

Achieving Balance: Role Adaptation Process of Adolescent Mothers Returning to School

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Abstract: This study explored role adaptation process of first-time Thai adolescent mothers who returned to school during childrearing. A qualitative grounded theory study was undertaken to examine the process of role adaptation as being mothers and students at the same time. The participants were 17 student mothers with a healthy baby aged no more than 3 years. In-depth interviews and non-participant observation were carried out. Data collection and analysis occurred simultaneously during May 2013 to May 2014. Purposive sampling was used to select the first five participants and the rest were recruited through theoretical sampling including snow ball technique.

The findings demonstrated that "achieving balance" was a core category of this study. Four axial categories were identified as their strategies used to adapt themselves in order to achieve balance in life during childrearing and studying including: 1) adjusting to new identities, 2) adapting lifestyles, 3) coping with the new roles, and 4) asking for supports.

Knowledge gained from this study is applicable for health care providers, particularly nursing educators and school nurses to facilitate and support adolescent mothers in dealing with maternal and student roles simultaneously in order to attain a balance in life. The substantive theory developed in this study can also be incorporated into nursing education of adolescent mothers to promote them remaining in school for their long term success.

Pacific Rim Int J Nurs Res 2015; 19(3) 257-269

Keywords: Adolescent mothers; Balance; School-aged mothers; Role adaptation; Grounded theory.

Introduction

In recent years, teenage pregnancy and adolescent mothers have become a matter of increasing concern in a great number of countries. According to World Health Organization (WHO)¹, about 16 million adolescent girls 15–19 years old give birth each year worldwide. In Thailand, there is an overall

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downward birthrate, but an increasing trend in adolescent birthrates. The proportion of teenage mothers who gave birth in 2012 was 16.6% which is higher than the WHO criteria of less than 10%.²

Adolescent mothers and their families have been shown to experience social disadvantages such as adolescent mothers are less likely to complete their education and end up dropping out of high school^{3, 4, 5}, are unemployed and experience an ongoing cycle of poverty.^{4, 6} These disadvantages are negative and have long-term effects on adolescent mothers, their families and the community.⁷

There have been some studies on adolescents who were studying and being mothers at the same time. The demands and responsibilities of caring for a child inspired many adolescent mothers to return their education in order to improve their life opportunities and long-term success.^{8, 9} However, women who are both mothers and students may not be able to adapt effectively to their new roles nor balance demands of their maternal and student roles.¹⁰ Most of these studies found that adolescent mothers had increased role adaptation problems when compared to adult mothers. Dealing with both maternal and student roles is an important concern for young mothers who return to school.

Therefore, authorities and health care providers should facilitate adolescent mothers to return to school and help them adapt to both roles. Nurses are the key persons who can help student mothers to overcome the situation of both mothers and students by providing knowledge and promoting healthy family adjustments. There is a lack of studies about how adolescent mothers adapt to contemporary maternal and student roles in a Thai context. Accordingly, this study explored the role adaptation of adolescent mothers who return to school during childrearing.

Review of Literature

Traditionally, Thais have different attitudes towards males and females.¹¹ A Thai man was regarded

as the leader of his family; his role was working outside the home and showing the success of his work while the role of the woman was to support her husband and promote love within the family.¹² Motherhood is the major role for Thai women, and women often did not work outside the home. They were expected to nurture their children, and do household tasks including taking care of all the family members.¹² Household tasks were ranked as the second duty expected from wives¹³, and they learned to perform this role, as a norm within the context of the marital relationship from their parents and people surrounding them. Social support could promote successful adaptation to their motherhood and their children.^{14, 15} The strong bonds within Thai families, particularly between an adolescent and her mother, could aid first-time young mothers in adaptation to the maternal role.^{16, 17}

Recently, the Thai economy has been growing rapidly, and with this comes economic problems which have increased the burdens for Thai women. This social change has had an impact on motherhood in as much as Thai mothers are increasingly taking on professional goals.¹⁸ New Thai mothers work outside the home and also take care of their child at the same time.¹⁴ Although social norms still dictate that Thai mothers primarily care for the child and do the housework, they still need to set educational and professional goals to improve their chance for long-term success.

As mentioned earlier, new Thai adolescent mothers have to perform many roles simultaneously in order to survive in the current socioeconomic climate. These roles include being a mother, student, employee, housewife, and so on. Although they might have social support to help them adjust to the maternal role, it could be possible that they might face difficulties adapting to the multiple roles after giving birth. Accordingly, an explanation of maternal role attainment is provided.

A nursing theorist, Rubin^{19, 20} introduced the concept of Maternal Role Attainment (MRA) which was described as the process of accomplishing the development tasks of a maternal role. This process is learned, and is both interactive and reciprocal which leads a mother to achieve a maternal identity. After delivery, the new mother shifts her attention to her relationship with her infant. Another author,²¹ Mercer, a student of Rubin, defined Maternal Role Attainment (MRA), as a psychosocial development process of the mother. The mother becomes attached to her infant and obtains capability in the care-taking tasks and expresses gratification involved in the role. Furthermore, maternal identity was identified as a woman having an internalized sense of herself as a mother. The study of Mercer reviewed the evolution of MRA. She compared the MRA among three age groups: 15–19, 20–29, and 30–42 years. The results showed that adolescents showed a decrease between 8 and 12 months, whereas older mothers reported increased gratification. Furthermore, studies relating to women who take on the maternal and student roles simultaneously are explored.

Lin¹⁰ studied the role adaptation between maternal and student roles of 118 mother–students who had at least one child, younger than age 18, and returned to study in nursing programs in Taiwan. A cross–section correlational study was conducted using Roy's adaptation model²² as the theoretical framework for the study. The results found that those women who were both mothers and students might not be effective in adapting to their new roles and might not be able to balance the demands of the maternal and student roles. Gigliotti²³ studied the psychological involvement in both the student and the maternal role of women who experienced both roles in the United States. The two groups of participants were women aged 21–36 and 37–53, and all had at least one child <19. The study used the Perceived Multiple Role Stress Scale (PMRS), the Maternal Role Involvement Questionnaire (MRIQ) and the Student

Role Involvement Questionnaire, and the Nor beck Social Support Questionnaire (NSSQ) as instruments. The results showed that there was a significant difference between the groups in their adaptation to maternal–student role stress with younger women experiencing slightly more maternal–student role stress than the older women.

Regarding the outcomes of adolescent motherhood, motherhood changed female adolescents' priorities, such as increasing educational goals, professional goals, and an enhanced enjoyment of life.²⁴ A meta-synthesis of qualitative studies of adolescent motherhood discovered five categories: (1) the reality of motherhood brings difficulty, (2) living in two worlds: the teenager and the mother, (3) motherhood as positively transforming, (4) the baby as a motivational factor to do better, and (5) supportive context as turning point for the future.²⁵ Becoming a parent made adolescent mothers feel that they lived in the two worlds of adolescence and motherhood. They reported that they felt alone and desperate, and should have realized the importance of the future prior to becoming pregnant.²⁶ In addition, Abram²⁷ found that first-time mothers used motherhood as an opportunity to reorganize their identity. It not only affects maternal identity but also functions as a transformer of the mother's and future development. In addition, a synthesis of the qualitative studies on transition to motherhood indicated five categories signifying areas of disruption in maternal transition; (1) commitment to mothering, (2) using a variety of resources to assist them in daily life, (3) changing relationships with partner, (4) decision making regarding return to work, and (5) facing oneself.²⁸

To summarize, Thai mothers are expected to be the primary caregiver of the child and to be a housewife after giving birth. However, the current socioeconomic climate pushes a new mother returning to school to work in paid employment. Therefore, many adolescent mothers perform multiple roles during childrearing. The previous studies relating to

simultaneous maternal and student roles found that a woman who is both a mother and a student might not be able to effectively adapt herself to both roles nor to balance the demands them. In particular, there has no study on the simultaneous adaption of trying to be mother and student in Thailand. This is of major concern for public policy and health care providers, especially nurses, who must provide the knowledge and skills to help adolescent girls dealing with the new role of being both mother and student.

Study Aim

This study aimed to describe the adaptation process of first-time Thai adolescent mothers to their roles of being a mother and a student simultaneously.

Method

Design

A qualitative grounded theory was used as the methodology for this study because the study aimed to generate a conceptual model and develop a theory related to role adaptation process in the perception, action, and interaction of adolescent mothers returning school during childrearing. Grounded theory^{29, 30, 31} provides guidance to explore basic social process including human actions and interaction of adolescent mothers who performed multiple roles. The adolescent mothers' responses to their roles were collected within their social context, and then interpretation was derived from the data. The concepts, categories, and theory are formulated through the coding procedures described until theoretical saturation of the categories is reached and the theory is then refined based on the analysis of the data.

Participants

A total of 17 participants who had experience being a mother and a student simultaneously after giving birth were involved in this study. Initially, the first five purposeful samplings were selected

from among those who met the inclusion criteria. Subsequently, the recruitment of the participants was guided by theoretical sampling and via the snowball technique.

Inclusion criteria

Female participants who: 1) were 10–19 years old when they gave birth⁷, 2) had given birth to their first child, 3) had a healthy baby and their child was no more than 3 years old; in other words, mothers who had either infants or toddlers were included in order to see their role adaptation to both maternal and student roles in this period, 4) had returned to school after birth within 1.5 years to see their role adaptation during childrearing, 5) had been the caregiver for her baby, and 6) subject to an unintended pregnancy. Mothers who had any severe physical history, such as diabetes mellitus, hypertension, or heart disease, mental problems, and history of substance abuse, were not included in order to control the effect of potential complication that might influence the role adaptation process.

Setting

The recruitment of participants was conducted at the well-baby clinics of three hospitals in Songkhla Province.

Ethical considerations

The research proposal, data collection instruments, and informed consent form were approved by the Research Ethics Committee of the Faculty of Nursing, Prince of Songkla University. The data collection started when the approval from the hospitals and nursing authorities were obtained. The participants were informed of the voluntary nature of their participation and what was expected of them in this study. They were assured that their personal data would be kept confidential and their anonymity strictly protected. They had the right to withdraw from the study at any time for any reason without penalty.

Data collection

Data were collected in three ways: a demographic data form, a semi-structured interview, and an

observation record form. Most of them were interviewed at home, and a few at the researcher's office. The interviews were recorded using digital audiotape after obtaining participant's permission. The first interview was 45–60 minutes in duration. After finishing interview, the tape record was transcribed verbatim in Thai and then translated to English. The researcher developed the probing questions for the second interview.

On the second interview, the participants were asked to clarify and validate some points of the previous interview data. The interview was taken place at the participant's preference place or by phone and took about for 20–30 minutes. Data were transcribed and added to the first transcription. Data collection and data analysis occurred simultaneously during May 2013 to May 2014. Interviews continued until data saturation was achieved.

Data Analysis

Data analysis was conducted after data collection of the first participant. Three steps of coding procedure conceptualized the data into codes, concepts, and categories. Constant comparative analysis was used during coding procedures in order to formulate the core categories and conceptual model. In this initial procedure, the first five interviews of the participants were coded and named, and their concepts were developed. The researcher also compared the previous data with those of the other participants. After that, all the conceptual codes were grouped into concepts and categories. In axial coding, categories are related to their subcategories using the paradigm model that consisted of phenomena; condition, action/interaction strategy, and consequences.²⁹ The categories began to build up a dense texture of relationships around the axis to form more precise and complete explanations about the phenomena. In selective coding, the researcher discriminated sampling of adolescent mothers returning to school with additional data to verify the core categories emerged as "achieving balance", and

validated the related categories that are adjusting to new identities, adapting lifestyles, coping with the new roles, and asking for supports.

Trustworthiness

Rigors of the study were established by following several principles proposed by Lincoln and Guba.³² Peer debriefing among the researchers was used to enhance the credibility of the data collection and analysis. The characteristics of the participants, contexts, and settings in the study were described clearly to ensure transferability. The verbatim transcriptions of the audiotape records and memos were kept for an audit trail. Confirmability was achieved through the researcher being aware of subjectivity by using a variety of participants, member checking, and peer review.

Results

Seventeen participants enrolled in this study were aged 16–19 years. Their marital status at the time of the interviews was as follows: 13 married, 3 lived with the father of a child but were not married, and 1 separated from her partner after getting pregnant. The participants' age at becoming pregnant ranged from 15–18 years. Educational levels at the time of becoming pregnant were as follows: lower secondary education ($n = 6$), upper secondary education ($n = 4$), vocational certificates ($n = 4$), universities year 1 ($n = 3$). Educational levels at the time of participating in this study were upper secondary educations in non-formal education ($n = 9$), closed universities year 1, year 2 ($n = 1, 3$), vocational certificates in formal education ($n = 2$), lower secondary education in non-formal education ($n = 1$), and open university ($n = 1$). The duration since giving birth to returning to school was up to 10 months, and the duration since returning to school until the time of the participation was up to 21 months. The majority of them had an monthly income of 10,001–20,000 baht from their parents ($n = 9$). The characteristics of the participants are presented

Table 1 Characteristics of the participants (N = 17)

Characteristics of the participants	Frequency
Age at the time of participation (years)	
16	1
17	4
18	5
19	7
Religion	
Buddhism	14
Islam	3 (2 converted from Buddhism after marriage)
Marital status	
Married	13
Living together (not married)	3
Separated	1
Residence	
Stay with own family	14
Stay with a father of a child's family	3
Educational level at the time of becoming pregnant	
Lower secondary education	6
Upper secondary education	4
Vocational certificate	4
Closed university (year 1)	3
Educational level at the time of participation	
Lower secondary education in NFE	1
Upper secondary educations in NFE	9
Vocational certificate at FE	2
Open University	1
Closed university (year 1, year 2)	1, 3
Duration since giving birth to return to school	up to 10 months
Duration since returning to school until the time	
of the participation	up to 21 months
Parents' income / month (Baht)	
5,000- 10,000	6
10,001- 20,000	9
20,001- 30,000	1
30,001- 40,000	1

in Table 1.

A substantive theory was developed that revealed that the role adaptation process of adolescent mothers returning to school, which emerged as the core category, was achieving balance. Achieving balance explains the process by which the school-aged adolescents adapt

to their motherhood and student-hood physiologically, psychologically, socially, and spiritually after giving birth. All mothers performed many roles simultaneously during childrearing including maternal, student, and housewife roles, as well as creating strategies to adapt themselves to these roles in order to achieve a balance in

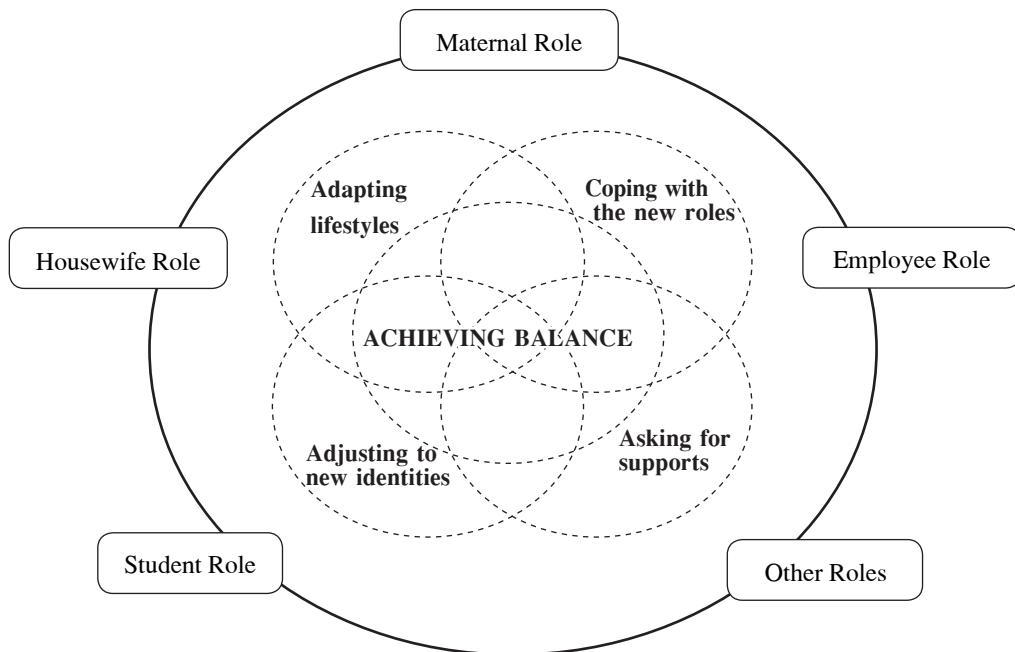


Figure 1 A process of achieving balance

life (Figure 1).

After the participants gradually adapted themselves in dealing with multiple roles by harmonizing all strategies used, their expression was “happy” and that was a good indicator of achieving balance perceived by the participants. Examples of achieving balance are:

I could gradually adjust myself to multiple roles...I was happy that I could nurture my child and could study together. (P8)

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

with them. (P1)

The strategies used to gain achieving balance can be organized into four categories:

1) adjusting to new identities, 2) adapting lifestyles, 3) coping with the new roles, and 4) asking for supports which are described as follows.

Adjusting to new identities: Adjusting to new identities meant the adolescent mother changed herself from a female adolescent to be a maternal identity after giving birth and while engaged in childrearing and schooling. The participants defined a mother as a woman who sacrificed, gave love and warmth, and took responsibility to nurture her child. They sensed

feeling love and attachment with the child. They stated that they transformed not only from adolescence to adulthood but also pregnancy to motherhood. The participants used the strategies of learning and adapting the mind to be a new mother. They learned the maternal role from their mother or mother-in-law. After the participants obtained competency in the care-taking tasks and expresses gratification involved in the maternal role, they could achieve their maternal identity, for example:

I think I became a mother since I saw my child at first time after giving birth. I nurtured him by myself, and I was always with him at home. I saw his development since he was born, and I felt happy and enjoyable being with him. (P2)

To be a student during childrearing, the participants stated that they had to adjust themselves to get self-disciplined, and to adapt their mind to be strong when they were studying, for example:

I had to be patient because I am a mother right now. Before getting a child, I usually loafed and skipped school. However, I stopped that these days and pay more attention to study. I couldn't do the same as before, so I needed to adjust myself. (P3)

Adapting lifestyles: Adapting lifestyles meant that the adolescent mothers adjusted their way of living to fit the new roles. The participants adjusted their activities according to their value of motherhood. They adjusted their lifestyles by managing time and reorganized activities as some of them reported that spending time with friends, such as hanging out at night, decreased because they needed to spend the time with their child. Moreover, most participants changed to a new sleeping time together with the child, and they had to wake up early to work or to study in the morning, for example:

Previously, I slept at one or two a.m. I usually chatted with friends on Facebook at night time, but these days I have to sleep early together

with the child because whenever he woke up I also had too. (P14)

I always thought that I had been a mother already. When my friends asked me to hang out, I did not go with them. If it was prior to having the baby, I would go with them. (P10)

Coping with the new roles: Coping with the new roles meant that adolescent mothers managed their duties effectively with the new roles. All participants performed multiple roles and used a variety of strategies to balance them including managing time, making a plan of work, negotiating, physical adapting, and adapting mind. Most participants stated that they could perform many roles simultaneously because they could manage their time, such as:

It was not hard to do a variety of tasks because I could manage my time. I took care of my child on Monday to Friday and studied on Saturday or Sunday. Moreover, my studying class was just a half day, not a whole day. (P1)

Some participants made a plan of work in a daily planner. They wrote various tasks about what to do on each day, and when to do in each tasks:

I must clearly allocate the time on the daily planner when to do any task. I wrote all the planning about how to manage and gained discipline to do all the tasks. (P12)

For negotiating, the participants disclosed their strategies as negotiating friends to divide up group work, and then they took their part to do oneself at home. As one participant stated:

I asked my friends to divide the group work into parts, and then I took my part to do at home. Sometimes, I let my friends do it first, and then I took the rest of it to do by myself at home because I wanted to spend time with my child. (P14)

For physically adapting, when they felt tired of taking care of the child, doing housework or homework, and they adjusted themselves with relaxation by rest, sleeping, or listening to music. As one participant stated:

I could do many tasks even taking care of my child, studying, and baking. If I was tired, I would rest. After that, I could continue work again. I don't think it was too much trouble. (P1)

Another strategy was adapting their mind. The participants expressed they had to be patient and be strong when they handled a variety of tasks simultaneously. They had to let it go and adjust their mind to accept whatever the situation was:

Sometimes, I took care of my child until late at night, and I had to study the next morning. I felt tired but I comforted myself to be patient although I did not want to wake up early to study in the morning. (P15)

Asking for supports: This meant that the adolescent mothers requested material things or assistance from their significant persons in order to deal with their roles. When they could not balance their life due to a variety of tasks, they would ask assistance from their significant persons to help them deal with the tasks in particular child care and doing housework. The participants indicated that the major supporter of adolescent mothers who returned to study during childrearing were the parents or parents-in-law, especially the adolescent's mother. They provided financial support, mental support, informational support, role-model support, and accommodation for their daughter and grandchild. Some expressions from the participants were:

The mother is the best supporter for student mothers. She helped me take care of the child during my schooling, and gave me the guidance on how to raise a child. (P6)

I think the greatest support for me is my parents because they helped lighten my duty. They took care of my child, gave me the money, and helped me find a job. (P11)

The second significant supporter of the participants was their husband, particularly in emotional support. Some of them who already worked also supported their wife financially for family expenditures. When the participants' husband had free time from working or studying, they also helped their wives take care of their child and do housework. As one participant expressed:

My husband helped me do housework, such as cooking rice, when I was busy with my homework. Sometimes, my husband took the baby to outside the home while I was doing housework. Normally, my husband helped me take care of the child in the evening after he came back from work. When I felt like giving up with many things around me, my husband understood and encouraged me to go on in this situation. (P12)

Other significant supporters were participants' friends, especially in the areas of study and also emotional support. Furthermore, most participants stated that they hoped the government would give the support to adolescent mothers who continued their studies:

My close friend helped me with everything that she could. My friend, who drove a car, picked me up at university every day because my parents-in-law's home was on the way from my friend's home to the university. My breast-pump equipment was in her car. My friend gave me encouragement and helped me in my study. (P15)

In summary, achieving balance meant that adolescent mothers could balance their life by using

strategies to adapt themselves to multiple roles during childrearing and schooling. All participants applied the strategies of adjusting to new identities, adapting lifestyles, coping with the new roles, and asking for support to deal with the multiple roles simultaneously. They gradually adapted themselves to a variety of tasks and ultimately could overcome the situation of being a mother and being a student. The participants performed multiple roles simultaneously, and used the strategies as internalized adaptation of themselves to balance their roles that was a dynamic process and happened concurrently as a cycle.

Discussion

Achieving balance emerged as the core category through participants' perceptions and actions. Even though some of them reported some role conflicts, all of them could gradually adapt themselves to deal with multiple roles and stated that they finally felt good about this situation. This finding was congruent with a theory of work-family balance³³ that was defined as satisfaction and good operation at work and at home, with the least amount of role conflict.

After giving birth, the adolescent mothers learned the maternal care-giving tasks from their mother or mother-in-law, and interacted with their child until obtaining maternal role attainment which leaded the new mothers to achieve a maternal identity. These findings are congruent with the theory of maternal role attainment theory^{19, 20, 21} in that the maternal role is a process that leads a woman to achieve a maternal identity. In addition, the participants reported that the motherhood brought more discipline and more responsibility to their dual roles of mother and student. Similarly previous studies found that motherhood helped women to become more responsive and mature.^{25,34} All adolescent mothers had to adapt their daily life to fit to their new roles in order to get their life balance. These findings were supported by a previous synthesis of the studies that motherhood changed adolescent women's

daily life.²⁸ They changed their daily life by valuing child care. This finding was consistent with the consequences of being a mother and a student changed their activities according to their values of motherhood of which their child was the first priority.²⁴

All adolescent mothers faced the challenge of combining being a mother and a student. The majority of them expressed that the child was their motivation to perform many roles simultaneously because they wanted to achieve life-long success for themselves and their children. Similarly a study of Clemmens²⁵ found that the child was the adolescent mothers' motivation to return to school and adapt to multiple roles to attain educational goals and professional goals.^{24, 28} In addition, Thai adolescent mothers got social support from their family to help them adapt to multiple roles. This was consistent with previous studies that found social support influenced the process of transition to parenthood of adolescent mothers.^{35, 36} Social supports can promote successful adaptation in adolescent mothers and their children¹⁵, especially the adolescent's mother who was the major support source^{35, 37}, the father of the child^{37, 38}, and friends, subsequently.

First-time Thai adolescent mothers created strategies used to deal with multiple roles during childrearing and studying in order to achieve balance in life. The strategies used were adjusting to new identities, adapting lifestyles, coping with the new roles, and asking for supports. These were similar to four adaptive modes of the Roy Adaptation Model²² that were self-concept, physiological, role-function, and interdependence adaptive modes, respectively.

Limitations

The majority of the participants were from a low-income bracket and all lived in Songkhla Province. Moreover, the recruitment could not specify certain characteristics such as age, the level of education and marital status. Therefore, the findings may not be applicable and transferable beyond this group.

Conclusion and Implications

Becoming a mother and a student during childrearing is not an easy situation for the first-time adolescent mothers because they were still young and lacked mothering skills. However, they could gradually adapt themselves in dealing with their roles to achieve balance by creating the strategies.

The knowledge gained from this study is applicable to be as the basic knowledge for guiding nursing practice and for nursing educators to teach and to provide support to adolescent mothers who return to school in dealing with maternal and student roles simultaneously in order to attain a balance in life. Moreover, the substantive theory developed in this study can be incorporated into nursing education of adolescent mothers in this especially challenged group to promote them to remain in school for their long term success.

Acknowledgements

The authors are really grateful to the Thailand Nursing and Midwifery Council for the financial support. Special thanks go to the participants for their involvement in this study.

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การเข้าสู่สมดุล: กระบวนการปรับตัวต่อบทบาทของมาตรการด้วยรุ่นที่กลับมาเรียนหนังสือในสถานศึกษา

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บทคัดย่อ: การวิจัยนี้ใช้ระเบียบวิธีทฤษฎีฐานราก มีวัตถุประสงค์เพื่อศึกษากระบวนการปรับตัวต่อบทบาทของการเป็นแม่และการเป็นนักเรียนในเวลาเดียวกันของมาตรการด้วยรุ่นเมบุตรคนแรก ที่กลับมาเรียนหนังสือในสถานศึกษาผู้มีส่วนร่วมวิจัยทั้งสิ้น 17 คน เป็นมาตรการด้วยรุ่นที่มีประสบการณ์ของการเป็นแม่และนักเรียนหลังคลอดบุตรคนแรกซึ่งบุตรมีสุขภาพดีและอายุไม่เกิน 3 ปีโดยใช้วิธีสัมภาษณ์เชิงลึกและการสังเกตแบบไม่มีส่วนร่วม การเก็บรวบรวมข้อมูลและการวิเคราะห์ข้อมูลเกิดขึ้นพร้อมกันในช่วงเดือนพฤษภาคม 2557 – พฤษภาคม 2558 ผู้มีส่วนร่วมวิจัย 5 คนแรกถูกเลือกแบบเจาะจง ผู้มีส่วนร่วมวิจัยที่เหลือถูกเลือกโดยการเลือกตัวอย่างเชิงทฤษฎี รวมถึงการใช้เทคนิคการแนะนำกลุ่มตัวอย่างแบบปากต่อปาก

ผลการศึกษาพบว่าการเข้าสู่สมดุลชีวิตเป็นประเด็นหลักของการศึกษานี้ และกลยุทธ์ที่ใช้เพื่อการเข้าสู่สมดุลชีวิตในช่วงระหว่างการเลี้ยงดูบุตรและเรียนหนังสือถูกแบ่งออกเป็น 4 หมวดหมู่ด้วยกันคือ: 1) การปรับตัวเข้ากับอัตลักษณ์ใหม่ 2) การปรับวิธีการดำเนินชีวิต 3) การรับมือกับบทบาทใหม่ และ 4) การขอความช่วยเหลือความรู้ที่ได้จากการศึกษาสามารถนำไปใช้เป็นข้อมูลสำหรับผู้ให้บริการด้านสุขภาพโดยเฉพาะพยาบาลผู้ให้คำปรึกษา เพื่อเตรียมการสนับสนุนและอำนวยความสะดวกให้กับมาตรการด้วยรุ่น ในการจัดการกับบทบาทการเป็นมาตรการและการเป็นนักเรียนในช่วงเวลาเดียวกันเพื่อให้พวกรเข้าคงความสมดุลของชีวิต แนวคิดทฤษฎีที่พัฒนาขึ้นมาจากการศึกษานี้สามารถนำไปใช้ร่วมกับการศึกษาทางด้านการพยาบาลที่เกี่ยวกับมาตรการด้วยรุ่น เพื่อส่งเสริมให้พวกรเข้าคงไว้ซึ่งการเรียนในสถานศึกษาเพื่อความสำเร็จในระยะยาวของชีวิต

Pacific Rim Int J Nurs Res 2015; 19(3) 257-269

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