

Experiences of Early Motherhood among Thai Adolescents: Perceiving Conflict Between Needs as a Mother and an Adolescent

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Abstract : Adolescent mothers are considered to be at high risk of becoming mothers because of psychological immaturity, and their own normal development needs that may conflict with the needs of their child. Adolescents' perception and meaning of motherhood determine their strategies to live with conflicting needs. The purpose of this qualitative study was to understand the experiences of early motherhood among Thai adolescents who had a child ages less than 6 months. Participants were 21 adolescent mothers who attended at well baby clinics of the Health Centers 49, Taksin Hospital, and Siriraj Hospital. Data collection and analysis were guided by grounded theory approach. The data collection and analysis occurred simultaneously during August 2004 to December 2005. Data were collected by multiple in-depth interviews and participant observation. The findings demonstrated that "living with conflict between needs as a mother and an adolescent," was a core category of the process in developing early motherhood. Four 'perceiving conflicting needs' which included perceiving conflict between focusing on the child and the self, perceiving conflict between taking care of the child and desiring to go to school or work, perceiving conflict between concerning maternal images and self-images, and perceiving conflict between interdependence with family and independence from family, was emerged and identified as the causal condition that led adolescent mothers to use strategies for living with conflicting needs. These findings recommended that health care providers need to be more sensitive to adolescents' perceiving conflicting needs in order to promote using appropriate strategies leading to positive experience of motherhood and positive mother-child outcomes.

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Background and Significance of Research Problem

The rate of adolescent mothers in Thailand continues to increase. From 2001 to 2003, the rates were 10.4%, 11.7% and 12.4% of pregnancy per year, respectively.¹ The empirical evidence has shown that by age 14 or 15, many Thai girls had already their first boyfriend, and there is a trend for urban young couples to live together without parental

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approval.² Modern Thai adolescents refuse that their parents find a husband that they don't love. Nowadays as children often leave the house to find a job in big cities, the young boys and girls prefer to choose their mate. Dating is very common in Thailand and youngsters do not just devote their life to the first boyfriend/girlfriend that they meet. Explicit acts of love like holding hands, embracing, and kissing in public are no longer taboo in the eyes of teenagers. Recently, studies found that adolescents were more likely to have sex with their "steady" partners at the age of 15.³ Thus, sexually active adolescents often become pregnant.

The transition to motherhood is difficult for mothers especially for adolescents. Coping with developmental tasks of motherhood is often complicated by unmet their own adolescent needs.⁴ Adolescent mothers encounter developmental challenges as a maturing adolescent as well as a nurturing. These two roles often create conflicting demands on the young adolescent. Adolescents are typically self-absorbed, which is more difficult for them to distinguish between the child's needs and their own needs.⁵ Therefore, the growth and development needs of the infant are often unmet as the adolescent mother is occupied with her own personal development. Adolescent mothers often experience difficulty in accepting a change in their self-image as they adjust to their new roles related to the responsibilities of infant care. They feel different from their peers as they are excluded from activities, and forced prematurely to assume adult social roles. The conflicts between their own desires and the demands of the infant further contribute to the normal psychosocial stress of childbirth.⁶ Mastering the developmental tasks of adolescence while becoming a parent at the same time may create opposite choices. The two developmental tasks can easily conflict with each other; it means that

adolescent mothers often compromise one role or another.⁵ Young mothers are considered to be at higher risk psychologically than adult women in parenting. They are often cognitively immature, lacking knowledge about child growth and development, while maintaining normal internal developmental needs that may conflict with their infant.⁷

In Thailand, numerous studies among Thai adolescent mothers have been conducted. Most studies focus on contributing factors of maternal roles based on the perspective of empirical knowledge. However, those affect motherhood are not clearly understood. The context and conditions that influence motherhood, especially within the Thai context, are rarely explored or explained systematically. The explanation of the process of early motherhood from the perspective of Thai adolescent mothers is not obviously illustrated. Moreover, findings in this preliminary study by the researcher revealed that the context and conditions that influenced motherhood among Thai adolescents likely differed from adolescent mothers in the Western countries.⁸ Particularly, the support from family, the strong bond of family relations in Thai family can help individual adolescents' development and also promote them in developing maternal roles. However, in this preliminary study, the process of early motherhood had not been explored yet. Therefore, a qualitative study using grounded theory to understand the experiences of early motherhood among Thai adolescents was conducted.

A grounded theory was selected as this methodology seeking to identify the feelings, behaviors, and actions of people and to describe stage, phase, and process of a particular event.⁹ The maternal role is a complex, cognitive and social process that is learned, reciprocal and interactive.¹⁰ Therefore grounded theory was suitable to explore

the experiences of early motherhood. This study provided a more comprehensive understanding of early motherhood among Thai adolescent mothers. It served as a basis for the development of appropriate intervention programs.

The purpose of this qualitative study was to understand the experiences of early motherhood among Thai adolescents. As part of a larger study focus on process of "living with conflicting needs as a mother and an adolescent," this paper will report only the findings of causal condition of the process- 'perceiving conflicting needs.'

Methods and data analysis

A grounded theory methodology was employed to explore the experiences of early motherhood among Thai adolescent mothers. The researcher is an instrument in the qualitative study, researcher is necessary to immerse in adolescents' perspective for deep understanding to thick description of data.

Setting of study was Bangkok, the central region of Thailand. Twenty one Thai adolescents who had a first child ages less than 6 months were asked to share their experiences of motherhood. Inclusion criteria were being 15-19 years old, being a first time mother, having a child ages 6 months or less, and having a history of healthy newborn. The exclusion criterion was having any serious physical (postpartum complications or history of any diseases such as diabetes meelitus, hypertension, or heart diseases), mental problems (depression, anxiety, or taking any psychiatric medicines), and having substance abuse history and being raped. In addition, having a child with heart disease, asthma, or thalassemia was also excluded as well.

The participants were 21 adolescent mothers. Age of the participants varied from 15 to 19 years old with a mean of 17.5 and a standard deviation of

1.1. Thirteen (61.9%) participants were in late adolescent period, 18-19 years. Eight (38.1%) of them were in middle adolescent period, 15-17 years. All of them (100%) were Thai and Buddhists. The majority of the participants (66.7%, n=14) finished junior high school, four (19.0%) finished elementary school, and three (14.3%) were studying vocational college. The major of participants (85.7%) were unemployed during the first time of meeting (1 to 5 months after birth). Thirteen participants (61.9%) remained unemployed during the second time of meeting (2 to 6 months after birth). Considering, family incomes, thirteen participants (61.9%) reported that they had inadequate. The majority of participants (95.3%) lived with or lived by near their own family or partner's family. Sixteen participants (76.2%) were cohabited, and seventeen of them (80.9%) were unplanned pregnancy. All participants were unreadiness to have a child. However, half of them (52.5%) had experienced of childcare. Thirteen participants (61.9%) grew up in urban areas of Bangkok.

This study was approved by the Ethical Committee of Faculty of Nursing, Chiang Mai University, Human Research Ethical Committee of Health Department and Medical Service Department of Bangkok Metropolitan Administration, and the Human Research Ethical Committee of Siriraj hospital. The participants were assured that all information would be anonymous and confidential. Each interview recording was performed by participant's permission. The participants were also informed that she had a right to stop the interview at anytime.

Following informed consent, in-depth interviews were conducted during August 2004 to December 2005. The open-ended questions included, "Could you please tell me the story about becoming a

mother?” The researcher attentively listened to what the participants said and encouraged them to clarify and elaborate the detail of their experiences. According to theoretical sampling, interview questions were modified throughout the study according to the emerging information. Three convenient sampling of participants were chosen by purposive selection from Thai adolescent mothers who attended the well baby clinics at the Health Centers 49. Subsequent participants were chosen by theoretical sampling. All participants were interviewed for 2 to 4 sessions. The interviews were audio-tape recorded and verbatim transcribed. Participant observations were used in combination with the interviews while the participants provided their childcare at home. Approximately 1-3 hours were spent on participant observation for each participant, depending on situation related to participant activities in their childcare and the objectives of observation. The foci of the observations included the participant's actions or maternal role performance, family relationships (the interaction with her child and family member), as well as home environment. Field notes were immediately recorded at the end of each interview and observation in order to remind herself about events, actions/interactions, and activate the process of thinking.¹¹

Data analysis was based on the grounded theory analysis by Strauss and Corbin's (1990).¹² Data collection and analysis was occurred simultaneously. While coding and analyzing the data, the researcher looked for patterns by comparing incident with incident, incident with category, category with category, and participant with participant. The constant comparative method was used until core categories emerged. Open coding involves examining the words, phrase, lines and paragraphs of the transcripts to discover and name the concepts

expressed by the participants. After the first three interviews, analysis of the interview data began with open coding involving labeling phenomena, discovering categories, naming a category, developing categories in terms of their properties and dimensions. All interviews were open coded in this manner with working categories established and refined over the step of analysis. Once nine interviews and field notes on observations had been completed, it was clear that categories in the data were emerging.

Axial coding refers to a procedure of relating subcategories to a category in new way through the coding paradigm of conditions, context, action/interaction strategy, and consequences.¹² For example, the category of perceiving the conflicting needs were the conditions that led the adolescent mothers to begin to seek the strategies for living with conflicting needs as a mother and an adolescent (another category). The category of maternal-child attachment was one of the outcomes of the employed strategies. After collecting and analyzing data, the research selected a core category, the central phenomenon that related easily to all other categories.¹³ This process of data analysis is called selective coding, which is used to refine, test, and validate relationships among categories.

Memo writing was maintained during data analysis. It was the pivotal intermediate step between defining categories and the first draft of completed analysis.¹⁴ Memo writing freed researchers to explore the ideas about the categories, from preliminary attempts to more sophisticated and abstractive conceptualizations. It was noted where researches were on firm ground and where they were making conjectures. Memos were returned to again and again to check their conjectures.¹⁴ The diagrams are visual representations of the categories

and how to link those categories together. Both memos and diagrams are useful for all stages of the analytic process because they helped to reflect the process of the thoughts and feelings of the researcher and directions of the study.

In this study, the researcher built up theoretical sensitivity over time from reading, professional and personal experiences, which guide the researcher in examining the data from all sides, rather than staying fixed on the previousness. The researcher's experiences were into the data analysis process. The preliminary literature review was also done to get a feel for the issues at work in the subject area, and to identify any gaps to be filled in using a grounded theory. The second body of literature was assessed after the basic social psychological process had emerged from the data. Therefore, theoretical sensitivity allowed the researcher to take chances on trying to generate codes that might fit and work in this study.

Results

In accordance with grounded theory analysis, the findings revealed that the basic social process, which emerges as the core category of the process in developing early motherhood, is "living with conflict between needs as a mother and an adolescent." This process resulted from adolescent mothers perceiving conflicting needs. All participants reported being the mother too soon, unaccepted their unplanned pregnancies, were not ready to have an infant, perceived themselves as too young to care for their infants, and remained self-centered. These perceptions are supported in the following quotations:

I didn't want the baby because I wasn't ready in terms of money or myself. Double problems. I wasn't ready about money; I didn't have

much money. I mean, am I going to be able to raise the baby? I didn't have money, so I didn't think about having a baby. I haven't done anything for myself. I haven't gone out as much as I want. But now I have to stay at home. I see my friends go out and I want to do it, too, but I can't. (C12P7-8L257-277)

I haven't thought of myself as a mom. I'm still young and I can't take good care of the baby. I still think only of myself and I don't know how to care for her. (C2P1L36-37).

Perceiving Conflicting Needs

From the data, "perceiving conflicting needs" was emerged and identified as the 'causal condition' that led adolescent mothers to live with conflict between needs as mother and an adolescent. After giving birth, the adolescent mothers perceived and encountered the conflict between needs as a mother and an adolescent. For example, they needed to go out to have fun, but they had to look after their infant, as reflected in this quote:

Being a mom and being an adolescent really contradict each other. Like I want to go out, but I can't leave the baby. Sometimes I don't know how well the people at home will take care of her. (C15P6L196-201/2).

Sometimes I want to go to places like those who don't have babies, but then I can't go anywhere because I have a baby to take care of like this. I can't go wherever I want. Sometimes I think to myself...

I shouldn't have had the baby so quick. (C17P20L756-759, C17P16 L587-592/2).

The conflict perceived by the adolescents included (1) perceiving conflict between focusing on the child and the self, (2) perceiving conflict between taking care of the child and desiring to go to school or work, (3) perceiving conflict between concerning maternal images and self-images, and (4) perceiving conflict between interdependence with family and independence from family. The four conflicts that emerged from the data are presented as follows:

Perceiving conflict between focusing on the child and the self

As mothers, the adolescents had to care for their infants, pay attention to them, and respond to their needs, while as adolescents, they wished to respond to their own desires. The adolescent mothers realized this conflict early when they became pregnant. They did not pay attention to keeping themselves and their infants healthy. Instead, they focused on going out and enjoying themselves. As an adolescent mother said:

The neighbor next door said pregnant girls have to sleep a lot, but I didn't. I'm a late night person. My partner and I bought some jigsaw puzzles sometimes and we stayed up all night to do them, sometimes until four in the morning. Then I slept during the day. I thought the baby would probably be disabled. The neighbor kept yelling at me about not getting sleep until she was tired of yelling. (C10P13L510-520).

The adolescent mothers realized that after the infants were born, they had to serve the child's needs despite their own needs to go out to have fun with their friends. The responsibility for their infants prevented them from serving their own desires. An adolescent mother described her experience:

Being a mom destroys almost all of my privacy. The way I used to go out whenever I wanted to, maybe just my boyfriend and me together. But now I have to think about my baby. Sometimes I want to go out, but I can't. (C18P3L93-109/2).

The adolescent mothers were also forced to sacrifice their sleep time at night to care for their infants, even though they did not wish to be awakened. When their infants cried at night, some adolescent mothers abused them, for example, pinching them out of anger and irritation. Commenting on such behaviors, the adolescent mothers stated that they were not mature enough to be mothers. They were still hot-headed, quick-tempered, easy to be irritated, and self-centered. Oftentimes, this prevented them from paying attention to their infants when they cried at night. Some adolescent mothers allowed their infants to cry so much that they trembled before trying to sooth them. These abusive behaviors are demonstrated in the following quotation:

I was so sleepy, but the baby wouldn't go to sleep. I was sleepy, and I already fed her. She kept waking up in the middle of the night. She was up at three in the morning just to play. Sucked the milk and played bubbles with it. So I pinched her, she broke down in tears. The next morning, I saw her arm/leg was purple. (C8P9L255-262).

Perceiving conflict between taking care for the child and desiring to go to school or work

The adolescent mothers had to take care of their infants, while, as adolescents, they searched for the purpose in life by going to school or working. Seven adolescent mothers shared this perception. One of them stated that she had to stop studying temporarily while she was expecting: "I went to school until I was in the sixth month. Then I couldn't study anymore, so I had to drop out" (C6PL215-219). After delivery, the adolescent mothers still could not go to school for six months in order to care for their infants, as she said:

I would like to go back to school, but I probably won't be able to because I have to wait until the baby has grown. When my mom can help take care of him, about three or four years of age, I can take classes from the Office of Non-Formal Education Commission for a high-school diploma. These days, you can't really get a job with a junior-high diploma. My mom wants me to get a university degree because she has paid for my sister's and my education. It's also my intention to get a university degree. (C19P8-9L300-329).

Perceiving conflict between concerning maternal images and self- images

A mother concerned with breast feeding for the infant. Whereas female adolescent concerned with their appearance as a woman. Because they were adolescents, the adolescent mothers were concerned about their self-images. They were

embarrassed, for example, when they breast-fed their infants. They were afraid that they would gain weight, making them gratuitously selective in their diet. Moreover, the adolescents wanted to dress in the way other adolescents did, but they could not do so because the pretty outfits were not practical for breast-feeding. These inherent desires of the adolescents contradicted their maternal responsibilities, as demonstrated in the quotations below:

After the delivery, I had to breast-feed the baby. I was a little embarrassed. (C18P7-8L262-271).

I want to dress nicely, but I can't. I'm still breast-feeding the baby, so it'll be a long time before I can wear pretty dresses again. (C1P2L39-44/2).

I'd like to weigh about 45 kilograms. I was on a diet, and still am because I was afraid I would get fat and wouldn't be able to lose weight. (C19P6L220-224/2).

At least seven adolescent mothers stated that they liked to dress fashionably, and buy clothes that were modern-looking. When they had their infants, however, they were frustrated by being unable to respond to their needs because they had to save money for their infant's expenses or when the infants were ill. One adolescent mother said:

I spent a lot of money. When I got paid, I used it for clothes. But now when I think of my baby-I think of him all the time now-I feel bad.... I have to think of when he is sick, the clothes are not going to help with that. But these days I'm still a little crazy about clothes. (C17P11-12L418-433).

Perceiving conflict between interdependence with family and independence from family

It was necessary for the adolescent mothers to depend on their families in child care, yet at the same time, being adolescents compelled them to desire independence from their families. Eight adolescent mothers in the study revealed that they were not close to their parents. One adolescent mother had not lived with her family members since she was young, and was now living with her partner. She did not rely on her parents because she wanted freedom, and she did not want them to have power over her thoughts or behavior, especially in terms of child rearing, as she stated:

Living together just the two of us is good, better than living with a lot of people. It's more comfortable this way. Like taking care of the baby, I can do whatever I want. I don't like it when other people interfere with me. I don't like it. When they come here, they'll start complaining and being fussy about this and that.

I like freedom. (C8P5L150-154).

In contrast, 13 adolescent mothers lived with their parents, relatives, or parents-in-law. These mothers contended that they were embarrassed to be a burden to their families, and that they sympathized with the parents that they had to help them financially instead of saving the money when they became old. These adolescent mothers believed that they should depend on themselves when they had infants instead of being a burden to their parents. One adolescent mother stated:

It's embarrassing that I can't be good for my family. Instead of depending on myself, I have to depend on my parents. I left them and then I

had to go back to them again. (C19P1L26-33).

I feel bad for my parents. They worked and saved money for when they're old. Now I have my own family and I should be able to depend on myself, but I still can't. (C21P17L633-636/2).

Discussion

The present study showed that the process of "living with conflict between needs as a mother and an adolescent" was triggered by adolescent mothers' perception of the conflict between needs as a mother and an adolescent. The adolescent mothers are still on adolescence period which is a time of growing up, of moving from the immaturity of childhood into the maturity of adulthood. Many Thai adolescent mothers need to be independent from parents, want to be treated as adults despite feeling fear of adult responsibility. They are learning to solve the problems, to conceptualize, and to make decisions. Also, they are still in the process of identity formation, to find a direction in life or to define any goals, either education or vocation.¹⁵ When they become mothers, they have to provide the care of their infants and respond infant needs appropriately.¹⁶ The transition from non-parent to parent may be difficult for the adolescent mothers because motherhood is a developmental task of adulthood which is the intrapersonal reorganization and requires the ability to understand the needs of someone else and, on occasion, to put those needs before one's own.¹⁷ Some Thai adolescent mothers may not yet function at a formal operational thought level because a process of cognitive development is still immature. They may have difficulty with tasks of motherhood requiring abstract thinking abilities,

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tasks such as planning, relating causes and effects, and anticipating results. These may cause direct conflicts for developing motherhood of adolescents. The major psychological risk to adolescent mothers is the interruption in completing their appropriate development tasks. Moreover, adjustment to a future with all attendant responsibilities of motherhood is also a challenge for Thai younger mothers.¹⁸

This finding is supported by the study by Sadler and Catrone¹⁹ which found that the adolescent mother was in the midst of two difficult developmental crises, adolescence and parenthood. When parenthood occurs simultaneously with adolescence, the potential for problems is amplified. The conflict between needs as a mother and an adolescent was described by Sadler and Catrone as the parallel developmental continuum between adolescence and parenthood. Their explanations are based on the studies among adolescent parents who had low economic status and lived in urban areas of northeastern parts of the United States, as well as their clinical experiences. It was composed of five parallels: 1) narcissism and egocentrism versus empathy with child and mutuality between mother and child, 2) identity formation and role experimentation versus maternal identification and maternal role definition, 3) sexual identity formation versus body image changes of pregnancy, labor and delivery, and the postpartum period, 4) independence from family versus dependence, and 5) cognitive development versus problem-solving, future-planning skill necessary for childrearing. Sadler and Catrone stated that the developmental processes of adolescence and parenthood are conceptualized as occurrence simultaneous.

All four conflicting needs found in the present study are similar to the first four parallels described

by Sadler and Catrone.¹⁹ The first, conflict between focusing on the child and the self, is similar to the parallel of narcissism and egocentrism versus empathy with child and mutuality between mother and child. It was found that the adolescent mothers had to stay home looking after their child although they needed to go out to have fun. They had to be awake at night to care for their infants although they needed to go to bed. Self-centeredness and egocentrism are normal characteristics of middle adolescent development, yet they may severely interfere with the adolescent mother's ability to form an empathic understanding of her child.²⁰ It is quite difficult for the mother to put her own feelings and concerns secondly to those of the child. The adolescent mother's egocentrism is the possibility that the mother cannot separate her own thoughts, feeling, and needs from those of the child.

Considering the second conflict, Thai adolescent mothers had to take care of their infants although they desired to search for the purpose in life by going to school or working. This finding is congruent with the parallel of identity formation and role experimentation versus maternal identification and maternal roles defined by Sadler and Catrone.²¹ They stated that adolescent mothers are still struggling to define who they are and where they are going in life. Before identity formation is reached, most adolescents need to spend a great deal of time to try out a wide variety of roles, styles, and behaviors. The freedom to be with one's friends and experiment with various roles is curtailed severely if one has to assume the 24 - hour duties as the mother. Many Thai adolescents who become mother drop out of school and never complete their education. Lack of education reduces the employability of the adolescent and quality of jobs available to these individuals.¹⁹

In terms of the third conflict, conflict between concerning maternal images and self-images, the adolescent mothers in the present study were concerned about their self-image. They were embarrassed when they breast-fed their infants. They were also afraid that they would gain weight, making them gratuitously selective in their diet. It is similar to the parallel of sexual identity formation versus body image changes mentioned by Sadler and Catrone.¹⁹ They stated that most adolescent mothers may be still struggling with issues of accepting their pubertal body changes.²⁰ Adolescents may have expectations about postpartum weight loss and how soon they can return to their designer jeans. The issue of breastfeeding may serve to illustrate the adolescent's own degree of comfort or discomfort with her changing body. The adolescent who is more focused on her body than the adult woman, may be more concerned with the bodily changes associated with childbearing. This concern with her distorted body may lead her to avoid prolonging breast enlargement and leaking associated with breastfeeding. She may feel uncomfortable to breastfeed her own child.

With regard to the fourth conflict, conflict between interdependence with family and independence from family, Thai adolescents did not want to rely on their parents. Similar to independence from family versus dependence, Sadler and Catrone¹⁹ noted that the adolescent years are traditionally the time when the individual seeks to become independent from the family members. The adolescent mother certainly feels this need for independence, but at the same time her dependence on her parents is increased because of the need for help with infant care and support.²⁰ Many adolescent mothers realized that they needed help with caring for an infant, but their own independence struggle

made it difficult or impossible to ask their parents for help, or take the help if it is offered. Thai adolescent mothers did not want their parents influence over their thoughts or behaviors, especially in terms of childrearing. Moreover, some Thai adolescent mothers believed that they should depend on themselves when they had an infant instead of being a burden to their parents, especially, financial dependence. However, being forced into adult roles before completing adolescent developmental tasks causes a series of events that effect adolescent's entire life. These events may lead to a prolonged dependency upon parents.¹⁸

The last component of parallel development continuum developed by Sadler and Catrone,¹⁹ cognitive development versus problem-solving, future-planning skill necessary for childrearing, was not found as a perceived conflict in the present study. Probably, the adolescent mothers were less concerned with or insensitive to this conflict. Cognitive function and development might be too abstractive for the mothers to self-realize. However, the researcher interpreted the mothers' cognitive development as the 'intervening condition' of the process "living with conflict between needs as a mother and an adolescent." The cognitive maturity compelled the adolescent mothers to seek information and advice about infant care. Those information and advice would help them raise the child well and be able to cope with problems in life more reasonably by finding the appropriate and practical solutions to those problems. Most of the adolescent mothers reported that they became more mature in their ways of thinking and reasoning. They pondered their child's future.

Similar to western culture, Thai adolescent mothers in the present study wanted to depend on themselves instead of depending on their parents or

their partners' parents. However, adolescent mothers were forced in to adult roles before completing adolescent developmental tasks so most of them still needed and obtained support from their parents. The majority of Thai adolescent mothers lived with or lived by near their own family or partner's family. There are close to their family and love or respect their parents. Fortunately, the large social networks of adolescent mothers and their partners' relatives reflected the nature of the support system of Thai adolescent mothers.²¹ They played an important role in providing all types of support: advice, financing, and housing. Regarding the structure of Thai families, within the extended family structure in urban context, there exist closeness and warmth resulting from close relations among three generations.²¹ With particular reference to the role of old aged persons, such as parents and grandparents, as the strong family supporters, they can help a great deal the family of their own infants in both normal situation and crisis situation particularly in inculcating socio-cultural values in their infants and grandchildren.²¹

Conclusion and Implication

In conclusion, the process of adolescent motherhood is never an easy one. Adolescent developmental characteristics such as egocentrism, identity formation, sexual identity formation, and emancipation struggling all complicate the difficult process of early motherhood. The findings of this study can enhance health care providers' knowledge, especially nurses, to clearly understand the experiences of early motherhood among Thai adolescent mothers. This knowledge is applicable to nursing assessment and intervention. Regarding nursing assessment, nurses should assess adolescent mothers' perception of need as being the mothers

and their own needs as being female adolescents. Nurses have to be aware that adolescent mothers do not only need to take care of their infants but they also need to grow into adulthood. Taking maternal roles and responding to individual needs can be performed concurrently. High expectations of needs on maternal roles but ignorance of adolescent needs are barriers to obtain authentic perceptions of adolescent mothers. Nurses should encourage adolescent mothers to freely disclose their personal needs through developing relationships and trust, and expressing positive attitudes towards adolescent needs. Nurses should assess the strategies employed by the adolescent mothers to fulfill both motherhood and their own needs. Health care providers should be more sensitive to each adolescent's individual differences regarding becoming a mother. It is also recommended that availability of support, and characteristics of the mothers and their infants, which influence how the mothers deal with the conflicting needs, be assessed. Family presence as social support should be encouraged. System of staffing should be reconsidered in order to provide adequate continuous care to adolescent mothers at home.

The substantive theory developed in this study increases authentic understanding of developing early motherhood among Thai adolescents. The findings can be incorporated into nursing education of mother and child nursing. The educational courses regarding maternal role development of adolescent mothers should include the process of "living with conflict between needs as a mother and an adolescent." This is a way to develop a body of knowledge of maternal and child nursing in special challenge group-adolescent mothers, that is most important to enhance the quality of care of adolescent mothers and to promote the infant's well being and future development.

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ประสบการณ์การเป็นมารดาในระยะแรกของเด็กวัยรุ่นไทย: การรับรู้ความขัดแย้งระหว่างความต้องการในฐานะที่เป็นมารดา กับความต้องการของวัยรุ่น*

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บทคัดย่อ : มารดาวัยรุ่นถือว่ามีความเสี่ยงสูงในการเป็นมารดา เนื่องจากขาดวุฒิภาวะทางจิตใจ และมีความต้องการตามพัฒนาการของตนเองซึ่งอาจขัดแย้งกับความต้องการของบุตร การรับรู้และการให้ความหมายเกี่ยวกับการเป็นมารดาของมารดาวัยรุ่น เป็นตัวกำหนดกลยุทธ์ในการอยู่กับความขัดแย้ง วัตถุประสงค์ของการวิจัยเชิงคุณภาพนี้เพื่อเข้าใจการพัฒนาบทบาทการเป็นมารดาในระยะแรกของเด็กวัยรุ่นไทย ผู้เข้าร่วมวิจัยเป็นมารดาวัยรุ่นครรภ์แรกที่มีสามีอยู่ด้วยจำนวน 21 ราย ที่มารับบริการที่คลินิกเด็กดี ณ ศูนย์บริการสาธารณสุขและโรงพยาบาลในกรุงเทพมหานคร การเก็บข้อมูลและการวิเคราะห์กระทำตามแนวทางวิจัยของการสร้างทฤษฎีจากข้อมูลพื้นฐาน ผู้วิจัยเก็บรวบรวมข้อมูลและวิเคราะห์ข้อมูลไปพร้อมๆ กัน ในช่วงเดือนสิงหาคม 2547 ถึงเดือนธันวาคม 2548 เก็บข้อมูลโดยการสัมภาษณ์เชิงลึกมากกว่าหนึ่งครั้ง ร่วมกับการสังเกตการณ์แบบมีส่วนร่วม ผลการศึกษาพบว่า “การอยู่กับความขัดแย้งระหว่างความต้องการในฐานะที่เป็นมารดาและความต้องการของวัยรุ่น” เป็นประเด็นหลักของกระบวนการพัฒนาบทบาทการเป็นมารดาในระยะแรก โดย “การรับรู้ถึงความต้องการที่ขัดแย้ง” ซึ่งประกอบด้วย การรับรู้ความขัดแย้งระหว่าง การมุ่งเน้นที่เด็กและการมุ่งเน้นที่ตัวเอง การรับรู้ความขัดแย้งระหว่าง การเลี้ยงบุตรและความต้องการไปโรงเรียนหรือทำงาน การรับรู้ความขัดแย้งระหว่าง การห่วงหาพันธุกรรมและการเป็นอิสระจากครอบครัว เป็นสาเหตุให้มารดาวัยรุ่นค้นหากลยุทธ์ในการอยู่กับความขัดแย้งระหว่างความต้องการทั้งสองนั้น ดังนั้น บุคลากรทางสุขภาพควรไวต่อการรับรู้ถึงความขัดแย้งระหว่างความต้องการทั้งสองของมารดาวัยรุ่น เพื่อสามารถส่งเสริมให้ใช้กลยุทธ์ในการอยู่กับความขัดแย้งได้อย่างเหมาะสม นำไปสู่การมีประสบการณ์การเป็นมารดาในทางบวกและเกิดผลลัพธ์ที่ดีทั้งต่อมารดาวัยรุ่นและบุตรต่อไป

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