

A Qualitative study: Perceptions Regarding Adolescent Pregnancy Among A Group of Thai Adolescents in Sweden

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Abstract: Sweden has relatively high rates of adolescent pregnancy despite comprehensive sexual education for adolescents, and Thai adolescent immigrants are particularly at risk. The aim of this study was to explore perceptions of adolescent pregnancy among Thai adolescents living in Sweden. A qualitative descriptive study was conducted in 2011, using a purposive sampling strategy to recruit male and female Thai adolescents (age 15-19). Eligibility criteria included: Thai-speaking; single; residing in Sweden ≥ 6 months but < 5 years. Four focus groups were undertaken (N = 18). Each group was transcribed verbatim, and analyzed using a manifest content analysis approach. Five different categories emerged in analysis: risk factors, preventative factors, negative consequences, factors for considering and ending pregnancy, and strategies for prevention. Participants perceived adolescent pregnancy as having negative consequences, including social perceptions within Thai immigrant communities of pregnant adolescents as “a bad person.” Participants identified family readiness, economic factors, maturity, and cultural influences, in particular related to Buddhist beliefs, as key factors in Thai adolescents’ decision-making about abortion when facing an unintended pregnancy. Although Thai adolescents residing in Sweden live in a sexually open society with comprehensive sexual education and youth services, they endorsed contraceptive myths and perceived adolescent sexual activity and pregnancy as stigmatized among their family and peers. Attention to family, peers, and contraceptive knowledge variables may be particularly important in sexual health interventions for this population group.

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Introduction

In Sweden, sexual behavior among young people is generally accepted, and attitudes towards adolescent sexuality are characterized by openness and non-judgmental attitudes.¹ Adolescent sexual education is seen as normal, and adolescents perceive that intercourse will take place within committed relationships (not only marriage) and that those

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involved will protect themselves and their partners' interests.¹ However, European countries are significantly impacted by immigration and immigrants' health, in particular sexual and reproductive health care needs, and young female immigrants have increased risk of adolescent pregnancy.² Immigrants often have unclear legal provisions and other unique barriers to access sexual health and sexual reproductive health services.¹ Sweden has a high rate of immigration and has documented a relatively high adolescent pregnancy rate.³ Although abortion is common among Swedish adolescents who have an unintended pregnancy, adolescents who immigrate to Sweden from Thailand may be influenced by other factors, such as Buddhist culture, in which abortion is seen as a "sin". However, little research has explored perceptions of adolescent sexual activity or unintended pregnancy among Thai immigrants to Sweden.

Review of Literature

According to reporting from UNICEF, Thailand has a high rate of adolescent pregnancy, with several culturally-related risk factors.⁴ The statistic in 2012 showed that 16% of present births were adolescent pregnancy.⁵ In addition, 129,541 girls age 15-19 years gave birth and 3,725 girls under the age of 15 also gave birth in 2013.⁶ Cultural factors contributing to the high adolescent pregnancy rate in Thailand may include lack of parental communication about sex, limited supervision from parents, and inappropriate information about contraceptive use.⁴ Another risk factor in Thailand is social stigmatization that is commonly seen regarding sex education and reproductive health services for adolescents, and regarding adolescent pregnancy.⁴ Therefore, Thai adolescents moving to a country where different sexual culture perspectives are predominant, such as Sweden, may have cultural influences that increase their vulnerability for adolescent pregnancy. However, there has been little research done specific to this population of adolescents.

In 2014 Swedish data, females age 15-44 years accounted for 29% of the pregnancy rate and 20.2% of the abortion rate.⁷ There are an estimated 84,000 adolescent immigrants (15-24 years old) in Sweden.⁸ Research in Sweden suggests that both male and female adolescents from immigrant families tend to have their first sexual experience earlier than their non-immigrant counterparts.^{8,9}

Sexual and reproductive health services for young people are a high priority in Sweden, including provision of comprehensive sex education and youth-focused clinics.^{10,11} The aim of sex education in Sweden is to promote awareness and avoid risky behaviors among young people.^{11,12} The sexual health curriculum in schools regarding sex and relationships is mandatory, and the contents include the biology of sexuality, contraception and sexually transmitted infections (STIs). In addition, youth clinics are created to complement school-based sex education; the aims of such clinics are the prevention of unwanted pregnancies, and in general to guarantee sexual and reproductive health and rights.^{1,11}

The number of Thai adolescents residing in Sweden is about 1,500 (15-24 years old), or approximately 1.76% of the adolescent immigrant population in Sweden.¹³ The majority have lived at least part of their childhood in Thailand, come from divorced and rural families,¹⁴ and live with Swedish stepfathers. In Thailand, discussing sexual activity in public is discouraged.¹⁵ Cultural barriers in Thailand often prevent sex education of youth, and other service providers still feel uncomfortable to address sexual matters.^{15,16} Similarly, Thai parents tend not to discuss sex with their children because they find the topic embarrassing and believe such discussions may cause youth to engage in sexual activity.¹⁶ Thai adolescents therefore often have insufficient information about sexual and reproductive health and may engage in risky behaviors, e.g., unplanned sex, engaging in sexual relations to display love or cement committed relationships, and having serial relationships, both monogamous and non-monogamous¹⁷.

The aim of this study was to explore the perceptions of pregnancy among Thai adolescents living in Sweden. The outcome of understandings arising can help providers identify factors and facilitate the prevention of adolescent pregnancy based on unique cultural groups and background in the host country.

Method

Study Design

A qualitative descriptive research approach was used. The goal of qualitative research is to develop theories, explore and deepen the understanding of phenomena.¹⁸

Focus group discussions (FGDs) with a semi-structured interview guide were chosen. Wibeck¹⁹ recommends that the researcher should use homogenous groups rather than heterogeneous ones if intimacy is sought in the group discussions. For most people, sexuality is a sensitive matter, associated with their attitudes and values concerning sexuality. However, in this study we wanted to explore the perceptions and experiences about adolescent pregnancy and the questions were general questions in a focus group. Therefore, the group process can be used, depending on participants' inhibitions or the group climate; when someone in the group speaks freely, the group process can encourage others to do so as well,¹⁹ and if the climate becomes uncomfortable, the moderator can decide to stop the group discussion.

Setting and Participants

The participants were recruited among Thai adolescents living in a small town in the middle of Sweden. The sampling of participants was purposive. The inclusion criteria were: female or male age 15–19, unmarried, born to a Thai father and mother, residing in Sweden between 6 months and 5 years, and able to speak Thai. The rationale for including participants residing in Sweden for not more than five years was to ensure participants would have known and remembered reproductive and sexual health education and related contextual factors from Thailand.

Data collection

Gender was separated during the FGDs because sexual behavior is a sensitive issue and potentially difficult and uncomfortable for adolescents to discuss with the opposite sex.²⁰ The FGDs were held in a private room. The study used a purposive technique to recruit the participants by asking the instructor in a Thai language class at a high school to inform students about the project. The information included the purpose, the voluntary nature of participation, and how to register to participate. Secondly, the researchers visited the school and verbally informed the Thai adolescents in the classroom that participation in the study was voluntary. Thirdly, interested participants who agreed to participate completed an informed consent form, and those below the age of 18 years also obtained a signed consent form from their parents. Finally, the researchers and participants set the date, time and private place that would be convenient to all to conduct the interview.

Before the interviews took place the participants were again confirmed to provide their informed consent. The sessions lasted between 60–90 minutes and were audio-recorded. Participants were not compensated, but each received youth clinic cards with sexual and reproductive health information.

Focus groups were carried out in Thai. However, sometimes the interviewers had to translate questions posed into English for participants who could not understand some Thai formulations or questions. Also, sometimes participants' responses were in Swedish if they had difficulties finding the correct Thai expression; the interviewer would ask another participant to help to translate.

The focus group guide was created based on literature review and the principal researchers's clinical background as a nurse and midwife in Thailand. Open-ended, semi-structured questions addressed perceptions of how participants regarded adolescent pregnancy and were piloted with a mixed-gender group of four adolescent participants: (two males, two females). The final questions were: What do you

think about adolescent pregnancy? What are your perceptions on the impact of adolescent pregnancy? Do you think adolescent pregnancy can be prevented? If yes, how? The interviewers then asked the participants questions about the group discussion process. As the topics were potentially sensitive, the interviewer offered: a pause or break when needed; emotional support if participants appeared distressed; and community resources and referrals afterwards by providing all participants with a card to a youth center.

Data analysis

Each group interview was transcribed verbatim into Thai, following Graneheim and Lundman²¹ method,

and exemplified in Table 1. Firstly all interview recordings were transcribed verbatim, and listened to whilst reading line-by-line until the meaning was understood. After that, codes were generated. Similar codes were then grouped into sub-categories and then into categories. Preliminary categories were created, and the contents and limitations of the study were discussed with other team researchers to create consensus when naming the categories. Ensuring the accuracy of the translation back into English was assisted by professional translator. This step also aimed to discuss the meaning of the participants' statements and to take into regard the influences from different socio-cultural contexts.

Table 1. Example of content data analysis from citation to categories.

Citation	Meaning unit	Code	Sub- category	Category
<i>It depends on family. If families are ready and family members accept what happens, that will be ok.</i>	It's very good, if family is ready and everyone in family accepts that.	Family readiness (acceptance from family members)	Family	Factors considered for ending or continuing adolescent pregnancy
<i>Parents cannot certainly accept and they will ignore everything.</i>	Parents cannot accept, they ignore everything.	Parental non-acceptance		
<i>The financial problem is a big deal in a couple life. If they do not have that problem, having a baby is good, so they can have a family.</i>	If there is no financial problem, it is fine.	No financial problem	Economics	
<i>Cannot finish study and have no job, so there is no money for looking after the baby</i>	No job, so there is not enough money for looking after the baby.	Financial problem		

Ethical considerations

The Ethical Committee, School of Health, Care and Social Welfare at Mälardalen University, Sweden gave study approval. Moreover, participants were informed of the voluntary nature of the study and the option to

quit the study at any time necessary without explanation. All FDGs were conducted confidentially, and the data was anonymous. At the beginning of each group, participants were assured of the confidential handling of the data to ensure they did not provide simply socially

acceptable responses. Data were kept private and the computer data was protected from invasion. Any information from participants had a codename. The recordings and verbatim transcriptions were destroyed when the study was finished.

Trustworthiness of data was ensured as follows:

Credibility: the study participants were chosen through a strategic purposive strategy to achieve a diversity of data from both genders which this method ensures, thus increasing credibility.¹⁸ Moreover, before finishing a group discussion, the moderator summarized the discussion for the participants, who could confirm or recommend removal of portions of those for the accuracy of data. The process of content analysis, especially codes, sub-categories, and categories were back-translated into English to investigate issues concerning missed information. Data saturation is of concern for the quality of a qualitative study, data saturation is reached when there is enough information to replicate the study and no new data emerged.^{22,23}

The process of transcribing verbatim, coding, and grouping the subcategories and categories were created by the author in the preliminary results and together with another person within the same field. Discussions were held about the meaning of the participants' statements from different socio-cultural contexts until agreements were achieved when naming the categories in order to reach credibility.

Transferability: this concept refers to whether the findings can be transferable to other settings or groups.²⁴ The original author can give suggestions and recommendations, but it is the reader who decides whether or not these findings are transferable to another setting.²¹ The researchers believe this study can provide valuable insight into Thai immigrant adolescents' opinions about adolescent pregnancy.

Dependability: during data collection, the moderators used the same interview guide for each group for probing data and a note-taker noted the

climate of the group and observed the participant interactions. After each FGD, the moderator and note-taker discussed the information until consensus was reached. The data analysis process was consistently followed, and the research team was open for dialogue and judgments about similarities and differences of the content that were consistent over time until agreement about the data was reached.

Conformability: the researchers checked and reviewed the purposes, methods, and procedures to enhance the rigor of research findings.

Findings

Twenty adolescents signed up for the study, of which 18 met the eligibility criteria. Their average age was 17.5 years old and average time living in Sweden was 3.2 years. Four FGDs were held, two groups comprised young women (n= 9), and another two groups of young men (n=9). Each group had 4-5 participants.

Five different categories about adolescent pregnancy emerged: *risk factors, preventative factors, negative consequences, factors for considering and ending pregnancy, and strategies for prevention.* Most participants described adolescent pregnancy as a negative, stigmatized outcome, with future negative consequences. Socioeconomic and cultural factors were highly influential factors for considering ending or continuing pregnancy. Protective factors such as self-control, parents understanding the nature of teens, and contraceptive knowledge were viewed as protective factors for preventing adolescent pregnancy. Insufficient contraceptive knowledge, misconceptions and family problems were viewed as risk factors for adolescent pregnancy. Moreover, the Swedish sexual and reproductive health systems, in particular sex education and youth clinics, were described as beneficial for understanding and accessing sexual health knowledge and services. The categories and sub-categories are shown below, in Table 2.

Table 2 Categories and sub-categories emerging from data.

Sub-categories	Categories
Lack of contraceptive protection and insufficient knowledge about contraception	Risk factors for adolescent pregnancy
Having family problems resulting in getting more chances to be together	Preventative factors for adolescent pregnancy
Self-control	
Parents need to understand the nature of teens	
Pay more attention to contraception	
Friends help friends	Consequences of adolescent pregnancy
Serious problems in the future	
Friends stay away	
Being insulted by society	Factors considered for ending or continuing pregnancy
Family	
Economics	
Self-maturity	
Cultural influences	Strategies for preventing adolescent pregnancy
Youth clinic	
Sexual education in high school	

Category 1: Risk factors for adolescent pregnancy

Lack of knowledge and misunderstandings about contraception were described as major risk factors for adolescent pregnancy. In addition, unstable families offered less supervision and thus more opportunities for adolescents to have sex.

Sub-category 1.1: Lack of contraceptive protection and insufficient knowledge

Most participants explained specific barriers for using contraceptives and many endorsed numerous myths and misconceptions regarding contraception. For example, the reason given by participants for not using a condom was the belief that pregnancy could not result from only one experience of unprotected sex or that withdrawing before ejaculation was sufficient to prevent pregnancy (although one male participant argued that withdrawal was not effective). A few female participants also showed insufficient knowledge about contraceptive pills and the emergency contraceptive pill, expressing their beliefs that these methods did not actually prevent a pregnancy.

Teens think that only one sexual intercourse without prevention, it cannot cause pregnancy. (K3, G1)

Sub-category 1.2: Having a family problem resulting in getting more chances for adolescents to engage in sexual intercourse

Some participants stated that one of the root causes of adolescent pregnancy that they had seen, was a family problem such as a quarrel between a teenager and a mother, resulting in truancy and running away from home. Moreover, these adolescents ridiculed their parents by engaging in sexual activity with a girlfriend or a boyfriend. Finally, the adolescents had to run away from home because they thought their parents did not love and understand them.

A family problem, the teens quarrel with their mothers and then they do not want to go back home, so they live with the boyfriend/girlfriend. Maybe, they have a sexual relationship that causes pregnancy. (K2, G1)

Category 2: Preventative factors for adolescent pregnancy

Sub-category 2.1: Self-control

The majority of participants discussed that adolescents have to first know what they should do at that time and practice self-control to help them to abstain from sex. If they wanted to have sex with their partners, practicing self-control meant they used a condom in the case of males and contraceptive in the case of females.

Sub-category 2.2: Parents need to understand the nature of teenagers

During the adolescent period there are many changes including physical, social, and psychological changes. Participants described that if adolescents were not given suggestions and guidance from their parents, mistakes could be made, especially when it came to sexual risk-taking behavior, resulting in an unwanted pregnancy. Therefore, they needed parents to provide good suggestions and a non-judgmental attitude about sexuality among young people.

The parents have to learn teenage style, such as: I want to know, I want to try new experiences for learning, so that, the parents have to understand and provide some suggestions. (K1, G1)

Sub-category 2.3: Pay attention to contraception

All of the participants agreed that accurate contraceptive knowledge was very important, and that it should be the first strategy for preventing unwanted pregnancy, and the responsibility should be shared among men and women.

Teens should be seeking for the accurate contraceptive knowledge because if they use it correctly, it is impossible to get pregnant. (K2, G3)

Sub-category 2.4: Friends help friends

The influence of friendship was described as very important for Thai adolescents. Participants discussed about good friends having to share lessons they have learned to teach friends, especially their

experiences of living, how to avoid adolescent pregnancy, and contraceptive use. Also, adolescents should be brave enough to talk about sex with their friends to find the methods for solving the problems that are sensitive and complex, particularly as some adolescents cannot openly discuss these issues with their parents. In addition, a female suggested that the first year of living in Sweden was a particularly important year for Thai immigrant adolescents to find the right friends and adapt to the new society around them.

A good friend should tell more about their past lesson learned to teach friends, especially about contraceptive use and listen and find a way for solving the problem. Every word must be a secret and no judgment. (K2, G2)

Category 3: Consequences of adolescent pregnancy

There were many negative consequences of adolescent pregnancy described by participants; for example, the adolescent parent may have a serious financial problem or lack of experience for looking after children. Moreover, friends and Thai society will stay away instead of being insulted because they thought those females who got pregnant as adolescents were bad people.

Sub-category 3.1: Serious problem in the future

Participants meant that if they risked getting pregnant there would be several serious problems. For example, firstly, they would have financial problems in the future. Secondly, they lacked experiences of coping with their lives. Finally, they would miss good opportunities in their lives, such as education.

If adolescents get pregnant, they may quarrel easily because they are immature, want to drink at night and do not see the need to look after the baby. (K3, G1)

Sub-category: 3.2 Friends stay away

The groups of females pointed out that one consequence could be that friends would stay away

from the one who got pregnant because adolescent pregnancy is considered unacceptable among Thai people. Moreover, participants said their friends would try to distance themselves because pregnant adolescents were seen as a bad person and had a bad influence. If their friends kept in touch, they might be afraid that they also eventually could get pregnant.

Sub-category: 3.3 Having been insulted by society

Participants in the female groups pointed out that they would be insulted and stigmatized by Thai society if they got pregnant. In addition to their own ostracization, their parents and their families may be isolated from society, and the family could get a bad reputation. A few female participants explained that this was a factor particular in the Thai immigrant community, where the community considered adolescent pregnancy a sensitive permission and should not occur; conversely, among Swedish people, adolescent pregnancy was not shameful but was seen as more acceptable.

If teenagers' get pregnant when they are too young, they get insulted by other people, especially Thai people in Sweden. (K4, G2)

Category 4: Factors considered for ending or continuing pregnancy

Factors influencing pregnant Thai adolescents to consider ending or continuing pregnancy were family, finances, self-maturity, and religious beliefs.

Sub-category 4.1: Family

Family readiness was described and all groups agreed that this included both the families of the young woman and the young man involved. If the family of both the male and the female were ready, they could consider continuing a pregnancy. On the other hand, in one female group discussion it was revealed that if parents did not accept or understand the situation and pressured her to end the pregnancy, she would be more likely to end the pregnancy.

Sub-category 4.2: Economics

If the adolescents who were to have a baby had no financial problems, i.e. they had enough money for rent/accommodation, food, and necessary things for daily living, they could keep the baby and continue a pregnancy. On the other hand, if the adolescent did not have sufficient money, they would consider ending the pregnancy.

Sub-category 4.3: Self-maturity

Self-maturity as described by participants could mean the desire to have a baby. Some of the respondents shared the thought that adolescents were too young to become parents. They explained that if adolescents lacked emotional maturity, they could not be able to confront the complicated problems associated with parenting. Participants thought that if the adolescents got pregnant while lacking self-maturity, they might have personal and emotional difficulties as a parent in the future.

Sub-category 4.4: Cultural influences

Almost all of the participants were Buddhists who believed in sin and expressed that to have an abortion was "to kill a baby." This belief was described as a strong influence among many Thai adolescents and their families in the decision making process, when considering whether to end or to continue a pregnancy. On the other hand, the participant said that if a Thai adolescent did not pay much attention to religion, this factor might be less decisive and they might opt to get an abortion.

In the Thai society, abortion means to kill. Supposing I get pregnant, for sure my relatives would recommend continuing the pregnancy. (K1, G2)

Category 5: Strategies to prevent adolescent pregnancy

Youth clinics and comprehensive sexual education in Sweden were viewed as good strategies to prevent adolescent pregnancies among Thai adolescents.

Sub-category 5.1: Youth clinic

The participants stated that youth clinics provided contraceptive services such as condoms, contraceptive pills, ECP, and intrauterine devices at a low cost. Additionally, health care providers at youth clinics provided useful information for adolescents and found ways to solve the problem for adolescents in a non-judgmental way. All of the participants stated that the most appealing service of a youth clinic was the confidential nature of services, particular in that Thai parents did not have to know their children were accessing the clinic.

Sub-category 5.2: Sexual education in high school

Almost all of the participants described that in Sweden, sexual education in school was initially introduced to eighth graders covering the contents of sexuality and reproductive health such as anatomy and physiology, the knowledge of contraceptive use, negotiation skills, and how to prevent unwanted pregnancy. There were clear media and materials provided such as pictures and models about sex education, in contrast to sex education in Thailand.

In Sweden, sexual education in high school is very good. There are media forms and materials that give clear information and where sexual issues are easy to understand. If the adolescents learn about that, it is impossible to become unwanted pregnant. It is so different with sex education in Thailand. (K3, G1)

Discussion

Sweden is one of the most progressive countries regarding social policies to prevent adolescent pregnancy rate; it is well known that Swedish youth are provided with high quality, comprehensive sexual education and accessible sexual reproductive health services.²⁵ However, our findings suggest that a lack of contraceptive knowledge and barriers to use these may increase

unintended pregnancy in the majority of these Thai adolescent participants. Although the participants had exposure to the same comprehensive sexual health education as their Swedish peers and many also described looking up information on the Internet about pregnancy prevention and contraception, they endorsed myths and misconceptions about pregnancy prevention and contraception. This may also reflect their background as immigrants, many of whom came from rural areas in Thailand where young people may particularly lack contraceptive knowledge.⁴ This pattern is seen with other rural Southeast Asian youths, who may have insufficient knowledge about contraceptive use.⁴

Although Thai adolescents in this study were living in Sweden, a sexually liberal country, most participants dwelled on the negative consequences of adolescent pregnancy. They believed adolescence was the wrong time for pregnancy and if pregnancy occurred, they thought they would have future problems, peer pressure, and would be highly ostracized by friends, family, and their community. This finding is similar to findings in two other studies^{4,26} which found pregnancy during adolescence would negatively impact on teenagers' education, athletic opportunities, and relationship with their parents and peers. Similarly, another study showed that pregnant girls often are forced to drop out of school and throw out career aspirations because of both shame and the physical demands of pregnancy and childbirth.²⁷ Another consequence is stigma that occurs within a Thai adolescent group.⁴ On the other hand, studies conducted with African-American adolescents found their cultures were more accepting of teenage motherhood.²⁸ Therefore, health providers caring for immigrant Thai adolescents may consider the stigma associated with sexual activity and contraceptive use, the added concerns with confidentiality, and also to assess carefully for adequate social support and for psychological issues such as anxiety and stress from community among those who become pregnant.

However, our findings do suggest that healthcare providers and sexual health educators seeking to reduce the high adolescent pregnancy rate among this population must consider development of culturally-congruent education for these adolescents. Social-ecological influences are also likely an important part of culturally-congruent interventions to prevent pregnancy among Thai immigrant adolescents. The participants spoke very clearly to the strong influence of peers and peer norms on sexual risk behaviors, and the influence of family communication. These findings are the same as several previous studies.^{4,29} In addition, the other studies supported that parental communication contributes to parents understanding the nature of teens and promoting a healthy sexuality and can mitigate adolescent risky sexual behaviors.^{4,30} However, most Thai adolescents living in Sweden do not talk much with their stepfathers because of language barriers and feelings of being uncomfortable, in contrast with the nature of Swedish parents that tend to talk about sex with their children. Fathers are perceived by Thai adolescents to be strict, intimidating, and more unapproachable than mothers; therefore, adolescents generally discuss sexual issues with their mothers.³¹ Given the clear influence of parents among this high-risk group, it may be particularly beneficial to include parents, particularly mothers, in health and sexuality education and other interventions to prevent pregnancy among Thai immigrant adolescents.

Problems with family relationships are a risk factors for adolescent pregnancy as identified by participants in our study. Moreover, it seems that problems with language and parental disagreement are common problems for adolescent immigrants.^{32,33} Similarly, studies conducted with adolescent immigrant populations living in America^{32,34} showed that less English proficient parents with lower status jobs contributed to children's emotional distress. This finding is congruent with another study where adolescent immigrants needed someone to guide them in a new culture.³⁵

Participants described key factors in the decision-making process around keeping or ending a pregnancy

during adolescence. Socioeconomic factors have been found to be a key reason given for induced abortion among adolescents.³⁶ Another key variable in decisions around ending pregnancy is cultural influence. Karma is one of the philosophies of Buddhism, and for Buddhists abortion is equivalent to killing a person. Therefore, abortion is considered in religious terms as a sin³⁷ for the Thai adolescent group, in contrast to dominant Swedish norms. This finding suggests Swedish providers working with Thai immigrant adolescents making decisions about pregnancy should explore socioeconomic factors, and the influence of Buddhist beliefs about abortion among the adolescents and their families.

Strengths and Limitations

A strength of this study was the homogenous group discussions. It was very useful because the participants could feel free to talk about their perceptions. The study also had limitations: how long the adolescents resided in Sweden was a concern while recruiting participants as the period of time may have influenced participant perceptions and opinions about adolescent pregnancy. A further limitation was the nature of focus group discussion that encourages people to engage the group and discuss about a sensitive issue like adolescent pregnancy. While the focus group format might have engendered discussion, it may also have inhibited it at times.

Conclusions

The results help us to explore and understand the perceptions of adolescent pregnancy among Thai adolescents living in Sweden. The majority of participants mentioned sex education and reproductive health services such as youth clinics in Sweden as good resources and very favor for them to get knowledgeable in order to understand sexual and reproductive health. However, it was clear data that this immigrant youth group had little education about sexual health in Thailand, lacked parental communication about sex, and were highly influenced by peers. One recommendation is that sexual comprehensive

education and culturally-congruent sexual health system services in Sweden could fulfill adolescents' knowledge. In addition, health care providers working at youth clinics in Sweden should be aware of the Thai culture in terms of adolescent pregnancy and abortion. However, there is always room for future research that builds on understandings gained in this study.

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วิจัยเชิงคุณภาพ : การรับรู้เกี่ยวกับการตั้งครรภ์ในวัยรุ่นของวัยรุ่นไทย ที่อาศัยอยู่ในประเทศสวีเดน

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บทคัดย่อ: ประเทศสวีเดนมีอัตราการตั้งครรภ์ในวัยรุ่นสูงถึงแม้ว่าจะมีการสอนเรื่องเพศศึกษาแก่วัยรุ่น
วัยรุ่นไทยที่อาศัยอยู่ในประเทศสวีเดนมีความเสี่ยงต่อการตั้งครรภ์ในวัยรุ่นเช่นเดียวกันวัตถุประสงค์
ของการวิจัยครั้งนี้คือเพื่อที่จะทำความเข้าใจการรับรู้ต่อการตั้งครรภ์ในวัยรุ่นของวัยรุ่นไทยที่อาศัยอยู่
ในประเทศสวีเดนการวิจัยครั้งนี้เป็นการวิจัยเชิงคุณภาพในวัยรุ่นไทยจำนวน 18 คน เก็บข้อมูลโดยการ
อภิปรายกลุ่มจำนวน 4 กลุ่ม เป็นวัยรุ่นชาย 2 กลุ่ม และวัยรุ่นหญิง 2 กลุ่ม ที่มีอายุระหว่าง 15-19 ปี
สามารถพูดภาษาไทยและอาศัยอยู่ที่ประเทศสวีเดนระหว่าง 6 เดือนถึง 5 ปี วิเคราะห์ข้อมูลโดยการ
วิเคราะห์เนื้อหา (Content analysis) ข้อค้นพบที่ได้จากการวิจัยครั้งนี้คือ กลุ่มตัวอย่างเชื่อว่า การตั้งครรภ์
ในวัยรุ่นมีแต่ผลกระทบที่ไม่ดี และคนที่ตั้งครรภ์ในวัยรุ่น ก็จะถูกมองว่าเป็นคนไม่ดีด้วย ปัจจัยเสี่ยงใน
การตั้งครรภ์ในวัยรุ่น คือ ปัญหาครอบครัว การสื่อสารเรื่องเพศในครอบครัว ขาดความรู้เรื่องการคุมกำเนิด
การควบคุมตนเอง และการคบเพื่อน นอกจากนั้นแล้ว ปัจจัยด้านครอบครัว เศรษฐกิจ ศาสนาและวัฒนธรรม
เป็นปัจจัยสำคัญ ที่ทำให้วัยรุ่นตัดสินใจทำแท้งเมื่อมีการตั้งครรภ์ไม่พร้อม กลุ่มตัวอย่างให้ข้อเสนอแนะว่า
คลินิกวัยรุ่นและการสอนเรื่องเพศศึกษาเป็นปัจจัยสำคัญในการป้องกันการตั้งครรภ์ในวัยรุ่น ถึงแม้ว่า
วัยรุ่นไทยที่อาศัยอยู่ในสวีเดนจะได้รับการสอนเรื่องเพศศึกษาและมีคลินิกวัยรุ่นที่ดี แต่วัยรุ่นไทยก็ยัง
เชื่อว่าการมีเพศสัมพันธ์ในวัยรุ่นและการตั้งครรภ์ในวัยรุ่นเป็นสิ่งที่ไม่ดี การให้ความสำคัญเรื่องของ
การคุมกำเนิด ครอบครัว การคบเพื่อน เป็นสิ่งที่มีความสำคัญสำหรับวัยรุ่นกลุ่มนี้

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