because I lived with her for a long time. So, I can talk about everything.”

Bancheun: “I spent 2 months before consulting my sister, relatives and boyfriend because they are best friends.”

Doareung: “I spent 2-3 days before consulting my husband and a sister in law.”

Leelawadee: “I spent 1 month before consulting my husband and the husband’s family.”

Dokrak: “I spent 1-2 days before consulting with my mother and my boyfriend and to talk to parents of both sides.”

According to the interview data, most of the participants concealed the pregnancy during the first phase and it depended on the relationship among family, parents, and boyfriend. Most participants will reveal and consult with a boyfriend before telling the parents. The length in which pregnancy is kept depended on the expected reaction of the surrounding individuals. The participants were very confused and afraid for being blamed or badly labeled. Therefore, less discussion together will take longer disclosure.

3. Decision to continue pregnancy

Pregnant teenagers’ decision making on whether to conceive or terminate the pregnancy is seen through the reaction phase of pregnancy, concealment, and disclosure.

Fear of sin

Kulab: “I do not want to commit a sin.”

“I feel my baby is alive.”

“I empathize for my baby because the baby is a part of my life.”

“I’m afraid the baby will be deformed.”

Auchan: “I decided to continue my pregnancy because of the sound of life.”
Based on interview data, 8 out of 13 participants did not choose to terminate their pregnancy because they felt the child’s life, fear of committing a sin, and pity.

**Boyfriend and family’s boyfriend supports**

Most of the pregnant teenagers first revealed the pregnancy to their boyfriend. When the boyfriend or husband and the husband’s family support the pregnancy, pregnant teenagers does not consider terminating the pregnancy such as Anchan who said that “My husband did not ask me for an abortion.”, Leelawadee said that “My boyfriend did not ask me for an abortion and be said that he will make money to raise the child.”, Dokrak said that “At first, my mother would ask me for an abortion but my boyfriend went to talk to my mother and told her that he will take care of the baby. So, I decided to continue my pregnancy.”, Lamdaun said that “The husband has a job, he did not asked me for an abortion.”, and Kadangnga also said that “My boyfriend did not ask for an abortion.”

**Family, parents and husband’s family**

They have an agreement in supporting pregnancy. The interview data of Dokrak and Mali whose parents supported pregnancy said that “Parents and husbands prefer to have children to prevent separation because the husband is enlisted in the military.” Dokrak said that “There is an agreement between the parents regarding care.”, and Chaba said that “My parents and my husband’s parents accepted my pregnancy.”

**Fear to make a crippled child due to abortion**

Lamdeun said that “I’m afraid that if the abortion is unsuccessful, it will cause the child to become disabled and we have to take care of the burden in the future.”

**Responsibility**

The pregnant teenagers, the boyfriends, and both families are responsible for the life in the womb when a pregnancy is recognized. For example, Bancheun said that “I’m afraid of sinning, so I take responsibility for what I do.”, Anchan said that “I committed a mistake, I have to take responsibility for it.”, and Lamdeun said that “I did not expect pregnancy but I still have to take responsibility.”

**Tried to abort but not successful**

Chaba said that “I thought to end the pregnancy but did not succeed. When the family accepted it, I decide to continue my pregnancy.”

The decision making of unplanned pregnancy was affected with the following issues: 1. **Moral reasons**—“I’m afraid of sin.”, “I feel sorry for the children.”, “I have a sense of responsibility for the pregnancy that occurred.”, and “When I think of ending my pregnancy, I'm afraid of having a disability with my baby; and 2. **The participation of surrounding individuals**—When the
boyfriend, the relatives, and both the families take responsibility and express support, pregnant teenagers choose to conceive. As a result, the pregnancy continues smoothly until birth.

4. Bonding and attachment

This discusses the relationships between the mother and the child, and the husband or the boyfriend. The participants answered the following:

Anchan: “When I feel the baby’s movement in my womb, I feel the life and so I decided to continue my pregnancy because I empathize for my baby.”

Dokrak: “I had the baby when I was too young. I’m afraid the baby is not strong as normal so I feel love and empathy for my baby.”

Kradandnga: ‘I want to see the baby.”

Discussion and Recommendation

The results of the research can be summarized as follows:

1. Reaction to planned or unplanned pregnancy – There are negative feelings such as feeling of confusion, stress, fear of being stigmatized, and non-acceptance of friends and society. On the other hand, the positive feeling is due to the perception that pregnancy is a gift despite of being unexpected. Therefore, there should be positive reinforcement to reduce stress confusion by encouraging pregnant teenagers that even if pregnancy is unplanned, there is still the need for care. Moreover, pregnant women are responsible for giving the best care possible for themselves.

2. Concealment and disclosure – During the early stages of pregnancy, teenagers tend to conceal their pregnancy. The length of concealment depends on the perceived reaction to a negative pregnancy, if the negative reaction is higher the concealment is longer and the lower the negative reaction the shorter the concealment. For this reason, there should be a communication between the pregnant women and the significant surrounding individuals in order to gain acceptance from both the pregnant woman and both the families, and to lower the negative reaction.

3. Factors of pregnancy decision making – There are 7 factors concluded affecting the decision making of pregnant teenagers. These included fear of sin, sharing of responsibility with husband or boyfriend, family support for pregnancy from both families, agreement from both families in caring for the pregnant teenager such as the wedding ceremony and the obligation for the child, fear of causing deformity due to unsuccessful abortion, and taking responsibility of the involved individuals for the life in the womb.
4. Relationship between involved parties - The bond between the pregnant teenager and her husband or boyfriend, her family, and the partner's family plays a big role in the continuation of pregnancy. There should be activities designed to help the pregnant teenagers in choosing to conceive and help them go through a smooth pregnancy and support after pregnancy.

Overall, there should be more studies conducted regarding this matter and developmental models should be constructed to support the decision making of unplanned pregnant teenagers which will promote continuation of pregnancy for the well-being of the pregnant teenager and the child as well.

Reference


