

Decision-making on Continuing Pregnancy Among Thai Adolescents: A Phenomenological Study

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Abstract: Unplanned pregnancy in adolescents often has serious difficulties for them to make decisions, whether to terminate or continue a pregnancy, whether to raise or place a baby for adoption. However, the decision-making to continuing a pregnancy among adolescents is not well conceptualized. This Heideggerian phenomenological study aimed to explain the experiences of adolescents regarding their decision-making to continue their pregnancy. The informants were 10 adolescents, who had already given birth and were residing in Chiang Mai, Thailand. Data were collected through in-depth interviews and analyzed using a 5-step interpretive process recommended by Cohen, Kahn, and Steeves.

Three themes emerged: 1) challenges; 2) decision-making methods; and 3) influences on pregnancy continuation. Challenges included pregnancy unawareness and ineffective termination methods, approaching and having conflicts with supporters, focusing solely on negative aspects, and 'should not have thought/done.' Methods used in making decisions could be independence/firmness, compliance, discussion, supernatural powers, or indecisiveness. The decision to continue a pregnancy was influenced by unaffordability/harms of pregnancy termination, a good person, a sense of motherhood, adolescents' conditions, and support. Nurses and midwives should incorporate these findings when providing counselling to facilitate adolescents' decision-making.

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Introduction

Adolescent pregnancy is a major health problem around the world, including in Thailand.¹ Although the adolescent fertility rate in Thailand, 35.0 per 1,000 girls age 15 to 19 years,² is lower than the global rate, 44.1 per 1,000 girls,³ it is still higher than the national goal of less than 25 per 1,000 girls.⁴ Approximately, 51 percent of adolescent pregnancies in Thailand are unplanned and unprepared,⁵ leading to difficult decisions

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regarding either keeping the baby, making an adoption, or terminating the pregnancy.⁶ Option counselling has recently been provided for Thai adolescents. Pregnancy termination, therefore, has been explored but little is known about pregnancy continuation among the

adolescents. Consequently, counselling is not well fulfilled in terms of the balance between the options of termination and continuation of pregnancy.

Continuing pregnancy in adolescents produces positive outcomes more often than abortion with respect to religious beliefs, cultural norms, legal regulation, as well as safety, health and well-being of the mother. However, having a baby, when not ready, is highly complicated and requires very difficult decisions. Decision-making is one of the developmental skills of children and adolescents. Pregnant adolescents must accomplish various tasks in preparation for adulthood, such as abstract thinking, moral thinking, and coping,⁷ simultaneously with tasks of pregnancy, including safe passage, acceptance by others, binding-in to the child, and giving of oneself.⁸ However, adolescents are likely confronted with conflicts between these two developmental tasks, as evidenced by Ngum Chi Watts, Liamputtong, and Mcmichael's study.⁹ Although an unprepared pregnancy is a situational crisis, it can be an opportunity for adolescents to develop various skills and their sense of autonomy. The adolescents have their rights and responsibilities to make their own choices, but those decisions should be facilitated and supported appropriately. That is, understanding both the adolescents' worldviews on unprepared pregnancy and their decisions is crucial.

In a Western culture, where pregnancy termination is more acceptable, one qualitative study indicated that adolescents' decision-making to continue the pregnancy was complicated. It depended on their beliefs about motherhood and abortion as well as interactions with their close ones and wider community.¹⁰ Among African Australian adolescents, cultural, religious attitude and practice, positive views of motherhood, and social supports had influenced their decision to continue the pregnancy.⁹

A qualitative study in Thailand found that help from laypeople and health personnel, family-boyfriend relationships, boyfriend's responsibility, as well as social and environmental factors, influenced their decisions.¹¹

Furthermore, the adolescents solved their problems through 1) realizing a problem, 2) exploring secondary issues, 3) developing a plan, 4) comparing their plan with alternative methods, and 5) moving forward with a final plan. The findings imply that analytical thinking, which is abstract and normative or consistent with logical rules,¹² was performed when making decisions. Generally, adolescents are capable of engaging both analytical and heuristic processing systems.¹³ The latter, mostly employed in a risky situation, is an intuitive decision strategy,^{12,14} that depends on the contexts, which might contribute to poor reasoning and contradict traditional standards. There is a need to explore the adolescents' decision-making in its context, and what leads the adolescent to change her mind to keep her baby. The gained knowledge is essential for nurses and midwives in strengthening their clinical practice of counselling services.

Research question and study aim

The research question of this study was "What is the decision-making on continuing pregnancy from the experience of Thai adolescents?" The study aimed to explain the experience of Thai adolescents in making their decisions regarding continuing their pregnancy.

Methods

Study design

An interpretive phenomenology study guided by Heideggerian philosophy¹⁵ was the approach for this study. Phenomenology research focuses on the study of human experiences and how humans create meaning about the thing as it presents in the world.^{15,16} The individuals' interpretation is cultural, historical and linguistic.¹⁵ Meaning emerges as a transaction between the individual and the situation.

Informants and setting

The setting for data collection was Chiang Mai Province. Fourteen healthcare settings were proposed

for informant recruitment and were 20 to 50 kilometers from downtown Chiang Mai city. A purposive sampling technique was employed to select the informants based on the following criteria: Thai adolescents, aged 15 to 19 years, had experiences of unpreparedness for pregnancy but continued their pregnancy, have already given birth within one year, and are willing to share their experience with the researcher. The nurses in postpartum units, out-patient departments for antenatal care and family planning, teen clinics, and well-baby clinics for baby vaccination who assisted in initial recruitment, contacted the eligible informants and gave them an invitation letter and research information documents. After that, the researcher asked screening questions again to verify the inclusion criteria.

There were ten informants in this study, ranging from 15 to 19 years of age. All were Thai and Buddhist. Nine of the informants were students; one was unemployed. Two informants were living together with a boyfriend, seven were in a relationship, and another one ended the relationship before becoming aware of the pregnancy. Nine informants were pregnant for the first time. Eight informants had the first visit of an antenatal clinic during the first or second trimester, and two others visited at the third trimester. Four informants attempted to terminate their pregnancy.

Ethical considerations

This study was approved by the Research Ethics Committee, Faculty of Nursing, Chiang Mai University [Document No. 092/2016]. The informants were adequately informed of the study processes, the anticipated benefits and potential risks, and the right to refuse or withdraw from the study. No one developed severe stressful feelings following the interviews. Finger-print consent was performed. Informed written consent from the legally authorized representative was requested for the informants who were younger than 18 years. Confidentiality and anonymity were protected throughout the study.

Data collection

Data were collected from January to August 2017 until the point of data saturation. In-depth interviews

were conducted in private and convenient places to protect the informants' confidentiality and privacy. Six informants selected their own homes, and the others chose the hospital meeting room. The interview was started with a social conversation aimed at creating a relaxed and trusting atmosphere. Broad and open-ended questions were raised at the beginning, including *Please, tell me your story about your pregnancy, What did you do from the time you noticed your pregnancy until you decided to continue with your pregnancy?* and *What or who influenced on your decision-making?* Probing techniques were followed to acquire more data in order to attain authentic and deep understanding. Most of the informants were interviewed for two to three sessions; only two informants were interviewed once. The range of each interview session was 30 to 90 minutes. Interview transcriptions were written verbatim.

Data analysis

Data analysis and data collection were conducted simultaneously. A five step interpretive process recommended by Cohen, Kahn, and Steeves¹⁷ was used in the manner of hermeneutic phenomenological research including immersing oneself in the data, data reduction, line-by-line coding, category development, and theme development.

Trustworthiness

The trustworthiness of this study was achieved through credibility, transferability, dependability, and confirmability.¹⁸ In credibility, member checking was performed by having three informants review the tentative findings. Peer debriefing was also performed twice by having the Advisory Committees and two specialists validate all research processes and the tentative findings. Auditing all research process and document also ensured dependability and confirmability. In confirmability, a reflexive journal for the researcher self-awareness was written before and immediately after the interviews to reduce bias. Transferability was also achieved through the thick description of the findings.

Findings

According to an unplanned pregnancy, all informants dealt with various difficulties after discovering pregnancy and until they decided to continue with it. They confronted three challenges, finally overcame these, and became aware that they should not have thought or done. Five decision-making methods of

the informants were found: independence/firmness, compliance, discussion, supernatural power, and indecisiveness. Continuation of the pregnancy was attributed to unaffordability/harms of termination procedures, a good person, a sense of motherhood, adolescents' conditions, and support. The three found themes and their subthemes are summarized in **Table 1**.

Table 1 The Summarized Findings of Decision-making on Continuing Pregnancy Among Thai Adolescents

Themes	Sub-themes
Challenges	Pregnancy unawareness and ineffective termination methods Approaching and having conflicts with supporters Focusing solely on negative aspects Finally, 'should not have thought/done.'
Decision-making methods	Independence/firmness Compliance Discussion Supernatural power Indecisiveness
Influences on pregnancy continuation	Unaffordability/harms of pregnancy termination A good person A sense of motherhood Adolescents' conditions Support

Theme 1: Challenges

Unplanned pregnancy was a new experience and never expected by the informants. The unplanned pregnancy could bring many difficulties to them if they were unable to overcome the challenges. During the period from the uncertainty of pregnancy to overcoming the difficulties and leading to the continuation of pregnancy were challenges for informants. At least three challenges were found. However, finally, the informants overcame these challenges and realized that their past thoughts and conducts were mistaken. They became aware of what they should not have thought or done. These challenges gave them a lesson about being unprepared and unready for pregnancy.

Sub-theme 1: Pregnancy unawareness and ineffective termination methods

The informants did not know they were pregnant at young gestational age due to a misused method of pregnancy detection, such as having pregnancy symptoms of nausea, vomiting, or amenorrhea; having some pregnancy symptoms, such as bigger thyroid gland, but they thought of having some diseases. Some informants took traditional herbs for menstrual regulation, because it was a simple method without dependence on medical personnel, with low cost and no invasive procedure. Abortion pills and suppositories and abortion services were also considered but were not chosen due to expensive costs and dependence on public health

personnel. Consequently, pregnancy termination was not their final option.

Sub-theme 2: Approaching and having conflicts with supporters

The informants kept the pregnancy secret without consulting anyone about it for one to 24 weeks. They had initial difficulty when telling their parents as one informant said:

I didn't dare to tell my parents because they had warned me not to make a mistake. (I10L63) (I10 refers to informant number 10; L63 refers to line 63 in the transcript)

When their pregnancies were disclosed to their supporters, the informants had inconsistent decision-making, and they solved the conflicts in three ways: following the decisions of others,

My boyfriend said to keep it. If he thought he could, he might be able to raise it, so I thought I should keep it following by his decision. (I3L51-2)

pretending to follow the decisions of others,

My mother told me to take a traditional herb for termination. She bought about four to five bottles for me. I drank a little and the rest I secretly dumped. And of course, My mother didn't know. (I1L188-91)

or refusing to follow others' decisions,

My new boyfriend told me to terminate the pregnancy. I told him I wouldn't. (I9 L263)

In addition, they were confronted with self-conflicts when they considered pros/cons, good/bad things, advantages/disadvantages, and success/failure of the options. No matter which option they chose, they still had some undesired problems for each alternative. For example,

Half of me wanted to keep the baby, and the other half wanted to have an abortion. There were advantages and disadvantages. (I3L458-9)

Sub-theme 3: Focusing solely on negative aspects

The informants decided to terminate their pregnancy at the beginning because of their negative views of pregnancy and motherhood, such as loss of education and working opportunities, inappropriate time and economy, unreadiness to be a mother, and violation of social norms. For these reasons, the informants kept their pregnancy secret and decided to end the pregnancy, as they said:

I wasn't ready because I was still in school. I didn't want to have a baby, but I would have felt bad for the baby if I were to terminate the pregnancy. (I4L33-4)

I was afraid of committing a sin. I was scared. When I watched TV, having an abortion was like killing a person. But if I chose termination, it will be good that I can continue to study, comfortably, having a job, and raising my father. (I3L470-3)

Sub-theme 4: Finally, 'should not have thought/done.'

The informants' past thoughts or conducts about misused methods of pregnancy detection and termination, fear of supporters, conflicts, focusing only on negative aspects, and attempting pregnancy termination were mistaken. They became aware that they should not have done, as they said "Mai Na Lei" (ไม่น่าเลย) (I5L311) because "It's not what I thought it was" (ไม่เป็นแบบที่เคยคิดไว้) (I3L648).

I felt bad because I was going to kill someone in me. Once I saw his face, I thought I shouldn't have done it ("Mai Na Lei"). (I5L311)

Theme 2: Decision-making Methods

The informants made decisions to continue the pregnancy with different methods depending on their ability and relationship with their close persons. It was found that there were five different methods of decision-making.

Sub-theme 1: Independence/firmness

The informants firmly made their decisions. They did not change their decision even though other persons close to them wanted them to terminate the pregnancy.

‘Mom, I decided not to abort the pregnancy’... (What if your mother told you to abort the pregnancy?) I’d told my mom that it’s alright if she wanted to. I still won’t. If she doesn’t raise it, I’ll raise it by myself. (I2L464–6)

Sub-theme 2: Compliance

This decision was made in compliance with others’ wishes with or without the informants’ consent. The decisions included termination of pregnancy and continuation of pregnancy. The informants kept their baby as recommended by father, mother, or boyfriend, for example,

I went along with what mom said. If there’s anything, I let her decide. She’s the highest authority in the house. If anyone does anything, we have to tell her first. (I1L97–8)

Sub-theme 3: Discussion

The informant and her boyfriend made this decision by talking together and ending up with an agreement.

I said, ‘I’m pregnant. What are we going to do?’ And he said, ‘We’ll raise it’. I was okay. Then I asked, ‘What if I ended the pregnancy?’ So he said, ‘Why? If it’s going to be born, we have to raise it. We don’t have to kill it’. So I was okay with keeping the baby. (I7L28–30)

Sub-theme 4: Supernatural powers

The informants who believed in supernatural powers followed this belief as a method for decision-making. One informant decided to continue her pregnancy for luck and beliefs regarding fate. Another informant decided to keep her pregnancy because of her belief in the spirit of the dead fetus.

I thought that this child was a relative of the mother who is born again and would bring me luck (according to predictions made by a monk). (I2L488–9)

If I have an abortion, the child will bother me and the work will not progress in the future. (I8L198)

Sub-theme 5: Indecisiveness

This method of the decision began with informants first becoming aware of the pregnancy, thinking to terminate the pregnancy, and becoming hesitant and indecisive. Finally, the informants by necessity had to continue the pregnancy because of advanced gestational age and awareness of the pregnancy by others.

I thought hard about abortion on two or three occasions. I kept thinking but did nothing. I couldn’t decide (until her gestational age was 29 weeks). (I6L55–6)

Theme 3: Influences on Pregnancy Continuation

There were neither single nor definite influences informants gave for their decisions on pregnancy termination or continuation. It was found that the contributions of their options for their unprepared pregnancy were related to:

Sub-theme 1: Unaffordability/harms of pregnancy termination

Pregnancy continuation would be the decision when pregnancy termination procedures were unaffordable and believed to be harmful to themselves and the baby. Most of the safe and effective methods of termination were too expensive for them. Some feared the pain from termination procedures or the feared the hard these could cause, , including hemorrhaging, and inability to have a child after an abortion. Therefore, their choice was to keep their baby.

I had no money if I went to termination in Bangkok. It would take 7–8 thousand baht. So I didn’t go to Bangkok. (I1L118–9)

Sub-theme 2: A good person

When the informants had to make their decisions, they often thought of things that would make them a good person. For their parents, their decisions were not to hurt them. For the informants themselves, they did not want the blame, sin, and bad karma.

I was afraid that she'd feel bad because I was my parents' only hope, and I made a mistake. (I4L68)

I felt sorry for him (her father) that they would criticize him. (I6L415)

If someone knows, they'll talk about us all around the village. (I5L532)

I didn't dare to have an abortion. It was a sin. (I3L366)

Sub-theme 3: A sense of motherhood

The informants decided to continue their pregnancy after having the feelings of becoming a mother, feeling the life and personhood of the baby (“*Pen tau kon laew*” เป็นตัวคนแล้ว)(I3L34) due to the sense of baby movements and seeing the baby from ultrasound images, and love and sympathy for the child.

I felt like a mother when I found out I was pregnant. The baby is mine. (I2L192)

It's already a person. I can't do that now, it already moved. I think I can't take it out now. (I3L341-2)

The baby doesn't know anything. I love him/her, and I don't want to take it out. (I8L120)

Sub-theme 4: Adolescents' conditions

Studying was a strong influence on the decision to pregnancy termination. Continuing the pregnancy was likely chosen due to the following conditions: living with boyfriend, good intimate relationship, adequate income of boyfriend, and supportive family.

The informants who had friends with a similar experience of unprepared pregnancy tended to follow their friends' decisions. Advanced gestational age also influenced decisions to continue the pregnancy.

Sub-theme 5: Support

Some informants had supporters, including boyfriend, mother, father, friends and older sisters, to help them make their decisions and had a huge role in assisting them to step through difficult times. The supporters helped the informants with three kinds of roles. Being an advisor referred to giving advice to the informants and allowing the informants to make their own pregnancy decisions. For example, boyfriends' parents gave three informants advice to continue the pregnancy, and they decided to do as suggested. However, one informant refused to terminate her pregnancy as advised by her mother. Share decision-maker referred to making decisions where both supporters and the informants shared their opinions and made final choices.

If it wouldn't come out (after taking some drugs), my boyfriend and I decided to keep and raise it. (I4 L39, 76)

Decision-maker refers to the supporters' making decisions for the informants, and the informants follow the supporters' decision.

I asked, 'What do we do?', and he said, 'You can either keep it or take it out'. So I said, 'it depended on my mom.' (I1 L63, 159).

There was only one informant who consulted a nurse for options counselling, as narrated by this informant,

When I knew about the pregnancy, I met her and talked to her. She'd ask me what I would do. Could I raise another child? She let me choose and asked me to receive antenatal care. (I1L91-2)

Otherwise, nurses provided support after informants had already decided to continue the

pregnancy and to visit an antenatal clinic, by giving mental support, building a bond between the informants and their fetus, and teaching them skills of how to carry the baby, perform breastfeeding, and prepare for labour.

When I walked into the antenatal care clinic, the nurse provided good suggestions ... When I told her that I would be a single mom, she told me to keep fighting. (19L421-2)

Three informants consulted with their teachers and the topics of discussion were about education rather than about pregnancy options. All received support from their teachers to finish their education, as one revealed,

My class teacher told me that she had told the principal to let me finish Grade 8 and suspend me. (18L311)

Discussion

Among options of unplanned pregnancy, the adolescents did not consider adoption, similar to studies among African Australian teenage mothers⁹ and young women in Alabama.¹⁹ In Thailand, adolescents still attach and count on their parents. If they cannot keep and raise their child, it is common to have their parents do. Adoption arranged by government agencies is hardly known and accessible. In case of unavailability of parents' support, the abundance of a baby immediately after birth is forced to be their choice as seen in news.^{20,21,22,23}

Lack of pregnancy awareness might come from the fact that the informants dared not to confront their unready pregnancy, misunderstanding about menstruation, pregnancy symptoms, and sickness. The study in Northeast Thai adolescent pregnancies found that adolescents had confirmed their pregnancies too late because of unknown pregnant and unintended pregnancy.²⁴ Consistent with a study among Eastern Thai adolescents, their time of pregnancy recognition was about 7 to 8 weeks because of lack of knowledge in signs of pregnancy, menstruation, and physiological changes in pregnancy.²⁵

Some informants had already attempted pregnancy termination using traditional herbs. This method was chosen based on their limited knowledge because accurate information about pregnancy termination methods was not disseminated to them. The main reason is that pregnancy termination without medical indications is disapproved in Thai society. The chosen method was simple, cheap, affordable, and confidential, but it was ineffective. This ineffective method led to a failure to terminate their pregnancy and needed to continue their pregnancy. This finding is consistent with the study of Northern Thai pregnant adolescents who attempted pregnancy termination with ineffective methods, such as traditional herbs for menstrual regulation.¹¹

Adolescents were worried that their pregnancy will cause their parents to feel ashamed, sad and disappointed. For these reasons, they chose not to approach their parents and ask for support. They dared not to ask for advice from their parents, consistent with the study in Northern Thai adolescent pregnancy.²⁶ Some of them feared rejection from their boyfriend.

These negative aspects of pregnancy were internalized by the informants, leading them to prioritize pregnancy termination. Pregnancy causes adolescents to become a loss of educational and work opportunities. Although there are no restrictions on pregnant students to go to school, parents do not want students to go to school while pregnant. Especially in the Thai context, premarital pregnancy is unacceptable and a violation of social norms.²⁷ However, the adolescents' negative views of having a baby were replaced with positive views after they raised their children.

The methods of decision-making were varied based on individual contexts and abilities to handle the challenges. The method of deciding independently and firmly and of discussing with the informant's boyfriend implies that they met the demands of increasingly mature roles and responsibilities.⁷ The latter, the shared responsibility, indicates that they were developing and applying a more complex

perspective, taking tasks by attempting to integrate their decision-making with the boyfriend and employing a new ability to resolve relationship problems and conflicts.⁷ On the contrary, indecisive decision-making and a method of complying with others imply that they were not intellectually and psychologically mature enough for this critical issue. This finding corresponds to Simpson⁷ in that early adolescents rely more on their parents and follow their decisions than do late stage adolescents. The method of following supernatural power supports a finding that heuristic thinking²⁸ is used based on their own attitudes, values, and beliefs, which contradicts logical reasons and normative standards.

Adolescents' conditions, including education and financial status, intimate relationships, family characteristics, friends' experiences, and gestational age, were a primary influence on the decisions to continue or terminate the pregnancy. Unaffordability of pregnancy termination, mostly due to studying, no incomes, and no financial support, as well as advanced gestational age, led them to continue the pregnancy unwillingly. Studying is the important influence since they are not ready to raise their child. Consistent with a study of adolescents in Hong Kong, the ability to raise a child and financial support were the major concerns in pregnancy resolution.²⁹ Peers are very important for adolescents. Adolescents likely rely on their peers when they have some conflicts with their parents. In addition, they tend to follow their peers' experiences and advice.

The adolescents took into account the relationships with their boyfriend, family's guidance and support, practical considerations, and their life values before deciding about pregnancy continuation. Even though the adolescents had their own conditions that led to the decision, they would change their thoughts depending on their social support, usually the support from close persons. Support from a close person, especially boyfriend and parent, was the most important when decision-making was made. Accordingly, the boyfriend,

the relationship and the readiness to raise a child were the most important indications to continue or terminate the pregnancy. Adolescents' parents, especially mothers, influenced decision-making. These findings in this study are different from a study of Thai adolescents that revealed the adolescents consulted with a friend before boyfriend and parents.¹¹

In this study, both health care and education personnel were less influential in decision-making. Only one adolescent consulted a nurse in the process of decision-making, which is possibly due to the fact that Thai adolescents do not know about the availability of a teen clinic or a counselling service. However, health personnel are supportive when the adolescents have already decided to keep a baby. They help with bonding between adolescents and their baby. In this study, the adolescents talked more about the feelings of love for their baby when they saw their baby on the ultrasound monitor and attended the preparation classes for parenting and breastfeeding.

The adolescents who have unprepared pregnancy are likely stereotyped as the bad girl. It is very interesting that the adolescents had their desire to be a good girl by not hurting their parents, avoiding criticism from society, and committing no sin. These contributing influences had more influence on the Thai adolescents who were close to their parents, cared about society, and believed in sin (immoral behavior.³⁰) and karma (the principle of cause and effect whereby good or wrong actions determine the future modes of an individual's existence.³¹). When the adolescents had to reveal their pregnancy to parents who did not want them to be pregnant, they felt sad and bad for causing their parents sadness and disappointment. Therefore, this was the first reason to conceal their pregnancy for a long time. Similarly, a study in Southern Thai adolescents found that adolescents would have bad feelings about their unplanned pregnancy.²⁸ After they inform their parents, adolescents might follow the parents' decisions, which will not hurt their parents. When the problem has been resolved, they might find the true love of

their family. This finding showed that the adolescents' parents were the most important person because Thai adolescents are dependent on their parents.

The adolescents' senses of motherhood had developed and influenced their decisions. They had the feelings of becoming a mother, their feelings that the fetus was already a person, the feelings of love/sympathy for the child, and their previous childrearing experience. As for tasks of pregnancy, the informants had developed "binding-in to the child".⁸ They feel that the fetus is real when fetal movement occurs in the second trimester. They start to feel that their effort to overcome the challenges of being a mother is meaningful.

Limitation

The informants in this study were Northern Thai Buddhist adolescents, did not choose adoption, and nearly all were students, which may be different from adolescents' decision from other cultural backgrounds and geographic religions.

Conclusion and implication for nursing practice

The experiences of Thai adolescents who decided to continue their unplanned pregnancy were explored. The findings explained more about adolescents' experience since they knew that they were pregnant until they decided to continue their pregnancy. They faced many challenges to overcome. These were lack of pregnancy awareness and ineffective pregnancy termination methods, approaching and having conflicts with supporters, focusing solely on negative aspects of pregnancy, and finally becoming aware of 'should not have done.' They used five methods in decision-making with some using only one method, but some none. These methods were deciding independence/firmness, complying with others, discussing with boyfriend, following supernatural power, and indecisive decision-making. They had many influences on their decision

about pregnancy continuation. Unaffordability and harms from pregnancy termination, desire to be a good person, a sense of motherhood, their conditions and supports from the close person, healthcare providers, and education personnel influenced when they made a decision.

The knowledge gained from the informants about adolescent decision-making during their unprepared pregnancy experience helps nurses and healthcare providers to understand the adolescents' worldviews. The implications of this study can be used to inform the nurse regarding health education, options counselling, and caring for the pregnancy if continued.

Accurate and understandable information about effective methods of pregnancy detection and menstruation regulation should be disseminated to all adolescents via health education. Adolescents' misunderstanding about pregnancy symptoms and herbs for terminating a pregnancy should be corrected. Options counselling services should be available and accessible after they are already pregnant. Good publicity lets the adolescents know that this service is available and friendly to them. The nurses should be aware that adolescents need to make important decisions regarding pregnancy continuation many times and might use any of several methods. They may choose an option by deciding independently and firmly, complying with others, discussing with boyfriend, following supernatural power, and indecisive decision-making. Logical thinking and problem-solving processes might not be employed in some adolescents or in some situations they are experiencing.

The pregnant adolescent needs accurate information about pregnancy and options, whether continuing or terminating the pregnancy. The nurses should help the adolescents explore their conflicting feelings, good sides versus bad sides, advantages versus disadvantages, and success versus failure, of each option. The adolescents should be encouraged to consider long-term results so they do not feel regrets, such as 'should not have

done.’ The positive aspects of having a baby should be considered rather than focusing solely on the negative ones.

Basically, adolescents desire to be a good person when they are considering what they should do. They will do what is right and good based on their understanding. However, their understanding is limited, and this fact sometimes interferes with their opportunity to confront the problems in effective ways. For example, they choose to conceal their pregnancy for fear of hurting their parents, but they overlook that doing so also hurts their parents by not asking for help. Nurses should inform the adolescents that there is no option that is completely right or completely wrong, comparing to a coin having two sides. Nurses should facilitate adolescents to contemplate both sides of each action. This study confirms that parents are important supporters, but the informants dared not disclose their pregnancy to them and to ask for help from them. Nurses should help them manage with their anticipated fear, such as by suggestion the first step of disclosing the pregnancy to the ones they feel more comfortable with, such as their aunts.

Adolescents can develop a sense of motherhood, which is a positive aspect of having a baby and which likely will lead them to keep the baby. Nurses can promote their sense of motherhood by acknowledging their becoming a mother, connecting the adolescents and their baby through fetal heartbeats and ultrasound images, and experiencing fetal movements. No matter which option is chosen, the nurse should accept the adolescents’ decision, understand, and not blame. The knowledge gained from this study should be expanded by exploring adolescents in other cultures. Experience of the people involved in their decision-making should be explored.

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References

1. World Health Organization. Adolescent pregnancy. [cited 2019 August 26]. Available from <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>.
2. Bureau of Reproductive Health, Department of Health, Ministry of Public Health. Situation of adolescent pregnancy in 2018. [cited 2019 October 19]. Available from http://rh.anamai.moph.go.th/download/all_file/index/สถานการณ์RH_2561_Website.pdf
3. World Health Organization. World Health Statistics 2017: Monitoring health for the SDGs. [cited 2019 August 26]. Available from http://www.who.int/gho/publications/world_health_statistics/2017/en/
4. Thai Government. Act for prevention and solution of the adolescent pregnancy problem, The national strategy on prevention and solution of adolescent pregnancy; 2016.
5. Bureau of Reproductive Health, Department of Health, Ministry of Public Health. Situation of adolescent pregnancy in 2019. [cited 2019 October 19]. Available from http://rh.anamai.moph.go.th/download/all_file/index/situation/FactSheet@62.pdf
6. Hornberger LL, Committee on adolescence. Options counseling for the pregnant adolescent patient. *American Academy of Pediatrics*. 2017; 140(3): 1–7.
7. Simpson AR. Ten tasks of adolescent development. [cited 2019 August 27]. Available from <http://hrweb.mit.edu/worklife/raising-teens/ten-tasks.html>
8. Rubin R. *Maternity identity and maternal experience*. New York: Springer; 1984.
9. Ngum Chi Watts MC, Liangputtong P, McMichael C. Early motherhood: a qualitative study exploring the experiences of African Australian teenage mothers in greater Melbourne, Australia. *BMC Public Health*. 2015; 15(873): 1–11.
10. Mann ES, Cardona V, Gomez CA. Beyond the discourse of reproductive choice: narratives of pregnancy resolution among Latina/o teenage parents. *Culture, Health & Sexuality*. 2015; 17(9): 1090–1104.
11. Rotjeen K, Kanpumman M. Problem solving learning process on adolescent unwanted pregnancy at youth center in Northern Thailand. *J of Soc Academic*. 2017; 10(3): 108–126.

12. Norman GR, Moteiro SD, Sherbino J, Ilgen JS, Schmigt HG, Mamade S. The causes of errors in clinical reasoning: cognitive biases, knowledge deficits, and dual process thinking. *Acad Med.* 2017; 92(1): 23–30.
13. Albert D, Steinberg L. Judgement and decision making in adolescence. *Journal of Research on Adolescence.* 2011; 21(1): 211–224.
14. Stieger MP, Gaba DM. Decision-making and cognitive strategies. *The Soc for Simul in Healthcare.* 2015; 10(3): 133–138.
15. Heidegger M. Being and time: A translation of Sein and Zeit. Schmidt DJ, editor. Stambough J, translator. New York: State of University of New York; 1953.
16. Leonard VW. A Heideggerian phenomenological perspective on the concept of person: Interpretive phenomenology: Embodiment, caring, and ethics in health and illness. Benner, P., editor. CA: Sage; 1994.
17. Cohen MZ, Kahn DL, Steeves RH. Hermeneutic phenomenological research: A practical guide for nurse researchers. CA: Sage; 2000.
18. Squires A, Dorsen C. Qualitative research in nursing and health professions regulation. *J Nurs Reg.* 2018; 9(3): 15–24.
19. Smith W, Turan JM, White K, Stringer KL, Helova A, Simpson T. Social norms and stigma regarding unintended pregnancy and pregnancy decision: a qualitative study of young women in Alabama. *Persp on Sexual and Reprod Health.* 2016; 48(2): 73–81.
20. Thairathonline [Internet]. A young girl (18 years old) secretly gave birth to a clinic before taking the baby in the garbage; 2019 [cited 2019 July 10]; [about 1 p.]. Available from: <http://www.thairath.co.th/news/local/northeast/1612058> [โจ้สาว 18 แอบคลอดลูกคลินิก ก่อนนำทารกน้อยทิ้งขยะอย่างไรเสีย]
21. Thairathonline [Internet]. A young mother in Prachinburi province gave birth and died before she scared of wrong and threw the baby away in the back of the rental room; 2017 [cited 2019 July 10]; [about 1 p.]. Available from: <http://www.thairath.co.th/news/crime/1103062> [in Thai]
22. Khaosodonline [Internet]. A newborn was abandoned in a roadside forest, crying loudly, chills, and umbilical cord still attached; 2018 [cited 2019 July 10]; [about 1 p.]. Available from: http://www.khaosod.co.th/around-thailand/news_1594779 [In Thai]
23. Khaosodonline [Internet]. An 18-year-old teenager dropped a bathroom cleaner in the mouth of a newborn baby before putting the baby in a bag and threw it out of the building; 2019 [cited 2019 July 10]; [about 1 p.]. Available from: http://www.khaosod.co.th/breaking-news/news_2762344 [In Thai]
24. Chainayo N, Chareonsanti J, Sriarporn P. Factors related to prenatal care among adolescent pregnant. *J of Nurs and Health Care.* 2016; 34(4): 106–114.
25. Polprasam P, Chareonsanti J, Sriarporn P. Pregnancy risk perception, time of pregnancy recognition, and first antenatal care visit of adolescent pregnant women. *Kuakarun J of Nurs.* 2019; 26(1): 107–120.
26. Nakandee B, Sudnongbua S. The experiences of pregnancy among early teenagers in urban areas of a province in Northern Thailand. *Boromarajonani College of Nursing, Uttaradit J.* 2019; 11(1): 111–125.
27. Ananpattiwat S, Nungalee S, Phattarasatjatun P. Unwanted teenage pregnancy: impact, trends, and help in a boundless global society. *J of Nurs Educ.* 2018; 10(1): 16–31.
28. Patklai M, Pumprawai A, Pechmanee S. Experiences of pregnancy and parenting of adolescents in Kanchanadit district, Suratthani Province. *Comm Health Devel Quart.* (2016); 4(1): 21–32.
29. Loke AY, Lam P. Pregnancy resolutions among pregnant teens: Termination, parenting or adoption? *BMC Pregnancy and Childbirth.* (2014); 14(1): 421.
30. Sin [Internet]. Encyclopaedia Britannica [cited 2019 August 26]. Available from <https://www.britannica.com/topic/sin-religion>
31. Karma [Internet]. Encyclopaedia Britannica [cited 2019 August 26]. Available from <https://www.britannica.com/topic/karma>

การตัดสินใจในการตั้งครรภ์ต่อในวัยรุ่นไทย: การวิจัยแบบปรากฏการณ์วิทยา

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บทคัดย่อ: การตั้งครรภ์โดยไม่ได้วางแผนในวัยรุ่น ก่อทำให้เกิดความยุ่งยากในการตัดสินใจว่าจะยุติการตั้งครรภ์ ตั้งครรภ์ต่อไป หรือยกให้เป็นบุตรบุญธรรม แนวคิดเรื่องการตัดสินใจในการตั้งครรภ์ต่อไปในวัยรุ่นยังไม่มีคำอธิบายที่ชัดเจน การวิจัยเชิงปรากฏการณ์วิทยาตามแนวคิดของไฮเดกเกอร์นี้มีวัตถุประสงค์เพื่ออธิบายประสบการณ์ของวัยรุ่นในการตัดสินใจตั้งครรภ์ต่อไป ผู้ให้ข้อมูลเป็นวัยรุ่นที่คลอดบุตรแล้วและอาศัยอยู่ในจังหวัดเชียงใหม่ จำนวน 10 ราย การรวบรวมข้อมูลใช้วิธีการสัมภาษณ์เชิงลึก วิเคราะห์ข้อมูลด้วยการใช้กระบวนการตีความ 5 ขั้นตอนของโคเฮน คาห์น และสตีฟ

ผลการวิจัยสรุปได้ 3 ประเด็นหลัก ได้แก่ ความท้าทาย วิธีการตัดสินใจ และสิ่งที่มีอิทธิพลในการตัดสินใจตั้งครรภ์ต่อไป ความท้าทาย ได้แก่ การขาดความตระหนักรู้ว่าตั้งครรภ์และวิธีการยุติการตั้งครรภ์ที่ไม่ได้ผล การเข้าถึงและความขัดแย้งกับผู้ช่วยเหลือ การมองเฉพาะด้านลบ และการคิดว่า “ไม่น่าเลย” วิธีการตัดสินใจที่ใช้ ได้แก่ ความเป็นอิสระ/มั่นคง การคล้อยตาม การปรึกษาหารือพล่งเหนือธรรมชาติ หรือ การตัดสินใจไม่ได้ สิ่งที่มีอิทธิพลให้ตั้งครรภ์ต่อไปได้แก่ การยุติการตั้งครรภ์ที่ไม่สามารถหาได้และมีอันตราย การเป็นคนดี ความรู้สึกถึงความเป็นแม่ สถานะของวัยรุ่น และความช่วยเหลือ พยาบาลและผดุงครรภ์ควรนำผลการวิจัยไปใช้ในการให้คำปรึกษาเพื่อส่งเสริมการตัดสินใจของวัยรุ่น

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คำสำคัญ: การตั้งครรภ์ในวัยรุ่น การตัดสินใจ การตั้งครรภ์ต่อไป ปรากฏการณ์วิทยา

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