

## **Family Developmental Tasks of Pregnant Teenage Wives from Southern Thailand**

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**Abstract:** The purposes of this study were to describe family developmental tasks of first time pregnant teenage wives and predictors (demographic characteristics) of family developmental tasks of pregnant teenage wives, within the context of the marital relationship. One-hundred and twenty subjects completed a researcher developed questionnaire and were interviewed, regarding their demographic characteristics and family developmental tasks (physical and house maintenance needs; psychological needs; economic and social needs; and sexual relationship and family planning needs). Subjects were obtained from one antenatal clinic located in Songkhla province, southern Thailand. Data gathering occurred over a period of four months. The results revealed that the subjects' family developmental tasks had the highest percentile rank within the possible range of scores was psychological needs, with the lowest being sexual relationship and family planning needs. Only one demographic characteristic, relationship between wives and husbands, was found to predict family developmental tasks. This study provides information that could prove useful in premarital counseling of teenagers regarding specific family developmental tasks. The knowledge gained from this study may be helpful to health care professionals, working with teenagers, for the purpose of understanding the various aspects of family developmental tasks.

*Thai J Nurs Res 2008; 12 (3) 231 - 241*

**Keywords:** family developmental tasks, pregnant teenage wives, Thailand

### **Background and Significance**

Marriage is a common developmental event in most societies. It is a transitional stage in one's life, and the beginning of the family-building process.<sup>1</sup> Unfortunately, marrying at an appropriate age and maintaining a stable marital relationship have become uncommon occurrences in today's

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society. Lamanna and Riedmann<sup>2</sup> stated that marriage involves the establishment of a unique relationship, which requires the two parties involved to move from their familiar relationships, within their respective nuclear and extended family structure, onto an unfamiliar relationship as husband and wife. This change in relationships requires the couple to focus on their interpersonal relationship, as well as on the interactions required among in-laws, relatives within each respective family and members of the community.<sup>3</sup>

Family is seen as a specialized social group and institution<sup>4, 5</sup> that has a marked impact on each of its members.<sup>5</sup> It can be described as: (a) a group of interacting individuals who are related by birth or marriage,<sup>6</sup> (b) the fundamental unit of social structure,<sup>7</sup> (c) the bedrock of human social life,<sup>5</sup> and (d) the most important institution for raising children to become contributing members of society. As noted by the United Nations,<sup>8</sup> the timing of marriage can have long-lasting implications on an individual's life course and family well-being, especially in regards to young women. Early marriage has physical implications for young women, notably premature pregnancy and childbirth,<sup>9, 10, 11, 12</sup> low birth weight,<sup>13</sup> high costs of health care to society,<sup>14, 15</sup> and unintended pregnancies, that can entail increased risks of maternal and neonatal mortality.<sup>12</sup>

Although a variety of physical ramifications can occur, as a result of early marriage, a wife also has to pay attention to family developmental tasks. These tasks involve, but are not limited to: (a) taking the lead in homemaking and the social life of the new couple,<sup>2</sup> (b) maintaining a presentable and organized home to meet the needs of privacy, (c) engaging in sexual activities, (d) providing adequate nutrition, (e) maintaining clothing needs, (f) engaging in recreational activities with friends

and extended family members, and (g) establishing good relationships among family members and friends. Successful achievement of these tasks is complicated by the fact the teen years involve a number of physical, psychological, social and sexual developmental changes that impact one's future adulthood, not to mention the occurrence of emancipation from parents.<sup>16, 17, 18</sup> Thus, when a woman decides to marry during her teenage years, the potential ramifications of such a decision can impact her later life in terms of her roles as wife and mother.

Marriage at a young age remains common in various parts of the world.<sup>19</sup> Every year, millions of young girls reportedly leave their families, either willingly or unwillingly, for the sole purpose of entering into an early-age marriage.<sup>12</sup> Nearly half (48%) of South Asian females between the ages of 15 and 24 years reportedly are married before the age of 18.<sup>12</sup> In Thailand, 46.8% of women enter marriage before the age of 20.<sup>20</sup> Teenagers, in 1997, between the ages of 15 to 19 years gave birth to 17 million babies, with 16 million of these births occurring in Asia, Africa, Latin America, and the Caribbean.<sup>19</sup> By comparison, 13% of births in the United States is to teens under the age of 20, with one-fifth to those less than 18 years old.<sup>21</sup> In Thailand, 27.9% of births are to those under 20 years of age.<sup>20</sup>

In addition to the problems associated with births to teenage mothers, the teenage marriages often end in divorce.<sup>4, 21, 22</sup> Although, numerous problems have been found to be associated with early age marriage,<sup>3</sup> few research studies could be located that specifically addressed family developmental tasks of pregnant teenage wives, within the context of the marital relationship. By better understanding family developmental tasks of pregnant teenage wives, within the context of the

marital relationship, health care providers would be better prepared to assist these young women as they assume the role of wife. Therefore the objectives of this study were to:

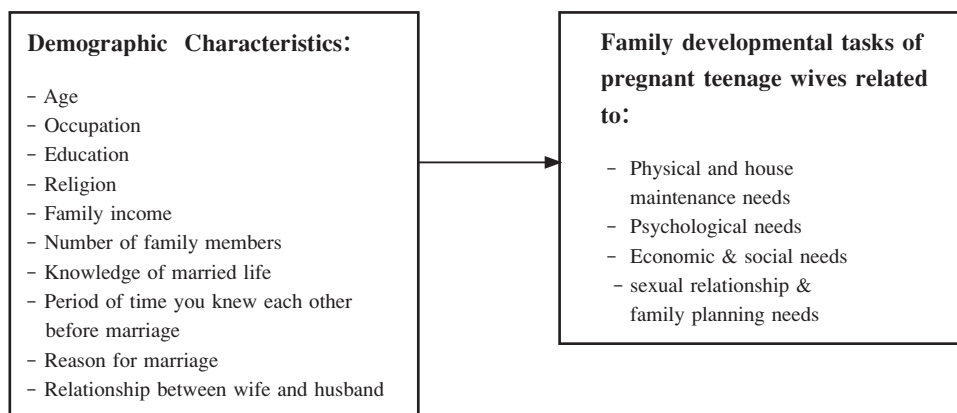
1. Describe the family developmental tasks of pregnant teenage wives within the context of the marital relationship.

2. Identify factors (demographic characteristics) that best predict family developmental tasks of pregnant teenage wives within the context of the marital relationship.

### Conceptual Framework

The framework, for this study, was based on Friedman's<sup>5</sup> conceptual comparison of the family life cycle stages of Duvall, and Carter and McGoldrick. This conceptual approach addresses, over time, changes in the family system, and interactions and relationships among family members. It emphasizes roles, both within and outside the family structure, that can affect family interactions.<sup>5, 23</sup> Duvall's eight stages of family development explain

the expected changes for the two parent nuclear family.<sup>1</sup> This study focused on the first stage of the family life cycle, of pregnant teenage wives, called beginning families or the stage of marriage.<sup>1,6</sup> A couple living together on a daily basis is required to begin to learn about each other's marital roles (husband and wife), as well as the behavioral expectations associated with each of these roles. The couple must establish itself as a functioning unit of society by learning to carry out essential and stage-specific family tasks. According to Friedman,<sup>5</sup> the developmental tasks of beginning families are concerned with establishing a mutually satisfying marriage, relating harmoniously to the kin network and planning a family. These tasks should be directed toward establishing family well-being in a way that satisfies biological requirements, cultural imperatives, personal aspirations and values, and the physical and mental health of the family members.<sup>1</sup> Relationships among the study variables are illustrated in **Figure 1**.



**Figure 1** Conceptual Framework of Family Developmental Tasks

## **Research Methodology**

### **Study design**

A survey design was implemented. A three part questionnaire was used to describe demographic characteristics and family developmental tasks of pregnant teenage wives, within the context of their respective marital relationships, and to examine which demographic characteristics best predicted family developmental tasks.

### **Sample and setting**

The sample consisted of one hundred and twenty pregnant teenage wives who were obtaining health care from one antenatal clinic in Songkhla province in southern Thailand. Sample size was determined using Thorndike's equation.<sup>24</sup> Inclusion criteria included pregnant women who were: (a) 19 years of age or younger; (b) in their first pregnancy; (c) residing with their spouse in the same domicile, and (d) literate and willing to participate in the study. A total of 150 potential subjects were approached about being in the study. However, only 120 questionnaires were found to be viable, giving a response rate of 80 %. Fifteen of the questionnaires were not successfully completed, nine were found to have been completed by subjects over 19 years of age, and six were eliminated because the same numerical responses was given to every question on the developmental task questionnaire.

### **Instrument**

The questionnaire was investigator designed and based upon Friedman's conceptualization of two family developmental theories (Duvall, and Carter and McGoldrick).<sup>5</sup> It consisted of three parts: 1) demographic characteristics, 2) general family

developmental tasks and 3) family developmental tasks specifically related to the role of wife. The demographic section of the instrument addressed: age, occupation, education, religion, family income, number of family members (both nuclear and extended) residing within the house, knowledge of married life, period of time the couple knew each other before marriage, reason for marriage, and quality of the marital relationship.

The second part of the questionnaire, family developmental tasks, was made up of 35 items, which were divided into of four subsections: (a) physical and house maintenance needs (11 items), such as: laundry, cooking, washing dishes, and maintaining household routines; (b) psychological needs (7 items), such as: paying attention and listening to family members, gaining inspiration when a family member had problems, accepting family members' ideas and disagreeing with other members of the family; (c) economic and social needs (12 items), for example: managing money & economic spending, participating in social activities, visiting the husband's relatives and consulting the husband's relatives (especially parents) when having problems; and (d) sexual relationship and family planning needs (5 items) focused on consulting with the husband on family planning and solving sexual problems. Each item was ranked by using a 4-point Likert scale (4 = did the task regularly; 3 = often did the task; 2 = seldom did the task; and 1 = did not do the task). Scores were obtained, for each subscale, by totaling the points for the questions within the respective subscale. A total score was calculated by adding the scores for all questions in the questionnaire.

The third part of the questionnaire, family developmental tasks specifically related to the role of wives, consisted of 11 open-ended questions, such as: "Aside from your answers in the second part of the questionnaire, what other activities did

you spend a lot of time doing?"; "Do you expect your husband to help with the household routines?"; "Do you feel that the tasks of a wife are too hard for you?"; "Are you anxious about doing the tasks of a wife?"; and "Do you think you are too young to take on the role of wife?". The qualitative data obtained were used to further clarify the quantitative findings from part two of the questionnaire.

Content validity for the instrument was assessed by three nursing experts in family development and determined to be appropriate and acceptable. A pilot study, using 30 pregnant teenage wives, was conducted to determine if any changes in the questions or procedure were necessary. In the pilot study, the second part of questionnaire consisted of 7 subsections (a total of 46 questions), which included: physical and house maintenance needs (8 items); health care needs of the family (7 items); psychological needs (4 items); relationship needs of the couple (7 items); economic needs (7 items); social needs (7 items); and sexual relationship and family planning needs (6 items). As a result of the pilot study, questions requesting similar information were combined. Thus, the final questionnaire, which was used in this study, was reduced from 46 to 35 questions and from 7 subsections to four. No changes in procedure were required. The alpha coefficient for the second part of the instrument, family developmental tasks, was found to be 0.77.

## **Procedure**

All data were collected by a research assistant trained in the data collection process. Permission to approach potential subjects was obtained from appropriate administrative personnel. Potential subjects were identified by chart review. The purpose of the study and what their involvement would entail was explained to those meeting the

selection criteria. After the consent form was signed, each subject who consented to participate was asked to respond to both parts 1 and 2 of the questionnaire. If questions were unclear to subjects, they were verbally clarified. Part 3 of the questionnaire was completed via interview. The subjects' responses were recorded on their respective questionnaires.

Subjects were assured that all data would be kept anonymous and confidential, and used solely for the purpose of the research study. Questionnaires were given a code number, for the purpose of identification, once data collection was completed. Completed questionnaires were kept in a locked file and viewed only by the research team. The study was approved, prior to implementation, by the researchers' university, as well as the hospital in which data were collected. The data gathering process took four months.

## **Data Analysis**

Descriptive statistics were used to analyze the demographic data and to compute means scores and standard deviations of the family developmental tasks. Step-wise multiple regression analysis was employed to identify the best predictors (demographic characteristics) of family developmental tasks.

## **Results**

Refer to **Table 1** for the subjects' demographic characteristics. Their mean age was found to be 17.97 years (SD = 1.17), with the majority being employed, outside of the home. Regarding education, most had finished at least the seventh grade or higher. Buddhism was their primary religion of choice, and more than half reported a family income of 5,000 Baht or higher. Almost half of the subjects indicated they had knowledge of married life and slightly more than half of them

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indicated they were residing with family members. Based upon the investigators' observations and

experiences, this sample was fairly representative of pregnant teenage wives in Thailand.

**Table 1** Demographic Characteristics (n = 120)

<b>Variables</b>	<b>n</b>	<b>%</b>
<b>Age in Years ( M = 17.97, SD = 1.17 )</b>		
≤14	1	0.8
15-17	35	29.2
18-19	84	70.0
<b>Occupation</b>		
Work at home	48	40.0
Employee	49	40.8
Gardener	6	5.0
Small business owner	16	13.4
Other	1	0.8
<b>Education</b>		
None	1	0.8
Grade 1-6	36	30.0
Grade 7-9	65	54.2
Grade 10-12	18	15.0
<b>Religion</b>		
Buddhism	97	80.8
Islam	23	19.2
<b>Family income/month (Bath)</b>		
4,999	50	41.7
5,000-10,000	48	40.0
10,000	22	18.3
<b>Number of family members</b>		
2 (nuclear family)	51	42.5
> 2 (extended family)	69	57.5
<b>Knowledge of married life</b>		
Yes	59	49.2
No	61	50.8
<b>Period of time you know each other before marriage(Year)</b>		
≤1	64	53.3
1-2	27	22.5
2		
≥ 29	24.2	
<b>Reason for Marriage</b>		
Love each other	101	84.2
Arranged by parent	11	9.2
Pregnancy	8	6.6
<b>Relationship between wives and husbands</b>		
Very good	30	25.0
Good, no problem	87	72.5
Quarrelsome	3	2.5

See **Table 2** for the ranges, means, standard deviations and percentile ranks, within the range of possible scores, for the four family developmental tasks measured in Part two of the instrument. The highest percentile rank, within the range of possible scores, was psychological needs, followed by physical

and house maintenance, economic and social needs, and sexual relationship and family planning needs. As shown in **Table 3**, the only demographic variable found to significantly predict family developmental tasks was the relationship between wives and husbands. This variable explained 9.6% of the total variance.

**Table 2** Range, Mean, and Standard Deviation of Family Developmental Tasks (n = 120)

Family Developmental Tasks	Range	Mean	S.D.	Percentile Rank within the Range of Possible Scores
Physical & house maintenance needs	20-40	31.21	4.58	70.93
Psychological needs	13-28	21.11	3.17	75.39
Economic & social needs	18-45	31.71	5.68	66.06
Sexual relationship & family planning needs	7-20	13.06	2.49	65.30

**Table 3** Demographic Characteristics as Predictors of Family Developmental Tasks of Pregnant Teenage Wives (n = 120)

Variable	b	Beta	t	R <sup>2</sup> Change
Constant	95.00			
Relationship between wives and husbands	8.23	.310	3.502*	0.096

F (df = 1,115) = 12.263

\*p < .001

## Discussion

The findings suggested that, overall, the subjects scored moderately high on all four family developmental tasks. Psychological needs (75.39%) had the highest percentile rank, within the range of possible scores, followed by physical and house maintenance needs (70.93 %), economic and social needs (66%), and sexual relationship and family planning needs (65.3%)

The fact that psychological needs ranked the highest suggested how important it was for the respondents to give and receive acknowledgement and understanding from others, especially family members. Quinn<sup>25</sup> noted that women are expected to provide both physical and psychological support

for family members. Psychological support for family members is more likely to be provided, by women, if they also have positive emotional experiences within the family structure.<sup>26</sup> Qualitative interview data provided further confirmation regarding the importance that psychological needs played among the subjects. For example, subjects stated:

“I would like for my husband to understand what things I like and what things I do not like.”  
 “If I am having problems, I want to be able to talk clearly and with an open mind.” “I would like to buy something for my husband on special holidays, but he says it is not necessary to buy him anything. We should save our money.”

The fact that physical and house maintenance ranked second, in level of importance among the subjects, is not surprising. Duvall<sup>3</sup> noted that wives are expected to take a greater lead than husbands in home maintenance and the social life of new couples. Since the importance of home maintenance and social life tasks have been expected of wives for decades, one would expect the women in this study to rank them as very important. From the qualitative interview data, the pregnant teenage mothers revealed they had learned the expectations of the role of wife, within the context of the marital relationship, from parents, relatives and other couples in the community. One participant stated:

*“My mom told me that when you are a wife, you have to do everything concerning housework and take the lead in home maintenance. You do this so that your husband will feel good. My aunt is a housewife and she looks after her son and also keeps her house clean and arranged in order. These are some models for my developmental tasks.”*

The family developmental tasks of economic and social needs ranked third among the four developmental tasks. From the demographic data, it can be noted that sixty percent of the subjects worked outside the home. When asked about employment outside the home, the wives who stayed at home indicated the following:

*“My husband does not want me to work outside of the home or to work hard. He believes I am too young to work outside of the home.”*  
*“I am satisfied with my role as wife because it is my duty, so I do not need to work outside of the home.”*  
*“I am bored being at home because my husband and I stay with family members and they do everything for us. I do nothing.”*  
*“If I could go back, I would not get married yet. I am too young. I liked being with friends and being free.”*

The family developmental tasks of sexual relationship and family planning ranked the lowest

among the participants. It is possible that this ranking was related to cultural factors. In Thailand, wives tend not to openly talk, with their husbands or strangers, about their sexual relationship. They are more likely to talk with friends or with their mothers about such issues. However, wives are likely to consult husbands in regards to issues of family planning. When asked, during the interviews, about issues of family planning, lack of knowledge became apparent among a number of the participants, even though they indicated, as reflected on **Table 1**, that they had knowledge about married life. Obviously their knowledge about married life did not include knowledge about family planning. For example, the following comments were made:

*“I have very little knowledge about contraceptive methods. The information that I do have I got from friends and my husband.”*  
*“I have no idea or information about contraceptive methods.”*

Although a number of studies on teenage mothers could be located,<sup>27, 28, 29</sup> none of them specifically addressed the family developmental tasks of pregnant teenage wives within the context of the marital relationship. Thus, it was difficult to compare the results of this study to the findings of prior research findings.

The only demographic characteristic found to predict family developmental tasks was the relationship between wives and husbands. Such a finding suggests the stronger the relationship between wife and husband becomes, the more likely the pregnant teenage wife will be able to carry out appropriate family developmental tasks. The inability of couples to sustain lifelong commitments often is regarded as evidence that the family structure has weakened.<sup>22</sup> This is significant in light of Cronin's<sup>30</sup> finding that the relationship between a wife and a husband was strong and well-developed, when the husband was present at birth. Strong partner relationships tend to provide both



physical and emotional support. In addition, Sukhaphan,<sup>31</sup> noted that the marital relationship was the best predictor for decreasing a wife's stress.

### **Limitations**

All studies have limitations and this study was no exception. The limitations included: a) the use of only one prenatal clinic in southern Thailand and b) data were self-report and based on accurate recall of information.

### **Implications for Nursing Practice**

This study provides information that could prove useful in the premarital counseling of teenage wives regarding specific developmental tasks. For example, local educational programs could be offered on topics such as: a) issues confronting pregnant teenage married women in southern Thailand, b) coping strategies for dealing with stressful events, c) skills on how to access and utilize needed resources, and d) appropriate contraception and prenatal care.

### **Acknowledgement**

This study was supported by an income grant from Prince of Songkla University, Hat Yai, Songkhla, Thailand. Special recognition is extended to all participants who provided data for the study. In addition, appreciation is extended to Professor Doctor Vickie Lambert and Professor Doctor Clinton Lambert of Lambert & Lambert International Nursing Consultants for their generosity in assisting with the editing of the manuscript.

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## พัฒนากิจกรรมของภรรยาตั้งครรภ์วัยรุ่นในภาคใต้ของประเทศไทย

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**บทคัดย่อ:** การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาพัฒนากิจกรรมของภรรยาตั้งครรภ์วัยรุ่นครรภ์แรกและอำนาจการทำนายพัฒนากิจกรรมของภรรยาตั้งครรภ์วัยรุ่นครรภ์แรกในระยะแต่งงาน กลุ่มตัวอย่างจำนวน 120 คน เป็นหญิงตั้งครรภ์วัยรุ่นครรภ์แรกที่มาฝากครรภ์ที่หน่วยฝากครรภ์โรงพยาบาลแห่งหนึ่งในจังหวัดสงขลา ภาคใต้ประเทศไทย โดยตอบแบบสอบถามที่ผู้วิจัยพัฒนาขึ้น ประกอบด้วยข้อมูลทั่วไป และพัฒนากิจกรรม (ความต้องการด้านกายภาพและการดูแลบ้าน ความต้องการด้านจิตใจ ความต้องการด้านเศรษฐกิจและสังคม และความต้องการด้านความสัมพันธ์ทางเพศและการวางแผนครอบครัว) และการสัมภาษณ์ ใช้เวลาในการเก็บข้อมูล 4 เดือน ผลการศึกษาพบว่าพัฒนากิจกรรมของภรรยาตั้งครรภ์วัยรุ่นในระยะแต่งงาน ด้านความต้องการด้านจิตใจ มีคะแนนพัฒนากิจสูงที่สุด ความต้องการด้านความสัมพันธ์ทางเพศและการวางแผนครอบครัวมีคะแนนพัฒนากิจน้อยที่สุด และสัมพันธ์ภาพระหว่างภรรยาและสามีเป็นตัวแปรเพียงตัวเดียวที่มีอำนาจการทำนายพัฒนากิจกรรม ข้อมูลจากการวิจัยครั้งนี้เป็นประโยชน์ต่อการให้คำปรึกษาก่อนสมรสแก่วัยรุ่นในการเตรียมความพร้อมที่จะรับบทบาทการเป็นภรรยาในการปฏิบัติพัฒนากิจกรรม ความรู้ที่ได้จากการศึกษาครั้งนี้มีประโยชน์สำหรับทีมสุขภาพที่ทำงานเกี่ยวข้องกับวัยรุ่น เพื่อที่จะเข้าใจพัฒนากิจกรรมในด้านต่างๆ

วารสารวิจัยทางการแพทย์ 2008; 12(3) 231 - 241

คำสำคัญ : พัฒนากิจกรรม ภรรยาตั้งครรภ์วัยรุ่น ประเทศไทย

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