The Life Experiences of Unmarried Teenage Mothers in Thailand

Piyanart Sa-ngiamsak

BSW (1st Hons) (Thammasat), MSW (Thammasat), MHSc (Sydney Uni)

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Abstract

The World Health Organization estimates that about 16 million women aged 15-19 years old give birth each year, which constitutes 11% of all births worldwide (World Health Organization, 2015). Many of these pregnancies are not merely unplanned but also unwanted and major concerns arise for the well-being of teenage mothers, particularly those who are unmarried and poor. In Thailand, as the proportion of teenage mothers has increased from 12.9% (95,879) in 2003 to 16.8% (125,371) in 2013 (Department of Reproductive Health, 2013), teenage pregnancy has become a major social, policy and practice concern. The acceptance of and support for unmarried teenage mothers varies according to social and cultural contexts. Traditional Thai culture and norms regarding a woman’s sexual behaviour, which include the preservation of virginity until marriage, are clearly at odds with giving birth outside marriage. However, attitudes toward sexual activity in Thailand are changing in response to the processes of modernisation and globalisation, leading to conflict between traditional and more modern values. This conflict presents a new level of complexity to the lives of unmarried teenage mothers but has yet to affect the limited welfare support that is available to them. To date, little is known about their experiences, especially those who live in poor and rural areas.

This research aims to develop a better understanding of the experiences of Thai teenage mothers from these areas in order to inform the development of social policy and practice to meet their needs. The research comprised in-depth interviews with a purposive sample of 17 unmarried Thai teenage mothers from a rural area of Thailand. The sampling aimed to include what might be considered a highly vulnerable group of young women: young mothers who were aged 18 or less when their child was born, unmarried and not being supported by the father of the child. Participants were recruited from those who attended services provided by four government agencies in Buriram province, North-eastern Thailand. This province has one of the highest rates of teenage pregnancy and is one of the poorest regions in Thailand. Participants were interviewed using a semi-structured interview guide in the language and dialect of their choice. Analysis of the interview data identified common and diverse themes in their experiences and drew attention to how their experiences were shaped by their social and cultural context.

In order to understand the interaction between social context and the life experiences of unmarried teenage mothers, this study is framed by the Ecological Systems Theory of Bronfenbrenner (1979). The multiple layers of the participants’ environment and the interactions between them are explored.
to enhance understanding of their life experiences and to articulate the opportunities and constraints in developing policy and practice for this group.

The key findings from this study illustrate the complexity of current Thai society which creates contradictions and tensions in the lives of teenage mothers, at almost every level of their environment, from macro to micro. Poverty and inequality played a key role in their lives. Poverty creates high expectations that young women work hard (academically and/or financial reward) in order to improve their circumstances and those of their families. When young women become pregnant, such expectations cannot be met. Poverty also limits options in life, for example, in accessing a safe abortion, remaining or returning to education and gaining employment. In contradiction to studies conducted in other countries (Arai, 2009; Imamura et al., 2007; Mawer, 1999; L. SmithBattle, 2000; Social Exclusion Unit, 1999), teenage pregnancy and motherhood was not found to be the outcome of low expectations or an attempt to escape a desolate past. Most participants in this study who fell pregnant during their education reported doing well at school, but getting pregnant at an early age closed down many opportunities in life for them. Insufficient welfare support made life even more difficult and uncertain.

Participants in this research were found to be at the intersection between traditional Thai values and more modern values. Traditional values underpinned some policy and service responses, but their influence was far less significant at the level of family and community. Tension occurred when family members found out about the pregnancy; however, the major concerns were about financial burden and an uncertain future for teenage mothers and their children rather than the cultural violation of having a baby before marriage. The closing down of options to contribute to the financial well-being of their family was of greater concern than social stigma. A lack of access to social services was a major problem for teenage mothers in this research. As they faced financial distress without welfare support, the future for participants and their children became unpredictable and potentially perilous.

Although the Thai government has expressed concern about increasing numbers of teenage pregnancies and mothers, key policy and practice initiatives have not been fully implemented because of limited public support for policies and services that challenge traditional values. Scholars in the developed world may question whether teenage motherhood is a social problem. However, from the findings of this research, which provides an enhanced understanding of the experiences of teenage mothers in Thailand, it is clear that there are many reasons to be concerned about this group of young women. This thesis provides insights into the contradictions and tensions between the traditional values that permeate policy and service systems and the realities of modern
Thailand where a well-developed sex industry exerts a strong force in offering poor young women a possible alternative to poverty.
Declaration by author

This thesis is composed of my original work, and contains no material previously published or written by another person except where due reference has been made in the text. I have clearly stated the contribution by others to jointly-authored works that I have included in my thesis.

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‘No publication’.

Statement of Publications included in this Thesis

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Statement of Contributions by Others to the Thesis

‘No contributions by others’.

Statement of Parts of the Thesis Submitted to Qualify for the Award of another Degree

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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>GPP</td>
<td>Gross Regional and Provincial Product</td>
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<td>FYC</td>
<td>Friendly Youth Clinics</td>
</tr>
<tr>
<td>FYHS</td>
<td>Friendly Youth Health Services</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus infection/Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Government Organizations</td>
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<td>NICU</td>
<td>Neonatal Intensive Care Unit</td>
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<td>OSCC</td>
<td>One Stop Service Crisis Centre</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>USA</td>
<td>United States of America</td>
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<tr>
<td>WHAF</td>
<td>Women's Health Advocacy Foundation</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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### Glossary of Terms

*(Thai terms/words/expressions used in the writing and their meaning)*

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<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>Baht</td>
<td>The currency of Thailand. 1 AUD is currently approximately 25 Baht</td>
</tr>
<tr>
<td>Farang</td>
<td>A generic Thai word for someone of European ancestry, no matter where they come from/ ‘a person of white race’</td>
</tr>
<tr>
<td>Isan</td>
<td>The North-eastern region of Thailand</td>
</tr>
<tr>
<td>Karma</td>
<td>The spiritual principle of cause and effect where intent and actions of an individual influence the future of that individual</td>
</tr>
<tr>
<td>Look Mai Mee Por</td>
<td>A child born without a father/a bastard</td>
</tr>
<tr>
<td>Pattaya</td>
<td>A town on Thailand’s eastern Gulf coast known for its wild nightlife that attracts international visitors. It has a reputation as a ‘sex capital’, with hundreds of beer bars, go-go clubs and massage parlours. Many people call ‘Sin City’</td>
</tr>
<tr>
<td>Pii</td>
<td>Older sister/brother</td>
</tr>
<tr>
<td>Rak Nuan Sa-gnuann Tua</td>
<td>Love and preserve your young and feminine body and self</td>
</tr>
<tr>
<td>Tong Mai Mee Por</td>
<td>Getting pregnant without the baby’s father</td>
</tr>
<tr>
<td>Tripitaka</td>
<td>The teachings of Buddha</td>
</tr>
<tr>
<td>Ya Sa Tree</td>
<td>Lady’s medicine. It is believed that this drug can help regulate menstruation and possibly help terminate a pregnancy if a larger amount is consumed</td>
</tr>
<tr>
<td>Ya Tum Jai</td>
<td>A strong pain killing medicine.</td>
</tr>
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Chapter 1

Introduction

Research Overview

Getting pregnant and becoming a mother should be a cause for celebration and happiness. But this is not the case for every mother (UNFPA, 2014). Approximately 16 million girls aged 15 to 19 give birth each year, with approximately 4 million such births being unplanned and with the majority of the unplanned birth occurring in developing countries (WHO, 2008). This figure has raised major concerns worldwide.

Early childbearing can adversely affect the quality of life of young mothers, their families and society (Spear & Lock, 2003). Unfortunately, when unplanned pregnancy occurs, more often than not, society blames the girl and leaves all the responsibility of raising the child to her and her family (UNFPA, 2014). Many teenage mothers face challenges and difficulties (Pellegrino, 2014). Some do well but many do not. This study explores the life experiences of a group of teenage mothers in rural Thailand who are unmarried, single, and poor in the context of rural Thailand where social policy to support teenage mothers is not well established. Influenced by the ecological systems theory of Bronfenbrenner (1979), this study attempts to provide insights into the lives of these teenage mothers and the factors within their social contexts that influence their lives. To date, these have been poorly understood.

Professional Reasons for Conducting the Research

The lack of knowledge about this group of the Thai population is reflected in unclear social policy and practice regarding them. In working as a social worker for more than 15 years, I witnessed a number of babies abandoned in public places or with their grandparents because of the babies were the result of an unwanted pregnancy. Working with teenage mothers, their families and their school was challenging and there were limited resources to support this work. Exclusion from school was very common for teenagers when their school found out they were pregnant. Although a high rate of teenage mothers were reported, only a small number of them applied for welfare support and asked for help. Consequently the majority of teenage mothers, in terms of policy and practice, seem invisible. Indeed, very little is known about their life experiences.

My professional experiences and a lack of knowledge about these teenage mothers have driven me to conduct this research. This study seeks to understand the experiences of teenage mothers from a
very specific socio-economic background in order to address a gap in existing knowledge. It aims to assist and encourage practitioners and policy makers in developing and delivering services to a group whose needs have to date been neglected.

**Academic Rationale for the Research**

In Thailand, the number of teenage pregnancies has gradually increased and has become a major social concern. The proportion of mothers aged below 20 increased from 12.9% (95,879) in 2003 to 16.8% (125,371) in 2013, while worldwide figure is 11% (Department of Reproductive Health, 2013). Of the 125,371 Thai teenage mothers aged less than 20 in 2013, 15,295 had repeat pregnancies. However, as the number of miscarriages and illegal abortions is not well recorded, it is possible that the precise rate of Thai teenage pregnancy is higher than that publicly reported. The discovery of 2002 dead foetuses abandoned in plastic bags waiting for cremation in a temple in the Thai capital of Bangkok in 2010 illustrates the problems created by unplanned pregnancy and the inability to access a safe abortion in Thailand (Chaturachinda, 2011). While there is no documented evidence about where these foetuses came from, it appears the majority were from unplanned teenage pregnancies (Mydans, 2010).

In 2014, The Minister of Social Development and Human Security announced that 1,738 children had been sent to government orphanages in Thailand between 2012 and 2014. Of these, 465 had been abandoned by being left in public places (206 cases), at hospitals (117 cases) and abandoned by their caretakers and relatives (142 cases). It was also estimated that around 20% of these abandoned children were from teenage mothers (Daily News, 2014). The increasing numbers of teenage pregnancies, illegal abortions, and abandoned children have prompted the Thai government to pay greater attention to teenage pregnancy and its impact on Thai society.

The negative impact of early childbearing has been well documented worldwide in terms of social, economic, and health outcomes. Such outcomes include poverty (De Jonge, 2001), high stress, family instability, limited educational opportunities (De Jonge, 2001; Letourneau, Stewart, & Barnfather, 2004), a high risk of many health-related complications, and social exclusion (Cunnington, 2001; Furstenberg, 1991; Taneepanichskul, Phuapradit, & Chaturachinda, 2004). It has been proposed that the mother socio economic background may be the reason for undesirable outcomes, rather than her young age per se (Cunnington, 2001; Hayes, 1987; Jeon, Kalb, & Vu, 2011; Paranjothy, Broughton, Adappa, & Fone, 2009).

Although there have been a number of studies investigating the experiences of teenage mothers, the majority were conducted in developed countries such as USA, England, Europe, and Australia. And
in many developed countries, teenage pregnancy and teenage motherhood are no longer a major social concern and early child bearing seems to be manageable by having a good welfare system (Avery & Lazdane, 2008; Singh & Darroch, 2000). Therefore, research conducted in Western countries and the interventions they generate may not be applicable to Thailand.

Many scholars acknowledge that the life experiences of teenage mothers are affected by different social and policy contexts (Hanna, 2001; Moss-Knight, 2010; Njoora, 2003). Values and beliefs regarding sexual behaviors vary between countries and societies (Widmer, Treas, & Newcomb, 1998). Therefore, to gain the best understanding of the experiences of teenage mothers, social contexts need to be taken into account. The cultural context in Thailand is clearly different from western society in many ways. In order to implement effective social policy and practices in Thailand, evidence needs to be sourced from the Thai context.

There has been some research conducted in the Thai context. However, most of it has focused on self-care, health promoting behavior, mental health problems (Neamsakul, 2008; Nirattharadorn, Phancharoenworakul, Gennaro, Vorapongsathorn, & Sithimongkol, 2005; Srisaeng, 2003), social support systems (Sritchen, Plodpluang, & Kaewprephan, 2009) and factors related to child bearing (Sookkavanawat, 1998). These studies have been mostly conducted by health professionals and have therefore focused on the health outcomes of teenage mothers at an individual level. Also, most previous studies used a quantitative approach on a large scale (Vongjinda, 2004). There is a dearth of qualitative research on the experiences, and behaviours of teenage mothers particularly those who fall pregnant out of wedlock and become a single mother. Currently, there are no studies investigating the life experiences of unmarried teenage mothers from low socio-economic backgrounds and different ethnic groups living in rural areas, and which take into account how their experiences are affected by the social context of Thailand. There is also limited research from the perspective of the teenage mothers themselves describing their experiences, feelings and giving voice to their needs (Moss-Knight, 2010; Neamsakul, 2008). Deeper knowledge of the life experiences of Thai teenage mothers in this context continues to be elusive and at the best tentative.

**Research Aims and Questions**

This research aims to explore and investigate the life experiences of unmarried teenage mothers from a rural background. As presented in Chapter 5, 6, and 7 the findings of this research begin to fill the gap and can be used to inform policy and practice.

Therefore, the study explores the following questions:

1. How do Thai teenage mothers from a rural background experience being an
unmarried teenage mother?

2. How have social factors influenced the experiences of Thai teenage mothers?
The answers to these questions were gathered and analyzed using Bronfenbrenner’s ecological system approach in order to understand the influences and social context.

Research Significance

**Academic**: This research begins to address a gap in the knowledge of the experiences of unmarried teenage mothers in Thailand. It also contributes to an understanding of this phenomenon in a South East Asian context.

**Policy**: The Thai government recognizes teenage pregnancy as an area of interest and concern. This study provides insights to inform the development of the social policy and practice in order to improve the quality of life of this population.

**Practice**: It enhances the knowledge of service providers and contributes to the development of services within a specific cultural context which are tailored to the needs of Thai teenage mothers from rural backgrounds.

Thesis Outline

The thesis comprises seven more chapters as follows:

**Chapter Two (Literature Review)**

Relevant international and Thai literature as defined by research questions is explored to provide a fundamental knowledge regarding teenage pregnancy and teenage mothers.

**Chapter Three (The Cultural and Social Context of Thailand)**

This chapter describes the Thai cultural and social context relevant to this research. An overview of Thai culture is discussed including the family and educational system, gender roles, religious faith, and the impact of globalisation and the sex industry. The last section outlines current social policy related to teenage pregnancy/motherhood. The three main social policies discussed in this chapter are: sex education, health care and social welfare.

**Chapter Four (Conceptual Framework and Research Methodology)**

The key components in this chapter are the conceptual framework, the research methodology, design and methods. Procedures for participant recruitment, data collection and data analysis are described. Strengths and weaknesses of the research design and ethical concerns when working with
such a vulnerable group are also discussed. The final section considers the trustworthiness of qualitative study including reactivity, researcher and respondent biases, and the strategies undertaken to ensure the trustworthiness of the study.

Chapter Five, Six and Seven (Findings)

These chapters discuss the findings from this study and address the research questions.

Chapter Five presents the journey of pregnant teenagers from the day they realized they were pregnant until the baby was born. This chapter provides insights into knowledge as to how these teenage mothers experienced their pregnancy, the responses from the people around them and experiences of attempted abortion.

Chapter Six continues to follow their journey after the baby was born and how much their lives changed. The challenges and support they received are also discussed. The final part describes these teenage mothers’ welfare needs and their future plans.

Chapter Seven discusses how the social and cultural contexts of Thailand influenced the participants’ lives. The ecological systems conceptual framework is used to theorize the interactions between the participants and the micro, exo, macro, and chrono system. The impact of modernisation and globalisation on teenage mothers is also discussed. The confrontations between traditional and modern values in Thai society which caused contradictions and tensions in the lives of teenage mothers are the key themes in this chapter.

Chapter Eight (Conclusion)

The key findings are summarized and the current national campaign regarding teenage pregnancy/motherhood is considered in relation to the research findings. Implications and recommendations for policy, practice, and research are provided. The final section also discusses the contribution of this research to knowledge; and its strengths and limitations.
Chapter 2

Literature Review

Introduction

In this chapter, research literature about teenage mothers is reviewed. The main themes identified in the Western literature are; the life experiences of teenage mothers, predisposing factors, the role of social support and the quality of life of teenage mothers. But the social context in Thailand is quite different from that of Western countries. Therefore, the last section in this chapter focuses particularly on recent Thai literature on the topic.

Definition of Teenage Mother

According to World Health Organization (2006), a teenage mother is a young woman who becomes a mother at less than 19 years of age. However, the term in everyday use usually refers to a young woman who becomes a mother at less than 20 years of age, that is, before reaching adulthood which is, generally regarded as 20 years of age (UNICEF, 2008).

Life Experiences of Teenage Mothers

This section reviews research about the life experiences of teenage mothers and identifies major themes, namely: negative health outcomes, financial difficulty, social stigma and school interruption.

Negative Health Outcomes

Pregnancy and childbirth during the teenage years were found to increase the risk of poor health and wellbeing for both the mother and the baby (Paranjothy et al., 2009). For example, there was a greater incidence of pregnancy and birthing complications, including, maternal morbidity and mortality, premature and/or low birth weight babies (Chen et al., 2007; Haiek & Lederman, 1989; Hayes, 1987; Hediger, Scholl, Belsky, Ances, & Salmon, 1989), hypertension, anaemia, dystocia, operative delivery, cephalopelvic disproportion, intra urine growth retardation and neonatal mortality (Cunnington, 2001; Grady & Panpuing, 1999; Nyirati et al., 1999).

Further details of adverse birth outcomes in teenage mothers were well described by Chen et al. (2007) who carried out a retrospective cohort study of 3,886,364 pregnant women in the United States aged less than 25 with a live singleton birth during 1995 and 2000. This study found that all cohort members faced increased risks of pre-term delivery, low birth weight and neonatal mortality.
Infants born to teenage mothers aged 17 or younger were at greater risk of having a low Apgar score at 5 minutes. Teenage mothers aged below 20 were found more likely to be African-American, unmarried, to have smoked during pregnancy, to have had inadequate prenatal care and to have gained less weight during pregnancy. Research suggested that the immaturity of the uterine or cervical blood supply in teenage pregnancy could increase the risk of subclinical infection and prostaglandin production and lead to an increased risk of pre-term delivery. Teenage mothers who themselves continued to grow during pregnancy could compete with the developing foetus for nutrients. This is supported by studies showing that weight gain during pregnancy might be more critical for teenage mothers than for older mothers (Haiek & Lederman, 1989; Hediger et al., 1989).

Teenage mothers have also been found to be at greater risk of psychological problems compared to non-parenting teenagers and older mothers (Birkeland, Thompson, & Phares, 2005; Liao, 2003; Piyasil, 1998; Schweingruber & Kalil, 2000). Depression was found to be common amongst teenage mothers (Birkeland et al., 2005; Liao, 2003; Sadler et al., 2007). Birkeland et al. (2005) found that one third of their participants had clinical levels of depressive symptoms. This was similar to the rate found by Sadler et al. (2007) who also found that life stress events, particularly homelessness, could lead to poor psychological well-being. The findings from Birkeland indicated that social isolation, weight/shape disturbance, and maternal self-efficacy were associated with depression in teenage mothers. Birkeland also concluded that the first year postpartum was a challenging period for teenage mothers and many of them confronted this difficult time with limited psychological and social resources.

There was a similar finding from Liao (2003) who conducted a longitudinal study by using data from the British Household Panel Survey (BHPS) 1991-2000. Teenage mothers in this study were found to have a significantly lower level of mental health than other mothers or teenagers who were not mothers. This was found to be in part because most teenage pregnancies were unplanned. Liao’s findings suggested that teenage mothers have ‘elevated medium term depression’. That is, depression occurring within three years of giving birth (Yardley, 2008).

To understand the factors that might lead to depressive symptoms in teenage mothers, Turner, Sorenson, and Turner (2000) conducted a 7 year longitudinal study of more than 250 teenage mothers in Ontario, Canada. They found that exposure to social stress and life trauma such as experiencing a major illness or accident, long-term parental unemployment, or even major difficulty in school could cause the depressive symptoms. Those who reported having experienced their mother as ‘not warm’ exhibited significantly higher levels of depressive symptoms more than 7 years after giving birth. It appeared that a respondent’s relationship with her mother or father that
was recalled as being emotionally cold was associated with greater mental health risk than was the absence of that parent. Low social support was also found to contribute significantly to poor mental health of young mothers (Liao, 2003; Sadler et al., 2007).

However, many researchers (Cunnington, 2001; Hayes, 1987; Paranjothy et al., 2009) believe that the poor health of teenage mothers could possibly relate to their previous circumstances and socio-economic circumstances, rather than their young age per se. This is discussed later in this chapter.

Financial Difficulty and Welfare Dependence

The major negative experience of being a teenage mother is financial constraint (Hanna, 2001; Moss-Knight, 2010; Njoora, 2003). This has been well documented. A qualitative study of teenage mothers who attended the Save Haven Young Parent Program (SHYPP), USA revealed teenage mothers’ greatest needs were grounded in ‘relational poverty’, meaning a disconnect from families, boyfriends, peers and the institutions in which they interact. They also experienced chronic financial problems in meeting their basic survival needs and those of their children (Njoora, 2003). Jason and Wolfe (2009) similarly found that being a teenage mother generally reduces annual income compared to other young adults and teenage mothers were therefore more likely to receive cash assistance.

Poverty in teenage mothers was also reported in a qualitative study of single Australian teenage mothers by Hanna (2001). Hanna concluded that becoming a single teenage mother was a difficult struggle for these young women, because of their lack of preparation for motherhood and their reliance on welfare support. All participants in this study received welfare payments with no support coming from families. Having an incomplete education, no formal job qualifications and being unable to afford childcare, the young women became welfare dependent. However, these young mothers revealed that payments were barely sufficient to cover living expenses and poverty was unavoidable. Their lack of money denied them access to the full resources of society and their poverty placed them in an economically vulnerable position (Rank, 2000 cited in Hanna, 2001). Jeon et al. (2011) also concluded that the circumstances of the Australian teenage mothers in her study were less favourable than those of older mothers. Moreover, throughout their lives they were more likely to be unemployed or out of the labour force and to rely on welfare than were older mothers.
Stigma and Feeling of Devalued

A number of studies have found that teenage mothers report experiencing stigma and feel devalued by their society. A study from Njoora (2003) in the USA found that while various sources of support were provided, the stigma of being on welfare and receiving handouts works against a teenage mothers' quest for independence. They cope with the stigma by viewing welfare support as a short-term financial safety net, not as a desired lifestyle. The researcher concluded that this rationalization was an emancipatory survival tool (Njoora, 2003).

Some teenage mothers in Hanna’s study (2001) also reported negative public attitudes directed toward them wherever they went. This was particularly frustrating as it occurred in everyday locations such as in the streets, on buses, in supermarkets, in health centres, in medical facilities, in welfare payment offices, and in places where women themselves gather, such as playgroups. They were accused of deliberately becoming pregnant to reap the financial benefits, denied access to full participation in the same society that failed to provide them with full social support, and told that they were irresponsible as parents.

Some teenage mothers reported feeling of devalued and have to cope with people perceiving them as being a bad mother just because they are teenagers and not fulfilling the contemporary social norms of motherhood (Yardley, 2008). Some tried to hide their symptoms of postpartum depression as they were afraid healthcare professionals could take their children away from them if they revealed that they had postnatal depression and were judged as unable to cope (Boath, Henshaw, & Bradley, 2013).

In some societies, particularly those with well-developed welfare systems, teenage mothers are usually stigmatised as a welfare burden. However, in many developing countries, culture and norms (rather than welfare systems) play an important role in stigmatising teenage mothers as reported in a study by Moss-Knight (2010) who investigated the experiences of pregnancy among unmarried, first-time pregnant adolescents attending an alternative school in Nassau, The Bahamas.

This study found that stigma was part of the experiences of pregnant teenagers. For many of the study participants, the perceptions of stigmatization began with the initial disclosure of their pregnancy, once they overcame their own denial. This stigma came, particularly from the church community. While most of the participants agreed that health care and social service providers were nice to them, they believed there was an underlying judgment. This judgment was based on the teenagers’ ‘spoiled mark’ of being pregnant too early and outside the wedlock in which against their social values. In this study, the needs of teenage mothers were framed in a cultural context that was defined by social expectations and parent-child relationships. The primary influences were
determined by the family, including blood relatives, the father of the baby and his family, and
friends. Indeed, the role of culture in this study was evident in defining social expectations, gender
expectations, and parent-child relationships (Moss-Knight, 2010).

**School Interruption**

A number of studies found teenage mothers were more likely to have fewer school years compared
to adult mothers, be less likely to receive a high school diploma (Jason & Wolfe, 2009; Perper,
Peterson, & Manlove, 2010), have limited educational opportunities (Letourneau et al., 2004) and
be more likely to drop out of school (Lee SmithBattle, 2007). Even where some school services and
support were provided, many teenagers still found that it was challenging to balance their education
needs and the demands of motherhood (Pellegrino, 2014). Their limited education and lack of
training could restrict job opportunities and potentially reinforcing the cycle of deprivation and
teenage pregnancy (Moffitt & The E. Risk Study Team, 2002; Paranjothy et al., 2009).

For many teenage mothers, attending high school is a major challenge due to a lack of child care
(Pellegrino, 2014), transport, family support and school policies and practices (Lee SmithBattle,
2007). Sadler et al., pointed out that for teenage mothers trying to attend high school classes, infant
and toddler child care was often a major determining factor in their success or failure (Sadler et al.,
2007).

Although many studies found that early childbearing was the leading cause of teenage mothers’
educational difficulties and interruption, many scholars argued that a teenage mother’s decision to
leave school had more to do with the school’s rigid policy of not allowing pregnant and parenting
students on campus or their previous experiences in school than with their pregnancies (Lee
SmithBattle, 2007; Zachry, 2005).

**Predisposing Factors to Teenage Motherhood**

Although the above studies link the negative outcomes for teenage mothers to their pregnancy,
others link such outcomes to the social, economic and behavioural factors that predispose these
young women to fall pregnant in the first instance (Cunnington, 2001; Paranjothy et al., 2009). That
is, many adverse health outcomes found to be associated with teenage pregnancy and childbearing
may in fact be due to socio-economic factors for which no adequate control was provided in the
quantitative analysis (rather than to young age per se) (Hayes, 1987).

Many studies found that most teenage mothers had a disruptive childhood and an unhappy family
life (Hanna, 2001; Jeon et al., 2011; Lee SmithBattle, 2007; Williams & Vines, 1999).
A quantitative study of 56 Australian teenage mothers at the Royal Women’s Hospital, Victoria reported that a history of parental separation or divorce in early childhood, exposure of violence in early childhood, illicit drug use, idealization of pregnancy, low family income, low level of education, and higher level of psychiatric contact and psychological symptomatology were key factors that had a significant independent association with younger age of motherhood (Quinlivan, Tan, Steele, & Black, 2004).

The longitudinal study from Furstenberg and colleagues illustrated how women who had more economically secure and better-educated parents were more likely to have a better quality of life, perhaps as a result of receiving a greater amount of direct aid and having other family resources available. Differences in educational motivation and performance were also important factors. Young mothers who had been doing well in school and had high educational aspirations at the time of their first birth were much more likely than others to be successful later. In other words, family backgrounds of teenage mothers such as education, economic status and family functionality strongly affected the outcome for teenage mothers (Furstenberg, Brooks-Gunn, & Morgan, 1987).

A study from Jeon et al. (2011) who conducted a quantitative study in Australia by using the first five waves (years 2001-2005) of the HILDA (Household, Income and Labour Dynamics in Australia survey) found that teenage mothers had relatively disadvantaged childhood backgrounds when compared with older mothers and were less likely to be partnered or married at the time their first child was born. This study found a strong correlation between low education levels and teenage motherhood. However, it seemed unlikely that teenage motherhood caused low educational outcomes. Teens had usually left school before becoming pregnant. In terms of health (both physical and mental), teenage mothers were considerably worse off than older mothers and 10% of teenage mothers (relative to 3 per cent of older mothers) received a disability support pension (Jeon et al., 2011).

There are similar findings from SmithBattle (2007) who conducted a 16 year longitudinal study of young mothers who were below 19 years of age. She recruited participants from several programs in metropolitan areas of the West Coast, USA. The study showed that mothers with advantaged childhoods fare better over time than more vulnerable peers and this legacy of advantage contributes to a cushion of safety and opportunity for their children. She also stated that early research overstated the negative outcomes of teen mothering by overlooking structural inequalities in education, residential patterns, and employment that predispose to teen mothering in the first place and negative maternal-child outcomes.
In Thailand, there have been studies to identify the factors that lead to early motherhood and the findings are similar to those mentioned above. For example, a study at Siriraj hospital, Bangkok found that the majority of 134 respondents aged 12 to 18 had only junior high school education. In addition, their parents had unstable jobs, lower education and lower income, and many had parents who were divorced or separated. The mothers and relatives of these women had also been teenage mothers. The peer groups of these teenage mothers engaged in high risk behaviour such as alcohol and drug using, active sexual behaviours, and violence (Kamphaengphan, 2009). This matches the finding of other studies that the majority of teenage mothers were from low socioeconomic backgrounds. They had only junior high school or lower education, came from a poor and dysfunctional family, and were unemployed (Masusai, 2003; Neamsakul, 2008; Nirattharadorn et al., 2005; Srisaeng, 2003; Vongjinda, 2004).

In short, although the negative outcomes of teenage parenting are well documented, it is clear that previous social factors contribute greatly to the outcome for teenage mothers. It was found that regardless of whether teenage mothers came from rich or poor countries, they shared some similarities in their socio-economic backgrounds. They were more likely to come from economically poor families, have a history of low education and be the daughters of teenage mothers (Kiernan, 1997). Studies also show that life experiences of teenage mothers can be both negative and positive depending upon such factors as cultural contexts (each of which may have different beliefs and norms); socio-economic background; and the support network these teenage mothers received from their family, school, friends, baby’s father and the welfare system.

Positive Attributes of Being a Teenage Mother

Even though many teenage mothers are reported to have major obstacles during their pregnancies and child rearing (such as stigma, economic constraint and dropping out of school), many were still able to manage their lives and have positive outcomes. Many research studies have focused on the factors leading to positive experiences.

A number of studies acknowledge that having a child substantially influenced the teenage mother’s perspective of her schooling and future (Rezek, 2010; Seamark & Lings, 2004; Zachry, 2005). Although most teenage mothers stated that their pregnancy initially led them to drop out of school, some said that having a child increased their interest in their education and pushed them to discover how education could help them provide a better future for their children, increase their employment opportunities (Seamark & Lings, 2004) and help them get off public assistance (Zachry, 2005). Contrary to the common understanding that teen motherhood puts women at a greater risk of school difficulties, recent studies suggest that motherhood may also be a factor in helping women
revaluate their perspective of school and its importance in their lives and also gave them a chance to reinvent themselves and make radical changes to their lifestyles. Hanna (2001: 459) said:

The pregnancy was like a metamorphosis: the breaking open of the cocoon revealing a new person. It provided an opportunity to shake off the past and prove to the world that they were worthy citizens and competent and loving mothers.

Seamark and Lings (2004) investigated the experiences of nine teenage mothers in England. The participants expressed positive attitudes to being mothers and described how it had affected their lives. For some, motherhood had been the catalyst to change direction and consider a career, because they now had someone else for whom they were responsible. They recognised that they were still young enough to undertake further education or enter different employment as their children grew up. For the women in this study, being a teenage mother did not spell the end of their life and future. Motherhood and bringing up children were valued in their own right. The women were realistic about their futures, often making plans to develop their careers.

William and Vines (1999) described in their study that becoming a parent offered teenage mothers a turning point to embrace a future free of violence and abuse. Motherhood helped these teenagers reclaim their relationship with their own mothers and reconnect with their family. They began to see themselves as moving in a new direction and began engaging in reconnecting and strengthening behaviours.

To investigate the factors that may contribute to the life success of teenage mothers, Ballard (2006) conducted a qualitative study using purposeful samples of five successful graduates from a federally funded high school completion program for teen mothers (Even Start) in Danbury, Connecticut, USA. These five participants were of various racial and ethnic backgrounds, had been teenage mothers and were deemed successful by virtue of the fact they had graduated, were maintaining a job, and were living independently from their parents. These teenage mothers shared some commonalities in their lives such as receiving support from family, the child's father and program staff. Although support from family varied at the onset of pregnancy, all families became supportive over time. In all cases, the child's father was also supportive of the baby’s mother with regard to her education and the teen mothers were still with their child's father. Support from program staff was also a key factor as all participants mentioned at least one staff member who had provided them with support and encouragement.

In summary, the experiences of teenage mothers and factors that might lead to negative or positive experiences have been discussed in this section. These studies were conducted in different countries
and contexts, but share some similarities in their findings. The most common experiences teenage mothers had are financial difficulty, education interruption, welfare reliance, and being stigmatised. However, in similar circumstances, some teenage mothers reported finding the positive side of being an early parent. For those who reported positive experiences, support from their social networks seems to be the key factor.

**Social Support and Quality of Life of Teenage Mothers**

As discussed, studies have found that social support is the key factor in teenage mothers having positive experiences (Ballard, 2006; Stevenson, Maton, & Teti, 1999). A study by Stevenson et al. (1999) found that parents and boyfriends were important to the psychological well-being of pregnant teenagers. Particularly noteworthy was the finding that the bi-directional exchange of support between parents and adolescents was associated with increased well-being.

Primary support usually comes from family, particularly the teenager’s own birth mother (Rezek, 2010) and the child’s father (Betance, 2004). Other support persons mentioned in Betance’s study were grandmothers, the mothers of the birth father, aunts, sisters and friends. A majority of the respondents in Betance’s study (80%) received a high school diploma or GED (General Education Diploma). Over 60% continued to higher education with two respondents currently working on completing their Masters Degrees. This research revealed the various sources of support received by these respondents during their teen motherhood.

However, the majority of research studies reviewed was conducted in Europe, America, England, and Australia which have different social and cultural contexts to Asia, particularly Thailand. Only a few published studies have been done in Thailand and South East Asia. The next section presents an overview of the available research studies in Thailand. But, this overview is necessarily limited to studies published in English and accessible electronically.

**Recent Empirical Research Studies in Thailand**

In the last 15 years, there have been a number of research studies relating to Thai teenage mothers. Many have focused on their health and self-care, social support system and parenting ability. The review of these studies is divided into 3 sections; health outcomes, social support and parenting ability, and experiences of Thai teenage mothers. What is missing in knowledge is also discussed at the end of this chapter.


**Health Outcomes of Thai Teenage Mothers**

Quantitative studies of pregnant teenagers have primarily recruited participants through health clinics and focused on health and mental health problems. Thaithae and Thato (2011) who conducted a study of 1,354 teenage mothers aged 19 and younger who lived in Bangkok found that teenage mothers had higher risks of anaemia, preterm deliveries, low birth weight babies, newborn admission to NICU, and postpartum complications. These teenage mothers were also less likely to make the first prenatal visit in their early pregnancy, to have adequate prenatal care, and to gain adequate weight during pregnancy. The majority of teenage mothers in Ruttanapoung’s study (2000) had inadequate and incorrect knowledge about self-care during pregnancy.

Mental health in teenage mothers is one topic that has been well investigated in Thailand. Most findings were consistent with international studies which found a high rate of mental illness in teenage mothers. Depression was found to be very common in teenage mothers during both antepartum and postpartum periods (Nirattharadorn et al., 2005; Srisaeng, 2003) and higher in teenage mothers compared with adult mothers (Piyasil, 1998). A study of 119 teenage mothers from Srisaeng (2003) revealed that the majority of respondents (54.6%) indicated a high level of depressive symptoms, with 21% of the total sample indicating the need for psychiatric referral. One finding from this study was that negative life events which placed more demands on teenage mothers could not be alleviated by social support (Srisaeng, 2003).

Thai teenage mothers were reported as having psychological distress such as feeling shocked, guilty, angry, ashamed, embarrassed, worried and frustrated (Neamsakul, 2008; Srisaeng, 2003; Vongjinda, 2004). This is because most teenage pregnancies were unplanned and occurred outside wedlock which flies in the face of Thai traditions and values (Manopaiboon et al., 2003).

**Social Support and Parenting Ability**

The fact that social welfare for Thai teenage mothers has not been greatly developed makes it particularly important to understand the physical, psychological and economic experiences of Thai teenage mothers during this challenging time. A number of researchers found that support from family and friends played a crucial role in improving the parenting ability of teenage mothers.

The determinants of parenting competence, parenting ability, and bonding in teenage mothers have also been investigated. These quantitative studies have very similar findings in that relationships with her baby’s father and her own mother, emotional well-being and perception of new born behaviour all affected parenting ability for these first time teenage mothers (Krongrawa, 2005; Kumhomkul, 2001; Panmaung, 2002; Sookkavanawat, 1998). A study by Kasemsuk (2000) also
highlighted that marital status, family incomes, planning for pregnancy and social support were significantly associated with maternal infant bonding.

Any social support received by teenage mothers mostly came from their families. Sarajarus (2010) conducted a study of 13 teenage mothers aged less than 15. All were found to have been economically supported by their baby’s father or their parents. Most teenage mothers in his study were allowed to continue the relationship with their baby’s father. These young mothers stated that if the pregnancy had been accepted by family, they felt relaxed and took good care of themselves. Traditionally, Thai families are mostly extended which allows teenage mothers and their children to be looked after and raised by their family members. However, a study by Masusai (2003) found that teenage mothers who lived in a nuclear family could adapt to the maternal role better than those who lived with an extended family. Living in a nuclear family might help the couples better prepare for taking care of their own baby and might reduce the scope for conflict with family members about child care and postpartum care. The researcher suggested that socio-economic status was the main cause of stress for teenage mothers, not the size of family.

Experiences of Thai Teenage Mothers

A mixed response to early pregnancy was reported by a number of studies. Vongjinda (2004) who conducted a study of life experiences of 20 first time pregnant teenagers found that the responses to their pregnancy were mixed. Two-thirds of participants reported that responses from their baby’s father responded positively when the pregnancy was revealed, but the remaining one-third said the baby’s father suggested an illegal abortion. Some fathers left all decisions to the girls and their parents. However, fathers who had initially had a negative response generally became more supportive once they felt the foetal movement and realised that a new life was really in existence. The response of such fathers transformed from one of negligence and sluggishness to one of concern for the girl and the baby. The relationship between pregnant teenagers and their mothers was also reported improving by time with the mothers coming to accept the pregnancy.

However, most participants in this study were not school students when they became pregnant and did not live in a close community where social sanction from relatives or neighbours could be expected. Rather, most lived on their own outside their community or in a loosely structured social environment. This led to these teenagers having fewer negative or traumatic experiences even though their pregnancy was usually considered to have happened too early. Generally, it is believed that pregnancy at early age brings stigma, denial and negative consequences to the girl. But that was not the norm in this study, mainly because the participants received less pressure from their family
and community. Being able to live independently and financially support themselves and their family might make these young women different from other teenage mothers who are still attending school and relying on family (Vongjinda, 2004).

The role of Thai cultural context on the lives of teenage mothers was also investigated by Neamsakul (2008). The study found that a life journey of Thai adolescents from unintended pregnancy to motherhood was shaped within the contexts of family, life styles and values, traditions, religion, education, gender roles, and law. Although more than half of participants (55%) had low education and dropped out of school because of becoming pregnant, all of them reported receiving financial assistance from their family and/or the baby’s father. Indeed, more than half of them lived with their own families and 40% of them moved in with their boyfriends’ families. An interesting finding of this study is that although most participants were poor and all were unemployed, all gained a lot of support from their baby’s father. Indeed, many of them had participated in the traditional Thai wedding ceremony in order to gain acceptance from their families and communities. This traditional wedding ceremony called ‘Wak Sen’ is only performed when there is an unexpected event like an unintended pregnancy. This ceremony helped the participants and family maintain their status in society and ‘save face’ (Neamsakul, 2008).

In short, some studies have found positive experiences of teenage pregnancy and parenting while others have not. Factors which appear to contribute to more positive experiences are social support from the fathers and from family (particularly their own mothers). This support helped them become better adjusted through their pregnancy and parenting time (Masusai, 2003; Neamsakul, 2008; Rudee Pungbangkadee, Parisunyakul, Kantaruksa, Sripichyakarn, & Kools, 2010; Srichan, Plodpluang, & Keaewpraphan, 2011). In other words, main support was from their personal network, rather than state funded social services. This raises the question of how young women manage in the absence of support from the fathers and family.

**Discussion**

The literature review in this chapter shows what is known currently about the life experiences of teenage mothers generally and in Thailand. Whether these experiences are negative and positive depends on the teenager’s social context and the support they received.

Put another way, each teenage mother’s experience and life opportunities will be dictated by the social values and norms of the society in which they live. That is, teenage mothers in Western countries might have greater access to special programs and social welfare (both governments and
non-government). Whereas any support received by teenage mothers in developing countries such as Thailand comes primarily from family and the baby’s father.

Most research and studies to date have been conducted in developed countries. While they may be used to inform policy and practice, there is a real question as to how these findings apply to Thai teenage mothers who live in different social circumstances with a different set of values. Thai research is relatively limited and knowledge is still lacking as regards several significant aspects of the lives of Thai teenage mothers. For example, little is known of the experiences of Thai teenage mothers who: (1) reside in rural areas or villages; (2) are members of a minority ethnic group whose culture, beliefs, or norms are different from that of the majority; (3) are abandoned by the baby’s father; and (4) have experienced an unmarried/unaccepted pregnancy.

Indeed, most research is quantitative, conducted by health professionals, and focused on health outcomes. While important, it does not provide a complete picture of the lives of these teenagers. In any event, very little is known about Thai teenage mothers who are poor, single and outside the reach of welfare services. Finally, there have been only a few studies that allow pregnant teenagers to describe their experiences of pregnancy and motherhood, to express their feelings and to voice their own needs (Neamsakul, 2008).

As Rank (2000) said, teenage mothers are a fairly powerless group with a high level of disadvantage and social control (Rank, 2000 cited in Hanna, 2001). They are always stigmatised as a group of women who have defied the norms of society. Their voices are often silenced, they are rarely taken seriously, their opinions do not matter, and their complaints are considered irrelevant because it is said they have brought their problems themselves (Hanna, 2001). Some researchers have urged for more studies to allow teenage mothers to voice their own experiences and pay more attention to the meaning that young women attach to their pregnancy and parenting experiences through their voices, thus allowing them to transit from silence to an active approach (Healy & Peile, 1995).

This study begins to address this gap and allows the voices of Thai teenage mothers to be heard and better understood with a view to the findings being used to inform social policy that is based on a thorough exploration of their circumstances and needs.
Chapter 3

The Cultural and Social Context of Thailand

Introduction

A core contention in this thesis is that the experiences of teenage mothers need to be understood within the relevant cultural, social and policy context. This chapter provides the relevant Thai context as it relates to teenage mothers. It begins with an introduction to Thailand and the Buriram province.

Location and Demographic Profile

Thailand, officially the Kingdom of Thailand (literally translated as land of the free), formerly known as Siam, is a country located at the centre of the Indochina peninsula in South East Asia. It has a long history of political independence, being, the only nation in the region not colonized by a European superpower (Limanonda, 1995). The capital and largest city is Bangkok, which is Thailand's political, commercial, industrial and cultural hub. The population of Thailand is approximately 65.9 million: 75% Thais, 14% Chinese, 3% Malaysian, with the remaining 8% comprising various minorities and hill tribes.

Geographically, the country is divided into four regions: Central, North, North-east, and South. Each has different physical conditions and cultural and socio-economic structures (Limanonda, 1995). The largest region in terms of land area is the North, with a population of approximately 11.4 million. The North-east (in which Buriram province is located) is the second largest in terms of land area, but the most populous with the national census in 2010 reporting a population of 19 million people (National Statistical Office, 2011). The North-east also has the lowest standard of living due to the poor condition of the land and an unreliable water supply (National Statistical Office, 2011).

The majority of Thai are Buddhist (National Statistical Office, 2011). The official language of Thailand is Thai. It is the principal language in formal communication and education with the Thai alphabet a standard format in writing. There are several other dialects within the Northern, North-eastern and Southern regions (National Statistical Office, 2011). And in some provinces of the North-eastern region other languages that are quite different to Thai are also used, such as Khmer and Kuy.
The Context of North-east and Buriram Province

This research was conducted in Buriram province, North-eastern Thailand. This section focuses on the social context of that area.

As discussed, the North-east (or Isan in the central Thai language) is a large and populous area with the lowest standard of living of all regions (National Statistical Office, 2011). In the early 19th century, the North-eastern region became more closely integrated with the Central region. But the North-east retains a distinctive social and cultural identity. Its people, living in 20 provinces, are mostly of Lao ethnic and cultural origin. The Lao-speaking population of the region (who comprise the majority) distinguish themselves not only from the Lao of Laos but also from the Central Thai by calling themselves Khon Isan or Thai Isan. The Khmer influence is especially noticeable, reflecting the influence of the Khmer Empire of earlier times. Many people of Khmer ethnicity live in the southern North-east (Buriram, Surin, Srisaket). They also speak dialects and follow customs more similar to those of Cambodia than those of either the Thai or Lao people. The North-east is nonetheless diverse, there also being significant groups of Chinese and Vietnamese migrants and
many other minority groups (Sēřī & Hewison, 2001). However, standard Thai language is understood by all and is used for all official matters.

The rural area of North-east is primarily an agricultural community and is the least developed and the poorest region in Thailand due to inadequate and unreliable rainfall, infertile soils, and lack of resources for health care and other social services. These challenges are reflected in a 2003 United Nation Development Program (UNDP) survey. UNDP applied the Human Achievement Index (HAI) to measure eight dimensions: health, education, employment, income, residence and the environment, family life and community, transport and communication, and participations. The results showed that the North-east was the poorest region of Thailand (Ministry of Public Health, 2005). While Thailand GDP per capita in 2013 was 193,395 Baht, the North-eastern region was the lowest in the country at approximately 74,532 Baht (Office of The National Economic and Social Development Board, 2015). It is also estimated that of the 6.1 million people living in Thailand below the poverty line, 3.8 million live in the North-east, with the remaining 2.3 million scattered throughout the other regions (Thailands' National Economic and Development Board & Worldbank, 2005).

**Buriram Province**

Buriram province is one of the largest and most populated provinces in the North-east, but also the poorest. The main occupation is rice farming. The average GPP (Gross Regional and Provincial Product) per capita in 2013 was 63,889 Baht, which ranks 68 of 77 provinces in Thailand (Office of The National Economic and Social Development Board, 2015).

Buriram is one of the few provinces with a sizable Khmer population. Officially, Thai is widely spoken with 27.6% of the population also speaking Northern Khmer in everyday life (Buriramisanproperty, 2015). Approximately 1,310,000 people of Khmer ethnicity live in the southern Isan area (Buriram, Surin, Srisaket). They speak their own language and have their own cultures and traditions. They have resided in the lower North-east for 3,000 years (Satō, 2005).

Buriram has one of highest rates of teenage motherhood in Thailand. The Ministry of Social Development and Human Security (2010) reported 17% of all mothers in Buriram in 2009 were teenagers and rank this province at 13 from 77 provinces. The Buriram public heath office also reported that the proportion of teenage mothers in Buriram has increased from 12.75% in 2006 to 21.71% in 2012, while the national controlled figure was 10% (Buriram Public Health Office, 2012).
The Cultural and Social Context of Thailand

This section provides a broad description of the cultural and social context of Thailand so as to understand the social context of participants in this study. It covers: family structure; the relationship between Buddhism and gender roles; gender expectations, sexuality and pregnancy; globalisation and the sex industry and social policy and the welfare systems relating to teenage pregnant/mothers.

Family Structure

The Thai family system is predominantly matrilocal (Limanonda, 1995). That is, while women are free to choose their own spouse, after marriage the couple move in with her parent (Lim, 2011). A man must be respectful to his future wife and her family. A man will also pay a bride price for his future wife as a way of paying for the access to inheritance he receives through marriage (Lim, 2011). However, the youngest daughter inherits the majority of family property as well as the responsibility for the care of the parents (Limanonda, 1995).

The most important consanguine or ‘blood’ link is between mother and daughter, rather than between father and son. Authority remains with men, but passes through the female line. This means that despite family residence being matrilocal, men still hold authority over women. The man is the master of the house, with his wife showing him deference and respect (Limanonda, 1995).

The family residency enables women to maintain a continuous relationship with each other and to thereby strengthen the matrilineal kinship. This may explain why the expectations of Thai parents for their daughters are much higher than for their sons. Sons and daughters fulfil their duties in different ways (Lim, 2011). For example, a son will most likely enter monkhood and gain merit for their parents but a daughter must fulfil the debt of gratitude through financial means. From a young age, girls are given much more responsibility than boys, who are allowed much freedom and given few responsibilities (Limanonda, 1995).

Vertical social relationships are also strong in Thailand, with the young being subordinate to the old, and women being subordinate to men. The elderly are awarded the highest status and provide advice and consultation on family matters. One of the prime responsibilities of children is to take care of their parents in their old age. But unlike in East Asia, the responsibility for doing so usually falls to a daughter rather than a son (Limanonda, 1995). After marriage, a wife must continue to support her parents; and her siblings until they too are married. If necessary, wives and other women leave their village to work in the city as low-paid domestic or factory workers to send
money home. Women are discouraged from asking for money from their family and are more obligated than men to send money home (Lim, 2011).

**The Relationship between Buddhism and Gender Roles in Thailand**

Through its hierarchical structure, Buddhism plays an important part in Thai attitudes and codes of behaviour at both the society and family level (Limanonda, 1995). According to the 2008 survey on conditions of social, culture and mental health, 93.6% of the population are Buddhists; 5.4% are Muslims; 0.9% are Christian (mainly Catholics) and the rest are Hindus and Sikhs (National Statistical Office, 2011). In Thai society, Buddhism has long influenced the Thai way of life, thoughts and behaviour, and has been the driving force in the development of Thai culture (Limanonda, 1995).

Although Buddhist teaching is based on the desire to be free of suffering, Buddhist ideology also represents women as inferior to men and negatively values female sexuality. It is at least partly implicated in the exploitation and subordination of women in Thailand (Thitsa, 1983 cited in Klunklin & Greenwood, 2005). Influential temples and Buddhist scholars in Thailand teach that to be born as a woman is a result of bad karma accumulated in past lives. Women are, therefore, forbidden from being ordained as monks and cannot attain enlightenment. If a woman wishes to become enlightened, she must first gain lots of merit, then pray to be born as a man in the next life, as only men can be enlightened. However, this is not mentioned anywhere in the Tripitaka (The Teachings of Buddha) but comes instead from Thai interpretations of those teaching, with those interpretations reflecting current Thai values, the imbalance of power between men and women (Pipat, 2007).

Men perform all the public roles of Buddhism: they are ordained as monks or lay officiants, lead the chanting, conduct rituals and participate as member of the temple committee (Klunklin & Greenwood, 2005). All physical contact between women and the monks is forbidden. The fundamental reason for these prohibitions is the purity-pollution dichotomy. Women are viewed as polluted because of their menstrual blood (Vichit-Vadakan, 1994). It is common in the Northern region of Thailand to see a sign in front of a pagoda explicitly stating ‘Women not allowed’ (Pipat, 2007).

In rural areas especially, if parents cannot support their boy’s education, they are sent to live at the temple where they can be ordained as novices or monks and can have their study supported by the temple through to university level. Many boys and men take advantage of this privilege which functions as a social ladder for poor boys. However, this privilege is not available to poor rural girls
(Pipat, 2007) who are therefore forced into labour markets, including the sex industry (Kabilising, 1991 cited in Pipat, 2007). The acceptance of Buddhist teachings on the principle of hierarchical order is well reflected in the predominance of the vertical social relationship over others. This is a long standing state of affairs and has become an important characteristic of Thai society. The vertical social relationship is characterized by a formalized superordinate/subordinate relationship. These patterns are based on the status inequalities that exist in almost all social relationships: within the family, usually in terms of the relative ages of people; elsewhere in terms of age, wealth, power, knowledge, and religious or government role (Thomlinson, 1971 cited in Limanonda, 1995).

Buddhism also plays an important role in marriage and family. Once family life has begun, the Buddhist concept of a hierarchically ordered relationship is automatically applied in ranking married couples so as to maintain the family's harmony. In the nuclear family, the husband plays a leading role as the master of the house; and the wife usually shows respect for her husband in certain symbolic ways by not suggesting her own superiority in either action or speech (Smith, 1979 cited in Limanonda, 1995). A traditional Thai wife has been taught to accept without question and this means she has no real power over her own body and life and no control over her sexual health and decision making (Klunklin & Greenwood, 2005). Therefore, a virtuous Thai woman must make merit by enabling the ordination of the men in her family, by giving her son to the monkhood and by nurturing religious pursuit through alms giving (Keyes, 1984 cited in Klunklin & Greenwood, 2005).

**Gender Expectations, Sexuality and Pregnancy**

Women have quite a different position in Thai society compared to Western world. While authority may still rest with a senior male, families in rural areas are traditionally organized around female members and (as already discussed) the male authority is passed down through the female line. In a Thai family, boys and girls are treated differently. Thai parents often apply traditional gender double standards in socialising their children. Thai boys and girls are brought up and disciplined in accordance with different rules, and double standards in role expectations and appropriate conduct are reinforced from an early age (Tangmunkongvorakul, Banwell, Carmichael, Utomo, & Sleigh, 2011). Traditional Thai teenagers are expected to transfer smoothly from childhood into adulthood while respecting their parents and their religion (Vuttanont, Greenhalgh, Griffin, & Boynton, 2006).

As mentioned earlier, while a boy or man entering into monkhood is considered a gesture to repay the parents’ debt of gratitude because they gave birth to a child, a daughter can only repay the debt of gratitude through working for her parents. This ‘work’ includes looking after her parents, supporting them financially, marrying a man who possesses resources which may be used to
support her parents and/or obtaining a bride price which is valued as a payment for the mother's breastfeeding. This obligation places a much greater burden of repaying the debt of gratitude upon daughters than upon sons. Such obligation is one reason why Thai women play a major role in the Thai economy (Rabibhadana, 1984 cited in Limanonda, 1995).

Traditional Thai society believes that men have superior social status to women, especially as regards sex. Thus, men have the privilege of sexual freedom, whereas it is impressed upon Thai women that they must be careful, control their sexual behaviour, and preserve their virginity which determines their value (Ounjit (Laila), 2011). Daughters have to be especially careful about their behaviour, with special attention paid to being virtuous women, well behaved, not doing things before the appropriate time or age and preserving their virginity. Many Thai parents require their daughters to be married according to custom and tradition. In the old days, if a woman lost her virginity before marriage, she became worthless (Ounjit (Laila), 2011). This can be seen in the Thai phrase ‘Rak Nuan Sa-gnuan Tua’ (love and preserve your young and feminine body and self) (Chamratrithirong, 2009).

The attitude to virginity is also seen in the old Thai proverb ‘Having a daughter is like having a toilet in front of the house’. It means daughters can easily bring shame to their family and parents have to work hard to prevent that. Another proverb ‘Put their daughters in a basket and wash it off’ reflects the belief that a girl loses her virginity before marriage is ‘dirty’ and needs to be ‘Washed off’.

While premarital sex continues to be considered unacceptable for ‘respectable women’ and highly damaging to the reputation of the young woman and her family, it is widely accepted for young men who are expected to have a strong sexual drive which demands to be released. Indeed it is virginity amongst young men that is viewed as unacceptable (Soonthorndhada, 1992 cited in Tangmunkongvorakul et al., 2011). Visiting prostitutes is a socially and culturally accepted form of behaviour for a very substantial number of Thai men. There is no stigma attached to this behaviour because it is seen as an indication of them ‘growing up’ (Gray, 1991 cited in Klunklin & Greenwood, 2005). Thai girls are required to be docile, submissive, quiet, sweet natured, obedient, modest, and disinterested in sex until marriage. On the other hand, being a smart boy includes being sexually aware, sexually proficient and with several partners (Vuttanont et al., 2006). Passive behaviour limits the power of young women to avoid pregnancy or disease when they have sex. Passive behaviour is also encouraged by the need to avoid the appearances of being sexually experienced (Gray, 1999).
Consequently, as a result of norms that stigmatise sexual activity among unmarried women, teenage girls are unlikely to seek support or assistance from their parents in addressing sexual health problems. In research conducted in 2005 in the Northern region of Thailand in 2005, most parents in the focus group expressed clear disapproval of their children having sex before marriage. However, they accepted that teenage boy’s sexual impulses were increasingly powerful and their sons ‘probably would’ have a sexual encounter at a young age, while their approach to their daughters was less permissive (Vuttanont et al., 2006). The major consequence for Thai women who become pregnant outside wedlock are: being forced to be married to conceal their pregnancy; problems in following through with the pregnancy; and living with gossip for the remainder of their lives to the effect that they are guilty of violating the ethics and traditions of society (Ounjit (Laila), 2011). However, the higher expectations and more limitations placed on women by traditional Thai culture are gradually changing with the impact of modernisation and globalisation. That is, the sexual behaviour of men and women is changing as, national culture and values become less of a focus. The impact of other cultures is another factor in changing the viewpoints, attitudes and value of Thai people (Nitirat, 2007; Ounjit (Laila), 2011). As stated by Ounjit (2011), women and men are now encouraged to express their sexual needs and have sex before marriage given the ready availability of birth control. Also, Thai teenagers were previously under the control of their caretakers all the time and had very little opportunity to have sexual relations before being married. Now they have more freedom in their day to day lives. Many have left their rural hometown to study or work in cities and live on their own.

**Globalisation and the Sex Industry in Thailand**

In the past few decades, Thailand has transformed from being amongst the poorest countries in the world to one at the forefront of modernity. But the transition has brought with it profound challenges. The considerable economic growth has resulted in changes in the economic structure of the society and has been accompanied by rapid social and cultural change. Thailand, today, is a country of contrast between modern and traditional; rural and urban; rich and impoverished (McGregor, Camfield, Masae, & Promphaking, 2008). Thai society has changed dramatically under the influence of globalisation especially from Western countries. Changes include the way people dress, behaviour and conduct, manners, values and sexual behaviour. The adoption of digital technology provides opportunities to receive new information and ideas from all over the world (Ounjit (Laila), 2011).
The Thai government promotes the tourist industry to Western countries and it has become an increasingly influential part of the Thai economy. Bishop & Robinson (1998) estimated that the tourist industry in Thailand is worth about $4 billion USD per year. The major impact of becoming a tourist destination is that has created a number of sex related businesses in order to attract tourists from around the world. Another estimate published in 2003 valued the sex industry alone at $4.3 billion USD per year, or about 3% of the total Thai economy (The Age.com.au, 2003). Bishop and Robinson (1998) also pointed out that the sex industry is the linchpin of the modernisation process or called the ‘Thai Economic Miracle’ (Bishop & Robinson, 1998).

Lines (2015) has argued that there is no denying the link between tourism and prostitution in Thailand, particularly in major cities such as Bangkok and Pattaya. Commercial sex in Thailand has grown into an industry involving not only a large number of people, but also investment and networks which span geographical boundaries. Three major factors are believed to have fuelled this growth. The first was the arrival of American soldiers during the Vietnam War in the 1960s and the first half of the 1970s: a commercial sex service developed rapidly in response to the so-called Rest and Recreation Program in Thailand where many American military bases were located. The second is the rapid expansion of tourism which has included a large number of foreign customers attracted by the sex business. The third is rural poverty resulting from the national policy for economic development, which has placed greater emphasis on service and export industries, while agriculture (the main occupation of the majority of the population) lags well behind. All these factors operate within social and cultural values regarding sex roles and status which are biased against women (Raynold, 1977; Thitsa, 1980; Kirsch, 1982, cited in Podhisita, Pramualratana, Kanungsukkasem, Wawer, & McNamara, 1994).

Because prostitution is illegal, the exact number of women in the business is not known. Estimated numbers vary from 75,000 to over two million (Podhisita et al., 1994). In 2004, Dr. Nitet Tinnakul from Chulalongkorn University estimated there were 2.8 million active sex workers in Thailand, comprising roughly two million women, 20,000 adult males and 800,000 minors under the age of 18, although the research methods were questioned (Lines, 2015).

The background of these sex workers and the reason they choose to work in this industry has been examined. A survey and qualitative data from 678 women working in low-priced establishments showed that most prostitutes voluntarily choose to enter the commercial sex sector, with about 40% doing so below age 18. Most female prostitutes are from the Northern region (68%). The North-east has around 27%, while those from the Central region accounted for only 4% and the rest (0.4%) were from foreign countries. About three out of four women in the sample were of rural origin.
The researchers also concluded that two out of five respondents in the study had been child prostitutes and 8% all the women began prostitution below age 15. Those who started young are unlikely to have made the decision for themselves to enter prostitution, it being more likely that this decision was made for them by their parents or other relatives (Podhisita et al., 1994). Alternatively, the decision may have been forced upon them by their circumstances. For example, by virtue of being in highly susceptible, insecure or 'helpless' circumstances, including having left home or living on the street (Podhisita et al., 1994).

A study of 100 commercial sex workers in Bangkok in 2000 found that about 41% of the study participants were from the North-eastern region and 26% were from the Northern region (Ratinthorn, 2000). Similarly, a study in the Southern region in 1998 found that 41% of commercial sex workers surveyed came from North eastern region, and one third (32.9%) from the North ern region (Limkulpong, 1998).

A prostitute's relationship with family through economic support is more obvious. Sending money home for parents, siblings and relatives was considered most important by these women (Podhisita et al., 1994). In Thai society, women seem to play a major role in family economy while politics and religion is the domain of men. This economic role persists today. For women in prostitution the rewards enable them to fulfil this traditional role (Podhisita et al., 1994). As Lines (2015) stated, Thai attitudes to unmarried women and their ever present family duties could account for the increase in the number of prostitutes. Women who have lost their virginity before marriage or divorced may be more inclined to enter prostitution because their sexuality has cost them the value associated with the roles that are socially acceptable for women (as brides, wives and mothers), but they retain an economic value that can be exploited (Lim, 1998 cited in Lines, 2015).

**Social Policy and the Welfare Systems Relating to Pregnant Teenagers and Teenage Mothers**

The previous sections have outlined some of the key components of the intersection of Thai traditional values and modernisation, with a particular focus on sexual activity, gender expectations and unmarried pregnancy. In this section, the key social policies and welfare systems relating to pregnant teenagers and teenage mothers are presented in order to understand the social circumstances that might influence their life experiences. These include the school system, sex education and abortion policy.
School System in Thailand

According to The National Education Act B.E.2542 (revised B.E.2545) and the Compulsory Education Act B.E.2545, the Thai government is responsible for providing both formal and informal education for the people of Thailand (Ministry of Education, 2015).

Formal education consists of at least 12 years of basic and higher education. Basic education is divided into six years of elementary education and six years of secondary education, the latter being further divided into three years of lower and upper-secondary levels. The Thai education system also provides nine years of compulsory education (from year one to year nine), with 15 years of free basic education (year one to year twelve and three years of kindergarten) guaranteed by the Constitution (Ministry of Education, 2015).

Informal education is more flexible and ensures opportunities for lifelong learning for all Thai people. The content and curricula for informal education respond to the requirements and meet the needs of individual groups of learners. This type of education allows people to learn by themselves according to their interests, potential, readiness and availability. According to UNESCO, over 3,500,000 learners are involved in informal education each year (UNESCO, 2015).

Sex Education

Sex education (or lack of it) plays a major role in the teenage pregnancy situation in Thailand. The social disapproval of the discussion of sexuality and sexual behaviour has seriously limited the amount of sex education given to young people (Gray, 1999). There is strong evidence that many Thai people still see sex as a private issue and do not want to discuss it openly, despite the recognition of the importance of safe sex and the awareness of the HIV/AIDS epidemic (Nitirat, 2007; Tangmunkongvorakul, Kane, & Wellings, 2005). Many Thai parents fear that sexual experimentation would be encouraged if their daughters learnt more about sex, while at the same time being reluctant to discuss these matters with them directly (Tangmunkongvorakul et al., 2005). Some felt that adolescents should not have a boyfriend or girlfriend and they would punish their child for having a sexual relationship (Vuttanont et al., 2006).

While many parents do not want to discuss sex with their children, many Thai teachers also reported refusing to allow sex education in their schools on the basis that their students were unlikely to need such education (Tangmunkongvorakul et al., 2005). Some felt uncomfortable delivering sex education. Curricular were widely modified and sometimes overtly censored by the individuals charged with delivering it. These decisions were strongly affected by personal values and belief that sex education leads to sex (Vuttanont et al., 2006). School based sex education in
Thailand has been criticised for its limited effectiveness in ensuring young people avoid pregnancy and STDs (Vuttanont et al., 2006).

This lack of support from both parents and schools is the main factor contributing to the vulnerability of young women. Lacking safe sex knowledge, young women are prone to unwanted pregnancies and/or STDs. If they did experience unwanted pregnancy or infection, several young women reported that they had never informed their parents. They fear speaking with their parents, teacher, healthcare/welfare providers or other trusted adults; having to reveal their loss of virginity (Tangmunkongvorakul et al., 2005); and punishment from their parents (Vuttanont et al., 2006).

**Abortion Policy**

Thai Abortion law is governed by the provisions of sections 301-305 of the Thai Penal Code of 13 November 1956. Under that law, the performance of abortions is generally prohibited, unless: (a) the pregnancy threatens the woman’s health; or (b) the pregnancy is a result of rape or incest. A woman who causes her own abortion or allows any other person to procure her abortion is liable to up to three years imprisonment and/or payment of a fine not exceeding 6,000 Baht (The United Nation, 2001).

However, the abortion law is rarely enforced and the prevalence of illegal abortion has been widely documented, particularly in rural areas. Although it is impossible to obtain accurate statistics, Dr. Suriyadeo Tripati, The Director of National Institute for Child and Family Development, estimated that about 300,000 women and girls sought illegal abortions every year, many using unsafe methods (The Nation, 2010). The Ministry of Public Health, Thailand claimed that 54.8% of abortions are performed on women aged 24 years and younger (Warakamin, 1998). In 2011, there was a report that 10,564 females aged 15-19 were admitted to government medical facilities to be treated for complications arising from miscarriages or abortions (UNFPA, 2014).

A study of 1,750 young people in the Northern region found that the 30.5% of the women surveyed reported having pregnant and 17.5% of the men surveyed reported that they had caused pregnancies. Two-thirds of respondents who had experienced or caused pregnancy reported that it ended in abortion. Almost half of those who had an abortion had induced it themselves, usually using illegal abortifacients. One-third went to a private clinic or hospital illegally (Tangmunkongvorakul et al., 2011). Despite the high use of contraceptives in Thailand, unplanned pregnancies remain a common problem for women. A study of 80 women with unplanned pregnancies showed that unmarried women had limited access to contraceptives as it was assumed they were not sexually active and contraception was for married people (Tarawan, 2000 cited in Whittaker, 2004).
The Welfare System Relating to Pregnant Teenagers and Teenage Mothers

In Thailand, three Ministries play a major role in providing welfare services to pregnant teenagers and teenage mothers: Ministry of Public Health; Ministry of Education; and Ministry of Social Development and Human Security. The Ministry of Social Development and Human Security is the key agency responsible for providing social welfare services to women and children, especially those who are less privileged. Major roles and responsibilities include income assistance, institutional care and referral. The Ministry also promotes the involvement of local communities and local authorities in the provision of services to ensure a better coverage of services for the target group (Thailand Country Paper, 2006).

For many years, the Ministry of Social Development and Human Security had policies about income assistance for women and children who are in difficulties and need urgent help. They are entitled to emergency income assistance which provides a one-off payment up to 10,000 Baht (around $400 AUD). Emergencies include the death of family members, serious illness or any event that is harmful to their life or any circumstance that mean they are in crisis. In this case, services need to be provided immediately. In non-emergency cases, clients are eligible for income assistance three times each year up to a maximum on each occasion of 2,000 Baht (around $80 AUD). In 2015, the Ministry of Social Development and Human Security was allocated 0.4% of the national budget to look after those living in difficult circumstances (Bureau of The Budget, 2015).

In October 2015, the Thai government announced a new welfare policy targeting new mothers with a monthly income less than 3,000 Baht/month (around $120 AUD). This does not specifically target teenage mothers, but covers any mothers in need. Mothers who meet the criteria will receive 400 Baht per month (around $16 AUD) income assistance for 12 months (Ministry of Social Development and Human Security, 2015). However, as this policy has just been launched, its accessibility and impacts on teenage mothers is unknown.

For pregnant women who wish to terminate their pregnancy, illegal abortion seems the only solution given the rigid abortion laws in Thailand. For teenage mothers who continue their pregnancy but do not want to keep their child, institutional care provided by government and private agencies is also an option. There are 20 homes nationwide providing services for boys and girls from newborns to 18 years who are abandoned, affected by HIV/AIDS or whose parents are not able to give them proper care. Services include basic necessities, physical and mental development, education, vocational training, family tracing, foster parenting and adoption.

There are also 77 emergency shelters (one in every province) providing 24 hour services for children and families who are in distress and need a temporary place to live before referral to other
agencies. From my experience as a social worker, many young mothers have been sent to these shelters to avoid pressure from their family and community. If these young mothers decide to give away their baby, the social workers will evaluate and organise the consent form before sending the baby to an orphanage for preparation for adoption or foster care. However, if teenage mothers are not sure that they really want to permanently give away their baby, they can ask the institution to look after the baby temporarily until they are ready to take it back. But they must visit the baby regularly and not lose contact. If they fail to have contact with the child more than one year, the government has authority to place the child into the adoption process.

Voluntary adoption is also an option for teenage mothers who do not want to send their children to orphanages. The adopting family might be relatives, friends or neighbours. The adoption procedures can be enacted at any provincial social development and human security office where the teenage mother has a registered address.

In terms of health care provided for teenage mothers, the Ministry of Public Health mainly focuses on health care services based on the local hospital services with only minor programs based on the local communities. The Ministry has tried to implement a friendly youth policy targeting teenage mothers, but, the number of hospitals joining the program is very small (Poonkham, 2009). It was estimated that less than half of all hospitals in Thailand have successfully operated a Friendly Youth Clinic (Bureau of Reproductive Health, 2014).

For the last few years, the Ministry of Public Health has been trying to pass a new reproductive bill in order to provide better services for teenage mothers and reduce the high rate of teenage pregnancy. However, not much progress has been reported and this proposed bill has still not been approved by the Thai government. In 2015, there was another attempt by The National Legislative Assembly to propose a Teenage Pregnancy Prevention and Care Act which is now being considered by cabinet. However, this Act has been criticized by some health advocates who are it could give too much power and discretion to the authorities and have urged the government to revise it (Mala, 2015). The coordinator of the Women's Health Advocacy Foundation (WHAF), Jittima Phanutecha, said that despite the Act aiming to address the problem of teenage pregnancies in Thailand, it instead poses human rights risks for young people by authorising government agencies to try to stop sexual behaviour. For example, if police see a teenager standing under a tree late at night, the law allows the police to immediately arrest and detain the teenager if they believe they are a sex worker (Mala, 2015). The main focus is still on reducing the number of teenage pregnancies, rather than increasing welfare support for teenage mothers.
Conclusion

This chapter provides an overview of the Thai social context geographically, culturally, and also the policy and welfare system relating to teenage mothers. Understanding the unique social context of Thailand is necessary as it plays an important role in the lives of teenage mother. However, the extent to which this social context influences or shapes the experiences of teenage mothers, particularly those who are unmarried, poor and from rural areas, is still not fully understood. More research is required to understand how these teenage mothers adjust and live under the complexity of Thai society in terms of gender expectations, different sets of values, limited welfare support and the impacts of globalisation and modernisation. The confrontation between traditional and modern values and how they affect the lives of unmarried teenage mothers also requires further investigation. This research aims to increase the understanding of the experiences of teenage mothers in these circumstances.
Chapter 4

Conceptual Framework and Research Methodology

Introduction

This chapter outlines the conceptual framework and research methodology used in studying the experiences of Thai teenage mothers from a rural background. Strengths and weaknesses of the approach and ethical concerns when working with such a vulnerable group are also discussed. As this research was undertaken in a rural part of Thailand where there is a diversity of cultural backgrounds, detailed attention is also given to the context and processes. The research approach reflects a strong commitment to providing members of a marginalised group the opportunity to provide their perspective on what is important to them.

Conceptual Framework: Ecological Systems Theory

To understand the context for the experiences of unmarried Thai teenage mothers, this research is informed by an original version of the ecological systems theory created by Bronfenbrenner (1979). The Ecological systems theory is the ‘study of the progressive, mutual accommodation between the developing person and the changing properties of the immediate and broader context in which the person lives’ (Bronfenbrenner, 1979: 21). This theory focuses on the layers of the environment, identified by Bronfenbrenner as the micro, meso, exo, macro and chrono system, and the interaction between the individual and his or her environment based on the processes that occur in each of these systems (Johnson, 2005). Following is a brief description of each layer and how it provides a framework for this study.

The **microsystem** is ‘a pattern of activities, roles, and interpersonal relationships experienced by the developing person in a given setting with particular physical and material characteristics’ (Bronfenbrenner, 1979: 22). In other words, the microsystem is the immediate environment of which Thai teenage mothers are a part, such as family, the father of the child, neighbourhood, school and peers. It is the layer closest to these teenage mothers and where direct contact is made. At this level, relationships have an impact in two directions which Bronfenbrenner calls ‘bi-directional influences’.

The **mesosystem** is a set of interrelations between two or more settings in which the person actively participates. In other words, a mesosystem is a system of microsystems (Bronfenbrenner, 1979). For example, using the microsystems identified in this study, a mesosystem would be the connection
between the microsystems such as the relationship between members of the teenage mother’s family and between her family and the family of the baby’s father, or the connection between the teenage mother’s family and the mother’s school.

The *exosystem* contains the external environmental settings and other social systems that indirectly affect development of the person. For example, in this study, the exo system of Thai teenage mothers is the community, media, organised religion, and health and social services.

Finally, the *macrosystem* is the culture or sub-culture in the form of social organisations and beliefs and lifestyles. This system contains all of the various beliefs and values of the culture, and is made up of written and unwritten principles that regulate behaviour. These principles, which include law, politics, religion, education, economics, region, race, class and the ethnicity of teenage mothers endows individual life with meaning and value, and controls the nature and scope of the interactions between the various levels of the total social system. In this research, it is clearly understood that Thai culture and beliefs shape the experiences of Thai teenage mothers. As described in Chapter 3, the value of virginity, gender expectations and double standards, abortion policy, education policy and religious beliefs are part of the macro system of Thai teenage mothers.

Bronfenbrenner later added the chronosystem, which is made up of all the other levels. It accounts for the temporal changes in the individual’s environment and socio-historical events that occur over time and their influence on the interactions between developing individuals and the micro, exo, and macro systems in which they are embedded (Johnson, 2005).

In conclusion, the experience of being an unmarried teenage mother is shaped at many levels. The ecological systems theory provides a framework to explore these levels and the interactions between them. This framework includes multi-dimensional social contexts and it provides a multi-perspective, multi-layered analysis of the research findings.

Figure 2 shows the focus of the proposed study and the interrelations within the social context of teenage mothers. This includes the individual (unmarried Thai teenage mother), her family, the baby’s father, neighbourhood, school and peers as microsystem. The exosystem in this study is the teenage mother’s community, religious affiliation, health and social services system. The macrosystem is comprised of culture and values, political systems, religion, economics and social position. Finally, the chronosystem refers to the events and transition over the life course of teenage mothers.
Modernization

Chronosystem

Event and transition over the life course of teenage mother

Adapted from Bronfenbrenner’s ecological system theory (1979)

Figure 2: Conceptual framework

Although it is important to acknowledge that being an unmarried teenage mother affects not only the teen mother herself, but also her family and the larger society, the focus of this study is on the experiences of the teenage mothers. The ecological systems framework helps in understanding the impact of the social context on experiences and where support/opportunity, constraint/stigma, or a combination of both positive and negative experiences exists.

Methodological Considerations

This research is grounded in, and influenced by, two main sensitising concepts. The first is human subjectivity and the need for an interpretive approach to understanding the experiences of unmarried teenage mothers and the meaning they make of these experiences. Secondly, an ecological systems approach that emphasises the importance of understanding experiences and meaning within a broad social, cultural and political context frames this research. As the aim of this research is to understand the experiences of the participants from their perspective, it is important to connect the experiences of unmarried motherhood to the mother’s environment and the role it plays in shaping their lives.
This research was situated within the interpretivist paradigm and has used social constructionist epistemology in which reality is considered to be relative, multiple and socially constructed (Laurel Anderson & Ozanne, 1988). However, it was decided that this research would pay more attention to the role of social context or ‘structure’ in shaping social meaning, rather than just considering the importance of the ‘human subjectivity’ and the meaning made independently.

In terms of ontological positioning, this study has been guided by the concept of ‘subtle realism’ from Hammersley (Hammersley, 1992 cited in Richie & Lewis, 2003: 19). ‘Subtle realism’ proposes that ‘the social world does exist independently of individual subjective understanding but is accessible through participants’ interpretations which may then be further interpreted by the researcher’ (Richie & Lewis, 2003: 19). It can be argued that being an unmarried teenage mother is a reality. People do experience it. However, the meaning and experience of being an unmarried young mother is a construction according to their previous understanding and experience of the world. Diverse understandings can therefore be formed about the same phenomenon (Crotty, 1998).

From this ontological position, the researcher accepts the importance of participants’ own interpretations and acknowledges that different vantage points will provide different understanding. However, as Ritchie and Lewis (2003) argue, these multiple perspectives do not negate the existence of an external reality. This research sits within this research tradition as it aims to comprehend and convey as full a picture as possible of the participants’ experiences.

In other words, this study embraces aspects of interpretivism and also pragmatism as described by Ritchie and Lewis (Richie & Lewis, 2003: 21) by emphasising the importance of: (i) understanding a person’s perspective in the context of the conditions and circumstances of their lives and (ii) placing this interpretation in a broader social, political and cultural context.

A pragmatic approach to research primarily argues that any epistemology or methodology should aspire to the goal of social responsibility and improving the human condition (Padgett, 2004) which fits with the aims of this research. A pragmatic qualitative researcher would move comfortably within and among various discourses and ‘allow qualitative methods to showcase their strengths without imperative attached’ (Padgett, 2004: 7). Thus, the combined approach used in this study has shown that it is based on pragmatic grounds where the decision has been made on which method would address the research questions best and not the prior conceptual beliefs of the researcher (Edward & Margaret, 2004). The choice of the interpretivist paradigm and the concept of ecological systems also reflect the research’s aims to examine the participants’ experiences from their perspective and the role of social contexts in their lives.
This research is also theory building using primarily induction and then a deductive/inductive cycle, negative case analysis and constant comparison to build a fresh conceptualisation of the experiences and meaning making in this context. Inductive thinking does not preclude the use of pre-existing theories and concepts, indeed, a flexible framework works better than ‘one size fit all’ (Padgett, 2004). While interpretivism focuses on the individual interpretation, the ecological systems concept focuses on the interaction between the individual and her layered environment (Johnson, 2005). In other words, an ecological perspective provides a more holistic understanding of the participants within their social context and in relation to the environmental factors that may affect them while ensuring the centrality of the teenage mothers’ perspectives to the research. The research approach seeks to bring together individual experiences and the interpretation given to them (Crotty, 1998) and the ecological systems theory which focuses on the importance of social context and its effects on personal experience (Bronfenbrenner, 1979).

**Research Approach and Design**

The research aims to capture the perspectives of young unmarried mothers in a particular cultural context. A qualitative study that allows the researcher to capture the meanings in individuals’ lives (Lincoln & Denzin, 2000: 3) and discover the meaning in a specific socio-cultural setting (Neuman, 2011: 174) is therefore appropriate. The research sits within the qualitative research tradition that proposes that the perspective of people is meaningful, knowable, and can be made explicit (Patton, 2002). It aims to provide an ‘in-depth and interpreted understanding of the social world of research participants by learning about their social and material circumstances, their experiences, perspectives and histories’ (Richie & Lewis, 2003:3). The research design comprised semi structured interviews with a purposive sample of unmarried Thai teenage mothers from a rural area in order to answer to the following questions:

(i) How do Thai teenage mothers from a rural background experience being an unmarried teenage mother? and

(ii) How have social factors influenced the experiences of Thai teenage mothers?

**Location of the study**

**Buriram Province**

As presented in Chapter 3, Buriram province is the location of this study. The key reason for choosing Buriram were: (i) its high rate of teenage pregnancy and teenage mothers and the fact it is one of the poorest provinces of Thailand (as this research seeks to understand the experiences of
young unmarried mothers who are most vulnerable to poverty); and (ii) working in an area where
the researcher understands the local culture and dialect.

As the researcher has been working as a social worker at Buriram Provincial Social Development
and Human Security Office over the last 12 years meant the researcher had already established
professional networks with the agencies that assisted with recruiting participants.

**Sampling and Selection of Participants**

A purposive sample allows the researcher to choose the population carefully based on features that
are of interest (Silverman, 2005). As suggested by Alston and Bowles (2012), researchers’ prior
knowledge is a guide to which particular groups are important to their studies. In this research, the
purposive sampling strategy reflects the literature review and the analysis of the socio-cultural
context and the policy review. The aim was to include those teenage mothers who are most likely to
be in need of support. For example, they are poor, live in a rural area with few services but with a
strong traditional culture, have limited financial or emotional support from the father of the child
and remain unmarried. The following are the inclusion criteria used for selecting the participants.

1. Aged 18 or less when they became a mother.
As discussed in Chapter 2, WHO (2006) defines a teenage mother as a young woman who
becomes a mother at less than 19 years of age. However, the term in everyday use usually
refers to a young woman who becomes a mother at less than 20 years of age, that is, before
reaching adulthood which is generally (but not universally) regarded as 20 years of age
(UNICEF, 2008). Nonetheless, the WHO definition is used as the basis for participant
selection for this research because it reflects the category protected by the Thai Child
Protection Law and that are below the Thai Age of Consent.

2. Being a first time mother.

3. Have a child aged 2 years or less at the interview time.
   If more than two years has elapsed since the birth, there is a risk of the mother being
   unable to recall sufficient detail of the pregnancy and birth experience

4. Unmarried by Thai law.

5. Not in receipt of financial support from, and not in an ongoing relationship with, the
   baby’s father.

6. From a rural background and living in Buriram Province.
However, teenage mothers who were not cognitive or psychologically able to engage in an
interview were excluded. This was screened by the gatekeepers.
Recruitment Sites

Recruitment from existing agencies rather than a village setting, sought to address concerns about privacy and anonymity for the participants and to ensure they had access to support services in the event of distress during the interviews.

Seventeen participants were recruited from those who attended the services provided by four government units in Buriram. These units were selected as the only services in the province likely to have contact with unmarried teenage mothers. Recruitment through these four agencies (one of which is an emergency home and three of which are medical centres) allowed for the diversity of the participants in this research. The four units are:

1. Buriram shelter for children and family.
2. Prakhonchai District hospital.
3. Bankruat District hospital.
4. Phlapphlachai District hospital.

‘Buriram shelter for children and family’ comes under the auspices of the Department of Social Development, Ministry of Social Development and Human Security. It provides 24 hour services for children and families, temporary accommodation and referral. Many young mothers have been sent to shelters such as this to avoid pressure from their family and community. If these young mothers decide to give away their babies, social workers evaluate and organise the consent form before sending babies to orphanages where they are prepared for adoption or a foster family. This service also provides financial assistance and social support for teenage mothers who want to keep their child. Site 1 seemed likely to be able to recruit young mothers who are not supported by their families and potentially in different circumstances to those recruited through the local hospitals.

Sites 2-4 are located near the Thai-Cambodia border. The majority of patients served by these three hospitals are from the Thai-Khmer ethnic group followed by the Thai-Lao ethnic group. These sites were selected as they service mainly poor populations in rural and remote areas. The recruitment was through the post-natal and well-baby clinic within these three local hospitals as this is the point of contact with unmarried teenage mothers.

Procedure for Recruitment

After receiving consent from the gatekeepers to use their client database, the researcher started by introducing herself to the director of the four agencies, thanked them for their cooperation and outlined the ethical considerations in recruiting of participants. This also provided an opportunity for the directors to discuss teenage mothers from their perspective. Research coordinators from each
agency were introduced to the researcher. Three were senior nurses in charge of the labour section/postnatal clinic/mother and child program. The research coordinator from Buriram shelter home was a social worker. The researcher explained the research aims and procedures, particularly regarding participants recruitment. Research coordinators were asked to identify potential participants who might meet the research criteria. The gate keepers letter and consent form are presented at Appendix 1.

As the two main criteria for this study were unmarried teenage mothers with children aged less than two at the interview time, nursing staff and the social worker could only use their data from March 2011 to March 2013 to identify participants. A limitation was that the databases from all four agencies did not provide details of marital status. It meant a wider group of young women had to be approached initially with those found to be in a supportive relationship with the father of the child excluded. The researcher had prepared 350 recruitment kits including the invitation letter which explained the purpose of the study and the researcher’s contact details and a reply prepaid postcard. The invitation letter clearly explained the research criteria. If the participant met all the criteria and agreed to participate in the study, they could contact the researcher by telephone or prepaid postcard. The researcher also asked the team to identify potential participants and contact them by mail. Although potential participants were identified by the staff, interested participants responded directly to the researcher. The sample of the invitation letter and replied prepaid card are presented at Appendix 2.

The agency staff were very cooperative. One team offered to give the researcher all the names and addresses of potential participants. However, the researcher made it very clear to the team that the researcher was not able to access the database because their clients’ information is confidential. It took the researcher some time to explain the ethical issues and research methodology.

The recruitment procedure is outlined below.

1. The social worker from the shelter home and the nursing staff from the three hospitals identified teenage mothers who had used their services between March 2011 and March 2013. The organisations then sent the recruitment kits to those identified.

2. About 10 days after the kits were sent, the researcher started to receive the first responses from potential participants (mostly by mobile phone). Only five responded by sending the prepaid postcard.

3. The researcher conducted a quick screening during the first telephone contact by asking
basic questions about their age, the baby’s age, relationship with the baby’s father, whether their parents consented to them participating and their address. The researcher also informed them about the purpose of the research, confidentiality and other related information.

4. If they met the criteria, the researcher made an appointment to meet her and her parents at a convenient time and a place of their choosing.

5. The researcher had total number of 27 responses from teenage mothers who were willing to participate.

Seventeen met the criteria and ten did not (mainly because they were still in contact, or in a relationship, with the baby’s father). Five who did not meet the criteria presented a particular ethical challenge as they expressed a keen desire to be interviewed. Their enthusiasm to share their stories made it hard to refuse their invitation to visit. The researcher resolved this by agreeing to the interviews and ensuring they understood that their stories, although important and valued experiences, could not be used as part of this research. They were provided with the same token of appreciation as the participants who met the criteria. These interviews provided valuable experience becoming familiar with the interview guide, while waiting for participants who met the criteria to volunteer.

Overall, 13 participants were recruited through the three hospitals and four from the shelter home (two of whom were in the Juvenile Correction Centre). Considering that 350 recruitment packages had been sent the response rate was very low. Some reasons might be: the need to cover a wide group to access those who met the limitations of the inclusion criteria; and young mothers leaving home to work in the cities which made it impossible in terms of time and budget to follow up. Culturally, unmarried teenage mothers in Thailand are considered ‘hard to reach’ or ‘hidden’ population (Brackertz, 2007) as being an unmarried teenage mother who is not with the baby’s father may be perceived as shameful in Thai society.

For those who did participate, their willingness to share their experiences was partly because this was their first real opportunity to discuss their experiences and feelings. Although sex related topics are still considered as ‘taboo’ or ‘private’ by the older generation in Thailand particularly in rural areas, the researcher was surprised by the enthusiasm of participants to talk about some very sensitive matters.

The researcher can understand both Khmer and Lao, so in terms of cultural acceptance there was no problem linguistically. The interviews were conducted in Thai (or Central Thai dialect) which is commonly used in schools and no participant had any problem in communicating. However, their dialects or local languages were used when they communicated with their family during or after the
interview. The fact that the researcher could use their language helped build trust and rapport. The researcher also received a very warm welcome from the participants’ families.

At the conclusion of the interview, all participants received 500 Baht (around $20 AUD) in gratitude for their effort and cooperation.

A table below shows more detail of participants’ demographic information.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age of mother at interview time (yrs)</th>
<th>Age of baby at the interview time</th>
<th>Age of father at the interview time (yrs)</th>
<th>Ethnicity</th>
<th>Recruited from</th>
<th>Status at time of pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>P 1</td>
<td>16</td>
<td>3 mths</td>
<td>19</td>
<td>Thai-Lao</td>
<td>Shelter</td>
<td>worker</td>
</tr>
<tr>
<td>P 2</td>
<td>17</td>
<td>1 mth</td>
<td>28</td>
<td>Thai-Lao</td>
<td>Hospital</td>
<td>worker</td>
</tr>
<tr>
<td>P 3</td>
<td>14</td>
<td>2 mths</td>
<td>18</td>
<td>Thai-Lao</td>
<td>Hospital</td>
<td>student</td>
</tr>
<tr>
<td>P 4</td>
<td>17</td>
<td>1.4 yrs</td>
<td>35</td>
<td>Thai-Lao</td>
<td>Hospital</td>
<td>student</td>
</tr>
<tr>
<td>P 5</td>
<td>17</td>
<td>1 mth</td>
<td>25</td>
<td>Thai-Lao</td>
<td>Hospital</td>
<td>worker</td>
</tr>
<tr>
<td>P 6</td>
<td>17</td>
<td>7 mths</td>
<td>38</td>
<td>Thai-Lao-Khmer</td>
<td>Hospital</td>
<td>worker</td>
</tr>
<tr>
<td>P 7</td>
<td>17</td>
<td>1.2 yrs</td>
<td>21</td>
<td>Thai-Lao</td>
<td>Hospital</td>
<td>student</td>
</tr>
<tr>
<td>P 8</td>
<td>17</td>
<td>8 mths</td>
<td>21</td>
<td>Thai-Lao-Khmer</td>
<td>Hospital</td>
<td>student</td>
</tr>
<tr>
<td>P 9</td>
<td>17</td>
<td>2 yrs</td>
<td>19</td>
<td>Thai-Lao</td>
<td>Shelter</td>
<td>worker</td>
</tr>
<tr>
<td>P 10</td>
<td>15</td>
<td>2 mths</td>
<td>15</td>
<td>Thai-Khmer</td>
<td>Hospital</td>
<td>student</td>
</tr>
<tr>
<td>P 11</td>
<td>15</td>
<td>7 mths</td>
<td>18</td>
<td>Thai-Lao</td>
<td>Shelter</td>
<td>student</td>
</tr>
<tr>
<td>P 12</td>
<td>19</td>
<td>1.5 yrs</td>
<td>19</td>
<td>Thai-Khmer</td>
<td>Hospital</td>
<td>worker</td>
</tr>
<tr>
<td>P 13</td>
<td>17</td>
<td>1.1 yrs</td>
<td>17</td>
<td>Thai-Khmer</td>
<td>Hospital</td>
<td>worker</td>
</tr>
<tr>
<td>P 14</td>
<td>16</td>
<td>9 mths</td>
<td>18</td>
<td>Thai-Khmer</td>
<td>Hospital</td>
<td>student</td>
</tr>
<tr>
<td>P 15</td>
<td>17</td>
<td>1.1 yrs</td>
<td>18</td>
<td>Thai-Khmer</td>
<td>Hospital</td>
<td>student</td>
</tr>
<tr>
<td>P 16</td>
<td>17</td>
<td>4 mths</td>
<td>18</td>
<td>Thai-Khmer</td>
<td>Hospital</td>
<td>student</td>
</tr>
<tr>
<td>P 17</td>
<td>19</td>
<td>2 yrs</td>
<td>19</td>
<td>Thai-Lao</td>
<td>Shelter</td>
<td>worker</td>
</tr>
</tbody>
</table>

Table 1: Characteristics of the sample
In summary, the young women ranged in age from 14 to 19, with only five being aged 16 or younger at the time of the interview. All except one pregnancy was described as unplanned. One was the result of rape. Nine participants fell pregnant while they were students and eight were already out of school and working when they found out they were pregnant.

**Data Collection**

In-depth semi-structured interviews were conducted to collect data as this is an appropriate way to find out what people feel and think about their world (Rubin & Rubin, 2005). An interview guide included open and closed-ended questions. The closed questions focused on factual matters, including participants’ backgrounds, age, education level, income and place of residence. The open-ended questions provided opportunities for participants to talk about their experiences as unmarried teenage mothers. The interview guide was composed of six broad topics including experiences of being a teenage mother, experiences of having an unplanned pregnancy, response and feedback from their surroundings, opinions about social and community support, and future plans. Probes were used to gain more details. The interview guide is at Appendix 3.

After introducing the researcher and explaining the study, participants were asked to complete the basic questions on the demographic form. This helped the researcher to build rapport by sharing her background which had some similarities with theirs (such as hometown and language). The interview began with exploring their daily life after having the baby, their experiences of being an unmarried teenage mother and having an unplanned pregnancy.

The interview duration was 60 to 120 minutes depending on the willingness and openness of the participant to share their experiences. The participant’s personality also played a big role in the interview. Some had very open personalities and good communication skills. Others were very quiet and shy and it took more time and effort to help them become comfortable in talking about themselves and their experiences.

The interview questions were prepared in English and then translated into Thai. All interviews were tape recorded and then transcribed into both Thai and English.

The researcher wrote field notes after each interview about her observations during each interview. They included details of the participants’ nonverbal gestures, reaction from their family, the location and other observations the researcher thought could explain and enhance understanding of the recorded words. They also contained the researcher’s personal feelings and thoughts after finishing each interview. The researcher found that this process provided detail about the context of the interview. This was also an opportunity to practice reflexivity (D’Cruz, Gillingham, &
Melendez, 2007), in particular to reflect on how the researcher made sense of the participants’ accounts.

**Interview Setting**

Apart from the two participants in the Juvenile Correctional Centre, participants chose the place and time of the interview. Twelve chose to be interviewed at their place of residence, and three chose the hospital at which they attended the postnatal care clinic. For the participants in Juvenile detention, approval from the director of the Juvenile Correctional Centre was required and the interview had to be in a secure place.

For the twelve participants interviewed at their homes, observing appropriate cultural practices was important. The researcher started by introducing herself to their parents/guardian and asked their permission to talk to their daughter/granddaughter privately, unless the participant wanted their parent/guardians to stay with them during the interview. Both participants and their parent/guardian were provided the information sheet explaining the research purpose and necessary information. The detail in information sheets was also verbally explained if they requested or had reading difficulty (particularly for elderly). The sample of participant and parent information sheets are at Appendix 4 and 5. The consent form was then signed by participants and their parent/guardian. Details of the participant and parent consent forms are at Appendix 6 and 7.

Trying to find a private and quiet place at a participant’s home was challenging. In a very small village, visits from strangers are unusual and attract attention from all in the village. The researcher had to spend time explaining to everybody including the family, neighbours and friends about the need for privacy during the interview. Some (particularly older people) looked upset when they knew they could not take part in the interview. In order to maintain a good atmosphere at the house, the researcher had to spent 10 to 15 minutes talking to the others and informed them that she would come back to talk to them after the interview had finished. It was time consuming, but in the end it made everybody happy and it did not leave any pressure for the participants after the researcher left. Generally, the interview took place at the bamboo hut (pergola) near the participant’s house or under a tree. A few took place in the living room or elsewhere inside their house.

Figure 3: Pictures of the location and interview setting in this research.
Road along the border. Bunkers are commonly seen around this area due to the war in Cambodia.

Bamboo hut/pergola and participants’ homes where most interviews took place.

**Interview Management**

Other issues such as baby sitting needed to be considered, particularly when the interviewee was caring for other young children. Most of participants had their parents or relatives look after the baby during the interview, but in some cases the researcher helped participants pay for babysitters.

Dealing with emotion was the biggest challenge during the interview. Most of the participants were very young, had unintended pregnancies and had reported bad experiences with their baby’s father. These unpleasant memories were still fresh, though some had tried to repress them and move on with their lives. Asking them to think about it again meant reprising painful memories and many
were overwhelmed. The researcher needed to be very sensitive to the participants’ feelings and be
careful not to push them too much. If they started to cry, the researcher would take about 5 to 10
minute break until they felt better before continuing the interview. One very young mother wept
during most of the interview. However, when the researcher asked if she would like to postpone the
interview to another day she said no and said that she felt very good after she had a chance to talk
and release her feelings. For this study, gender played a big part in the interview. Being a woman
enhanced the researcher’s opportunities to ask participants about very private matters such as sexual
relationships and abortion. It is almost impossible for a man to discuss sexual matters with young
women within the Thai culture. The researcher was able to hold their hands and give them a hug
when she felt they needed it which engendered a positive relationship.

Four participants had their mothers present during the interview. The researcher assured all
participants that they could have a private interview if they wanted and explained the details of the
interview questions which might be sensitive. These four were happy to share their experiences
with their mothers and said there were no secrets between them. The researcher also explained to
their mothers that she would like to get information from their daughters’ point of view and would
appreciate their cooperation in not interrupting the interview. There was only one interview where
the participant’s mother seemed very emotional and wanted to take part in the interview. As soon as
the researcher finished asking the questions, the mother answered straight away. When the
researcher noticed that the participant started to feel uncomfortable and did not answer some
questions we took a break, during which the researcher explained to the mother that she would ask
them both the same question but wished to hear from the participant first as it was important she
talked for herself. She accepted this and tried to let her daughter finish talking first.

So although the voices of teenage mothers are the main focus of this research, in some cases the
researcher allowed the voices of their mothers to be presented in the transcription as it provided a
clear picture of the influence of the family/parents on the teenagers’ lives. In one case, a teenage
mother reported losing her short term memory due to her psychological distress and her mother
provided very useful information covering that period of time.

The rigour required when collecting data from parents and their children is discussed by McDonald
and Rosier (2011). They suggest that researchers need to be familiar with participants’ cultural
context and be aware of the importance of informed consent, privacy and confidentiality. It is also
important to build and maintain relationships of trust with families of participants (particularly
those from disadvantaged communities) are unlikely to share information with people their family
do not know or trust (McDonald & Rosier, 2011). As described above, every effort was made to ensure confidentiality, privacy, and trust.

**Ethical Considerations**

As this research focuses on a vulnerable group and the interviews were about very sensitive topics, the researcher had carefully considered any risk of harm to participants and tried to do everything possible to minimise it. Several strategies were adopted to protect participants. First, participation was voluntary. Potential participants and their parents/guardians were given a clear verbal explanation of the nature, aims, procedures and benefits of the research. They were told there were no known risks in participating. However, it was recognised that some participants may feel uncomfortable discussing sensitive topics, personal information and traumatic incidents. To minimise potential harm, participants were informed that they could refuse to answer any question and they could withdraw from the study at any time.

During interviews, the researcher was aware that the personal nature of the questions might cause the participants embarrassment or upset. The researcher tried not to use direct questions when talking about sensitive topics, but used softer or implied words that had the same meaning. Extremely sensitive matters such as rape, abuse or suicide were handled with the greatest care. The researcher’s experiences as a social worker also assisted minimising the risk of harm from psychological distress. Although talking about some sensitive matters might have invoked painful memories for some participants, none wanted to stop or postpone the interview and all were willing to share their experiences. Some indicated that talking about what had happened to them was part of the healing process. As Weiss (1994) states, ‘the interview is an emotional catharsis for them, a chance to express themselves before a nonjudgmental, sympathetic listener’ (Weiss, 1994 cited in Padgett, 2008: 69). Being an outsider to the village was also helpful in fostering disclosure.

As Padgett (2008) suggests, it is important to maintain the distinction between the data collection part of an interview and the informal conversation. All participants were informed that there were no direct benefits of participating in this research (other than the small token of appreciation). Referral options for government or NGOs services were provided to participants found to be living in difficult circumstances and in need of physical, financial or psychological support; and those participants who requested such advice.

Participants were assured that the interview data could not be accessed by recruitment organisations/gate keepers. They were given code numbers which were kept separately from their names. All documents were kept in a locked filing cabinet at the School of Social Work and Human
Services at The University of Queensland, St. Lucia Campus that only the researcher can access. During the fieldwork in Thailand, all data was stored on a personal laptop which was password protected. When the findings of this research are published or discussed publicly, participants’ identities will not be revealed.

Approval and ethical clearance for the study was obtained from the University of Queensland Social and Behavioural Science Ethics Committee (Approval Number: 2012001365). More detail is presented at Appendix 1.

Data Management

Translation and Transcription

The researcher translated all records of interview into English, and in order to ensure that disclosures by participants remain confidential, each participant is referred to in this research by a code (indicating the order in which they were interviewed). The English transcriptions were used for coding and analysing the data. The researcher is aware of the difficulties in translating from Thai to English without distorting the original meaning. The researcher’s translations were therefore based on the overall meaning a sentence, rather than a word-for-word translation. As Nikander (2008) describes, when producing a good transcription in qualitative research, overall content is the goal, rather than perfection. The meaning-based style suggested by Esposito (2001) was used in this research trying to make the translation sound right and use appropriate vocabulary and syntax on a practical level. However, qualitative researchers need to be aware that ‘not all concepts are universal, not everything is translatable’ (Jones & Kay, 1992 cited in Esposito, 2001: 572). Therefore, in this research, some original words were retained with further explanation provided through a glossary of terms.

To minimise inaccurate interpretation, a qualified translator (Thai to English) also assessed a samples of the translations and these were reviewed by the advisory team to compare the quality of the translation.

Coding and Data Analysis

Thematic analysis is an analytic method for ‘identifying, analysing and reporting patterns (themes) within data’ (Braun & Clarke, 2006:79). Thematic analysis is appropriate for this study in order to: (i) identify themes arising from the diversity of the experiences of the participants; and (ii) explore how these themes reflect the social and cultural context.
Braun and Clarke (2006) suggest that in the initial analysis the researcher should start by familiarizing with the data by ‘repeated reading’ of the transcripts to become familiar with the depth and breadth of the content. The translation from Thai to English meant the researcher was immersed in the data from the point as she had to carefully consider choosing the appropriate English words to describe the intended meaning. The researcher took notes and marked ideas for coding during the translation.

The next phase was to generate an initial list of ideas about what was in the data and what was interesting. In this process, coding is part of data analysis as it is organising the data into meaningful groups. Also, at this level, the coding was an more primarily an inductive approach which means the themes ‘identified are strongly linked to the data themselves’ (Patton, 1990) and are thus ‘grounded’ in the data (Alston & Bowles, 2012). In other words, this level is more data-driven.

The researcher coded the data by writing notes on the transcribed texts she was analysing and, by underlining the text to identify the segment of the data. The researcher also coded for as many potential themes as possible and then considered how different codes may combine to form a broader theme. As Braun and Clarke (2006) suggest, this process is not linear, instead, it is more recursive where movement back and forth is needed. All the coding processes were supervised closely by the researcher’s advisory team to ensure the coding and interpretation by the researcher accurately reflected the data.

The next stage was to put data into a table which was separated into four sections: raw data (participants’ quotes); key words; subthemes/concepts; and main themes. As suggested by Richie and Lewis (2003), any approach a researcher uses needs to capture and explain the social world of participants in the study; and it is also necessary to stay close to the original data (Ritchie & Lewis, 2003: 213). The main reason for creating a table for thematic analysis is to ensure that all participants are included and data has been drawn from a range of participants not just from a few. Using a table also helped the researcher easily identify the common themes and also detect differences in the data. Placing raw data, coding, and themes together allowed the researcher to follow participants’ quotes closely and ensure the themes that emerged captured what participants actually said. It also helped the researcher to move directly from raw data to more abstract concepts. If the researcher wanted to recheck the data or themes, it was very easy to trace their origins. The small sample size (17 cases) made this process possible.

This process was primarily linked to research question 1: How do Thai teenage mothers from a rural background experience being an unmarried teenage mother? At this early stage, the researcher was
aiming to make an initial assessment of the concepts emerging from the data (Alston & Bowles, 2012).

The analysis of data to answer the first research question was separated into two main parts: comments about life experiences during pregnancy; and data concerning experiences after the baby was born. The context and circumstances between these two periods are different which reflects the life transition of the teenage mothers in this research.

At this level, the researcher concentrated on what the data was telling her (what is the main story here and why) and tried to analyse the data phrase by phrase until the category seems saturated (Alston & Bowles, 2012). Each theme was identified by the essence of it and accompanied by a narrative of data extracts. The researcher also allowed the negative cases to be presented in order to get the full range of the participants’ life experiences. The results of this analysis are presented in Chapter 5 and 6.

An example of a table showing how data was analysed, coded, and themes identified is presented at Appendix 9.

The next phase sought to link the themes to the social and policy environment using the ecological systems model. As suggested by Braun and Clarke (2006), the ‘keyness’ of the theme is not dependent on quantifiable measures but whether it captures something important in relation to the overall research question. This level of analysis focuses on research question 2: How have social factors influenced the experiences of Thai teenage mothers? This required the researcher to interpret the data and look for relationships between codes and themes (Alston & Bowles, 2012). Interpreting data involved identifying patterns, trends and explanations that lead to conclusions (Sarantakos, 2005).

Theoretical thematic analysis was applied as it tends to be driven by the theoretical interest of the research (in contrast to the earlier stage that used inductive analysis) (Braun & Clarke, 2006). The ecological systems theory provided the framework for this analysis. At this level, the researcher focuses on how each theme links to the social and policy environment identified as micro, exo, macro and chrono systems. This provided more detailed analysis of some aspect of the data, rather than a rich description of the data overall (Braun & Clarke, 2006).

In Chapter 7, experiences of being a pregnant teenager and a teenage mother are shown to be influenced by the broader environment such as social policy, culture and globalisation. This chapter provides an in-depth interpretation of the participants’ life stories. The last chapter in this thesis,
Chapter 8, seeks to draw together these understandings and to consider the implications for policy and practice.

**Rigour and Trustworthiness**

In a qualitative study, reliability and generalization play a minor role (Creswell, 2003). As Padgett (2008) suggests, the goal is not to capture a fixed reality or internal validity. The trustworthiness of the research study depends on whether the research is ‘carried out fairly and ethically and whose findings represent as closely as possible the experiences of the respondents’ (Steinmetz, 1991 cited in Padgett, 2008: 184). It is necessary that the trustworthiness of the research be addressed and demonstrated.

According to Padgett (2008) there are three potential threats to the trustworthiness of qualitative research: reactivity, researcher biases, and respondent biases.

** Reactivity**

Reactivity refers to ‘the potential distorting effects of the researcher’s presence on participants’ beliefs and behaviours’ (Padgett, 2008:184). Jordan (2006) advises that qualitative researchers need to acknowledge and must be willing to reflect their own values, attitudes, past experiences in order to identify how their subjectivities have influenced the data collection and analysis (Paterson, 1994). The source of reactivity can take varied in many forms, for example, ‘emotional valence’ in which Paterson (1994: 303) refers to ‘the feeling tone that exists between participants and researchers during data collection’. The emotional valences can be determined by a researcher’s characteristics such as age, gender, race and personality (Paterson, 1994). Watson et al. (1991) suggest that being sympathetic, nonjudgmental, sensitive and willing to share some personal information with respondents helps create trust and rapport between researchers and participants.

Paterson (1994) also suggests that researchers should be aware of the power imbalance between researcher and participant. Participants who perceive they are subordinate or inferior to researchers might react or try to please researchers with their answers.

In this study, the researcher does not deny that her presence might have had some effect on participants’ behaviours and beliefs in some way or another. However, every effort was made to ensure that the presence was as natural and unobtrusive as possible. Every effort was taken to reduce the gap between the researcher and the participants. The researcher clarified her role as a student researcher interested in exploring and understanding the experiences of being an unmarried Thai teenage mother rather than as a professional social worker or civil servant which is perceived
as the superior class in Thai society. The value of the researcher’s gender and cultural and language competencies has been discussed previously.

**Researcher Bias**

Researcher bias can occur during observation or interpretation when preconceptions and personal opinions intrude (Padgett, 2008). The bias could be in the form of choosing a participant who might agree with the researcher’s view, asking leading questions, or ignoring data that does not support the researcher’s opinion. The researcher adopted strategies to reduce the possibility of bias, including reflexivity and negative case analysis.

Reflexivity was used to reflect on the researcher’s behaviour and thoughts, as well as on the subject matter of the study. This process is defined as ‘an individual’s self-critical approach that questions how knowledge is generated’ (D’Cruz et al., 2007: 75). A field work diary was used to record the researcher’s personal narrative to contribute to an understanding of how meaning was created or constructed in interacting with participants. This sought to build self-awareness regarding any personal influences on the research project. Reflection notes were reported and discussed with the advisory team regularly both during data collection and data analysis.

As a social worker who worked with teenage mothers, the researcher brought certain biases to this study. These biases may shape the way the researcher views and understands the data she collected and the way she interprets their stories. For example, one of the researcher’s preconceptions was that teenage mothers were sexually active young women with no clear purpose in life. However, this bias was challenged after the data revealed that most participants who fell pregnant during their study were doing well at school and carried high expectations from their family. Participants who fell pregnant outside school also presented a very strong commitment to providing financial support for their family. The researcher also expected teenage mothers might be subject to social stigma as highlighted by many scholars. However, most participants did not report any stigma from their close knit community. An awareness of these preconceptions and how they were challenged by the data provides an example of how reflexivity was used.

One of the biggest challenges during data collection was maintaining a distinction between the researcher’s role as a social worker and that of researcher. Initially, the researcher tended to think and behave too much like a social worker instead of a researcher. This bias was picked up quickly by the advisory team through a regular supervision using Skype while the researcher was in the field. Supervisors also assisted in challenging assumptions and clarifying the role of researcher. This did not mean that the need for counselling or some response to the dire poverty of some of the
participants was ignored. Managing this tension involved being clear about the role and purpose of the interview with each participant and leaving any discussion of available options for addressing their circumstances to the end of the interview.

That is, no counselling or help was provided during the interview. A referral list was made available at the end of the interview if participants expressed interest in accessing support. In one case, the participant was very poor and at the conclusion of the interview the researcher purchased all the brooms she and her grandfather made for a living. Although it is important to avoid bias by setting a clear boundary between the researcher and participants, in this case, the researcher felt that a little support might help this young mother to obtain clean water for her baby.

Negative case analysis was also applied in order to minimise the bias of the researcher. In qualitative research, negative case analysis enhances rigour and is used in the quest for verification (Padgett, 2008). As Drisko (1997) suggests, seeking contradictory evidence and diverse experiences is essential to achieving a complete or exhaustive exploration of a phenomenon. The diversity of experiences presented in the analysis and the challenges presented to the researcher’s preconceptions suggests that the interviews succeeded in capturing a range of experiences. In this research, the negative and positive aspects of the experiences were both presented. Although the similarity in data created main themes, some minority themes and responses were also presented to compare and contrast.

**Respondent Bias**

As Padgett (2008) explains, respondents may ‘withhold information and even lie to protect their privacy or to avoid revealing unpleasant truths’. In extreme cases, participants might try to be helpful by offering the answer they believe the researcher or the larger society want to hear (Padgett, 2008). During the interviews the researcher asked the same question more than once if she wanted to recheck an answer. Indeed, the 15 years of being a social worker specialising in working with child witnesses in juvenile and civil courts provided a very helpful basis for this research.

After each interview, the researcher summarised the main content of the interview verbally and gave participants the opportunity to check that the researcher had captured their stories accurately. In this way, they were afforded the opportunity to comment on, and correct, the researcher’s interpretations. This process of member checking can assist in ensuring the accuracy of the findings (Padgett, 2008). Given the remote location of the young women, it was not possible to visit a second time to check interpretations.
The presence of the participants’ mothers might have had some effect on the way participants answered the questions. All participants were given the option to have a private interview. While a small number chose to have their mothers present, they did so on the basis that they had an open relationship with their mother and there were no secrets between them.

Overall, the response from participants was positive and enthusiastic. The richness of the data and the fact that participants shared stories of sensitive topics such as abuse, rape, attempted abortion and suicide suggests that they were willing to talk candidly about their experiences.

**Strengths and Limitations**

A particular strength of this research is that it provided insightful data about young mothers from a specific socio-economic background. It focuses on how teenage mothers make sense of their world and the influence of social context on their life experiences. Attention has been paid to both micro and macro level of the teenage mothers’ lives. The multi-cultural background of participants from North-eastern region with varied language, culture and norms is also the strength of this research. With this diversity, participants were able to use the language/dialect of their choice which allowed the richness of data to be captured. Cultural difference was not a barrier in this research which provides a detailed picture of Thai teenage mothers from an area where little research has been conducted before.

However, some limitations in this study need to be addressed. Firstly, the cross-sectional study design which collects data only at one point in time was used. But this cannot capture changes in the experiences of teenage mothers over time. Rather, it captures how they currently experience and make meaning of their situation and allows for some reflection on past experiences. And while this research captures the transition and changes of participants from pregnancy to motherhood, their future is unpredictable and uncertain. Follow up studies are therefore required. Also, the sample size in this study is small and from a highly specific group. Information gained from this sample may therefore not be applicable and transferable beyond this group and could not be generalised to the whole population.

**Conclusion**

This chapter detailed the conceptual framework and qualitative methodology that sought to capture the complexity of lived experiences of having an early pregnancy and being an unmarried teenage mother in Thai society. Chapter 5 and 6 presents participants’ experiences of pregnancy and being a teenage mother respectively. The ecological systems framework will be used to explain how social
context from micro to macro level can influence the life experiences of these teenage mothers and how they respond to it.
Chapter 5

Experiences of Teenage Pregnancy

Introduction

This is the first of three analysis chapters addressing the research questions. This Chapter and Chapter 6 address the first question: How do Thai teenage mothers from a rural background experience being an unmarried teenage mother? This chapter focuses specifically on the pregnancy experience (that is, from becoming pregnant until going into labour). Chapter 6 explores the lives of these teenagers after their baby was born, including managing and planning for their future.

Chapter 7 discusses the influences of the participants’ social context and their interaction with it in order to answer the second question ‘How have social factors shaped the experiences of Thai teenage mothers?’

As presented in the previous chapter, the ecological systems theory is the conceptual framework used to assist in understanding the lives of these young mothers within their context. The ecological systems framework (Bronfenbrenner, 1979) emphasises the importance of social context and its effects on the personal experiences of research participants (in this case, unmarried teenage mothers in Thailand). This approach places the teenage mothers as central, exploring what they have to say about their experiences and how they interact with, and relate to, various systems, including: their immediate context such as the father of their baby, friends and family; wider environments such as their school, teachers, neighbours and welfare providers; and the broad macro social context of social policy, cultural/religious/social values and socio-economic positioning.

This approach also played a vital role in structuring the interview questions. The thematic approach to analysis described in Chapter 4 involved reading and re-reading each transcript and identifying and coding themes around two broad areas: pregnancy and motherhood. These themes were then linked to broader categories. In keeping with the conceptual framework underpinning this research, these themes are presented chronologically.

Six main themes emerged from the experiences of the participants during their pregnancy: (1) Pregnancy was unplanned, (2) Discovery of the pregnancy: ignoring the signs and living in a state of denial, (3) Feelings about the pregnancy: I am not ready, (4) Mixed responses from their surroundings, (5) Unaffordable and inaccessible safe abortion and (6) Experiences of pregnancy: a time of changes and challenges.
This chapter will also explore and discuss how these themes reflect the social and cultural context.

**Pregnancy was Unplanned**

Sixteen participants in this study reported that their pregnancies were unplanned. They were the result of ignorance, misusing contraception and (in one case) rape:

I did not really know how to take the contraceptive pill…don’t you think it is very confusing? I never learnt from school and nobody told me about this. It was an accident (P 4).

I thought that as I had sex with him just one time I should not have been pregnant. I did not think it would be this easy. Other people had sex many times and they did not get pregnant (P 6).

I did not have any protection at all. I did not think I could get pregnant. My boyfriend did not use any condoms either (P 13).

In Thai society, a girl who is carrying condoms or contraceptive pills is considered to be sexually active, and for many Thais, this is unacceptable behaviour (Thato, Charron-Prochownik, Dorn, Albrecht, & Stone, 2003). Many Thai girls therefore leave contraception to their sexual partner as it is more acceptable for boys to be sexually active (Tangmunkongvorakul et al., 2005). Gender expectations that mean Thai girls cannot openly use contraception might be one factor that led to the unplanned pregnancies of participants, particularly those who fell pregnant while still at school.

A number of participants in this research reflected that their knowledge of safe sex was not good enough to save them from an unplanned pregnancy. Sex education is expected to be delivered at school as many Thai parents are reluctant to talk about sex to their children and do not know how to communicate with them about sexual matters (Sridawruang, Pfeil, & Crozier, 2010). For the older generations, sex is one of the taboo topics and having sexual intercourse while unmarried is also considered unacceptable (Soonthorndhada, 1992 cited in Tangmunkongvorakul et al., 2011).

However, the Thai cultural taboos described in Chapter 3 do not always serve to curb the sexual behaviour of Thai teenagers (Khumsaen, 2008). The tensions here between traditional expectations and modern Thailand are explored in Chapter 7.

Although most participants reported having consensual sex, one (P 3) reported that her pregnancy was the result of sexual assault.
He is from the same village as me. His house is just opposite my house. One afternoon he asked me to do the laundry for him. I went to his home and he took me into his house and raped me (P 3).

The sexual abuse had continued for more than two years until she was pregnant and her mother found out. The father of the child was convicted of underage rape and sentenced to 50 years jail. This is the only participant who was eligible for a legal abortion. How this was addressed is explored later in the chapter.

Only one participant reported a planned pregnancy. The intention was to have a baby in order to save her relationship with the baby’s father. She said:

I thought if I had a baby with him he might change his behaviours to be more responsible and mature but I was wrong (P 8).

This participant gave up her education and started to live as a couple with the baby’s father. However, their relationship did not last long and he left her after the baby was born.

In summary, most participants reported that their pregnancy was unintended and a consequence of limited knowledge of, or access to, appropriate contraception. It also reflected the role of gender in which many Thai women still leave decision making to men, including whether to use contraception. The gender role and double standard as between men and women in Thai society was presented in Chapter 3. Lack of agency related to gender roles.

It could be argued, given the strong cultural traditions around unmarried pregnancy in Thailand, that the explanation for pregnancy provided by participants was an attempt to avoid the social and moral judgement that would likely follow if they admitted the pregnancy was planned. However, the in-depth information they provided later supported their claim of ‘unplanned pregnancy’. More detail in support of this is presented in this chapter, and in Chapter 6 and 7.

**Discovery of the Pregnancy: Ignoring the Signs and Living in a State of Denial**

**I am not ready**

Most participants sensed a changed in their bodies because of their delayed menstruation. Generally, they waited around two months before having a self-test or seeing a health professional to confirm they were pregnant.

Normally, my period comes every two months. I never thought that I was pregnant when it was delayed. I thought it was just normal (P 3).
My period was delayed and then I bought a pregnancy test to check if I was pregnant or not and the result was positive (P 8).

Some, however, claimed they had irregular menstruation and it took them a while before they realised that they might be pregnant.

My period did not come but I thought it could be late as usual so I waited until the second month and it still did not come. The third month I bought the pregnancy test and found out that I was pregnant (P 12).

I had irregular periods. Sometimes it was absent for 2-3 months before returning (P 15).

They seemed to ignore and deny all the signs that their body had shown and hoped that nothing was wrong with them.

**Physical and Behavioural Changes Challenge Denial**

Some participants also experienced physical or behavioural changes such as a craving for unusual food and morning sickness. This made it more difficult to deny the pregnancy, especially when these changes were noticed by others.

I ate lots of sour fruit. I had never eaten like this before. My mother asked me once if I was pregnant because of the way I ate. She asked how could I eat ten sour mangoes and still not have enough (P 6).

I often vomited at night and my mother started to suspect that there was something wrong with me and then she bought me a pregnancy test (P 7).

My teacher bought me a pregnancy test…she said she suspected that I might have gotten pregnant and she bought a lot of pregnancy tests for most of my friends to check if we were pregnant (P 15).

Although clear signs of pregnancy were presented in many cases, some participants still ignored them and were reluctant to have a medical check-up until their pregnancy was questioned by others.

The pregnancy screening by teachers (as reported above) raises the question of the motivation of the teachers and the advantages and disadvantages of such screening for the teenagers. It is possible that early pregnancy in schools might be so common that teachers have started to develop skills to detect students who have fallen pregnant. One possible disadvantage to the students is that may be forced to leave their studies early. Pregnancy screening instigated by teachers demonstrates the contradiction in modern Thailand of a negative attitude to teenage unmarried pregnancy existing.
alongside an awareness that it is relatively common. The possible ramifications of this contradiction for Thai culture and for the young women in this research are further discussed in Chapter 7.

**Confirmed by Professionals**

Most participants used a pregnancy test kit and then had their pregnancy confirmed by health professionals. This process could take between two to seven months depending on their circumstances.

My aunty took me to see the doctor for the first time to have an ultrasound and medical check… The doctor said my baby was a boy and he was safe and healthy. I was about 4 months pregnant already when I first got a medical check (P 1).

My mother took me to see the doctor to have a pregnancy test because she saw my belly was bigger… My mum thought I might have caught a serious disease, so she decided to take me to see the doctor and then we found out that I was pregnant (P 3).

I went to the district hospital. That’s how I knew I was already three months pregnant (P 7).

Some waited until the second trimester before getting a proper pregnancy check. The delays were more the result of not recognising and accepting the signs than lack of access to health professionals.

**Feelings about the Pregnancy**

**It was Unwelcome**

Having an unplanned pregnancy brought initial negative or unpleasant feelings for most participants. They felt they were too young to have a baby and were not happy about becoming a mother.

I was shocked, frightened and there were many thoughts in my mind… I did not want to keep the baby (P 2).

My first feeling was being very upset. I was not ready to have a baby. This thing should not have happened to me (P 3).

When the test showed two red stripes I felt shocked. My body was shaking. I wondered if I was really pregnant. Was it real? I was so scared if my parents knew this, what were they going to do with me? I did not really know what to do. I was not ready to have a baby (P 6).
Traditional Thai culture expects Thai girls to be married before becoming pregnant. By violating this culture they may give their family a bad reputation and most participants acknowledged this fear. Furthermore, modern Thai children are expected to attend school longer than in the past. The details about gender roles and the educational policy of Thailand were provided in Chapter 3. In brief, since 2009, compulsory education in Thailand has been enforced until year nine and a mandatory free education has been extended from 12 years to 15 years to encourage Thai children to have a higher level of education and stay longer at school (UNICEF, 2015). Getting pregnant during the period of compulsory education is, therefore, considered too early for many Thai parents.

**Disappointment of Failing Family’s Expectations**

The main reason behind the very negative feelings of participants was they thought they had failed to meet their families’ expectations. This was particularly true of participants who were still at school when they became pregnant. The family expectations for a daughter as opposed to son are quite different in Thai society as described in Chapter 3.

I just felt sorry that I had disappointed my mum so much. It was all my fault. I made a mistake (P 2).

I feel really guilty about what I have done...My mother expected me to have a high education. She does not want anybody to talk badly about me (P 6).

Some participants were the youngest daughter of the family and hence carried very high hopes and expectations from the rest of the family who worked hard to give them a good education (which was seen as one way out of poverty for the whole family).

My sister is the one who sent money for my education and she really loves and cares about me. She hoped I could have a higher education and she would work hard to help my parents pay for my study. She was crying when she talked to me. She said my parents were the people who raised me and looked after me, not my boyfriend. How could I let my parents down? She really cares about me; whatever I wanted for my study she would make sure I got it. I am really sorry that I disappointed her. I used to tell her that I would try to have the highest education that I could and have a good job so I could look after my parents (P 6).

I feel so sorry that I disappointed my mother. She looked after me and gives me the best she can but I disappointed her a lot by having a baby at such a young age and not finishing my education (P 7).
I felt guilty and really sorry. My parents put high hopes on me because I am the youngest one in our family and my elder sister didn’t finish high school as well. So they really expected that I might be the one who could make them proud. I am their last hope to have a high education in our family (P 14).

The high expectations of their family created pressure for these participants when they found out they were pregnant and that the better future which they dreamt of might now not be possible. However, those who had left school and started work had a different set of expectations from their family and society. They were recognised as early adults because they had started to earn an income and were expected to look after themselves and contribute to their family. If they were older daughters, they had commitments to support the younger siblings and family financially; if they were the youngest ones, they still had responsibilities to support their family as much as they could through financial means to fulfil a ‘practical and moral indebtedness’ (Lim, 2011). This group felt guilty as they realised that eventually they would not be able to provide any financial support for their family. Indeed, they might become a financial burden as they now had to rely on family help.

I felt really down and upset, especially when people said I would not be able to take care of my grandfather and I would be his burden… Before I had a baby I sent him a little bit of money because my ex boyfriend’s mother did not give me much money. However, when I moved back here I tried to work as much as I could even when I was nearly due to give birth (P 1).

I used to work and sent some money to help my mother but now I can’t do that anymore. I felt really bad about it… I have not paid anything back to her yet. Now I have just added more burden to her (P 5).

The pregnancy created a feeling of guilt for not being able to fulfil their duty as a good daughter. One participant admitted that her parents and family did not know she was pregnant and had a baby and she wanted to keep it secret forever. This participant had left her family and lived on her own for a few years before falling pregnant.

I thought my mother had enough things to worry about and I did not want to add more. She was upset enough with me about my behaviours and all the mistakes I made in the past. I did not want to upset her anymore. I knew that if she knew I was pregnant she would have taken me to talk to the family of the baby’s father and asked them to be responsible for the baby and I knew what the responses from them would be. I would rather keep it secret like this (P 17).
After her baby was born, she gave it up for adoption and intended to keep it secret from her family.

**Positive Feelings: I am Happy to be Pregnant**

Although most participants reported feeling shocked and frightened when they realised they were pregnant, it brought happiness and joy to some.

Initially positive feelings were experienced by two participants (P 1 and P 8). (P 1) fell pregnant when she was living with the father of the baby and their families had approved their relationship. Although it was unplanned, she felt happy when she knew she was pregnant and wanted to keep the baby. The second (P 8) planned to have a baby in order to save the relationship with the father of the baby.

I would like to keep the baby…I felt so happy and relieved to hear that the baby still survived and was healthy (P 1).

I was so happy. I wished that the baby might have brought happiness to our family again and the father of the baby might change after he had a baby (P 8).

Both participants had left school and were working when they found out they were pregnant. Socially, there was nothing wrong with getting pregnant at that time because their relationships were approved by their families and, therefore, being pregnant seemed to bring them happiness and joy. Problems arose though when their relationships subsequently failed.

The next three sections discuss how these teenagers’ micro, exo and macro systems affected their lives, and how teenage mothers interacted with their environment.

**Mixed Responses from their Networks**

As these teenagers are the centre of their broad ecological systems, their experiences were also shaped by those surrounding them. This section discusses how others reacted and responded to their pregnancy and how these responses affected them.

After their pregnancy had been revealed, participants received a range of responses from people around them such as the baby’s father, family, friends, school and neighbours. In rural areas of the North-east, there are very close knit systems and the responses from these systems are very likely to have an effect on the psychological well-being of these teenage mothers.
Responses from the Baby’s Father and his Family: Denial, Avoidance, and Token Bride Price

For most participants, the first person they told of their pregnancy was the father of their baby. However, three had been in a relationship with the father, but had broken up before finding out they were pregnant.

I did not really know I was pregnant. I broke up with the father of the baby and moved back home and then realised that I was pregnant. I was already four months pregnant (P 5).

We already broke up when I found out that I was pregnant with him but I told him anyway (P 12).

When I realised that I was pregnant we had already broken up (P 13).

Some participants decided to keep their pregnancy, or their failed abortion attempt, secret from the father of the baby and his family because they did not want them to be involved in their lives.

The baby’s father did not care. He asked what he could do. I asked him if he wanted to keep the baby or wanted me to have an abortion. He chose the latter. Not long after that we broke up. I was not happy to be with him anymore. He is not a good guy. Later I lied to him that I had an abortion and I didn’t have a baby anymore. I don’t want him to know that I still have his baby (P 4).

I did not really know I was pregnant. I broke up with the father of the baby and moved back home and then realized that I was pregnant. I was already 4 months pregnant (P 5).

I just did not want to tell him. I was worried if he knew it, he might tell his mother. I did not want his mother to know that I was pregnant. I knew she did not like me and she might think that I was trying to catch her son or that the baby was not his (P 17).

These participants lived in a small village where keeping a secret would be very difficult. However, they did manage to keep their pregnancy secret from the baby’s father through deception or physical separation.

I had another relationship with a new guy after I told the baby’s father that I already had an abortion and this guy offered to be the baby’s father for me which made everybody think that the baby is his (P 4).

The baby’s father lives in another province and we had already broken up. I did not see him anymore after we broke up and then I moved back home (P 5).
I went to live with my friend in another place and did not see him (the baby’s father) during my pregnancy. We had already broken up so there was no need to see each other anyway. I always wore loose clothes so nobody could notice my big belly (P 17).

These teenage relationships were vulnerable and fragile. Many of the girls had known the baby’s father for only a short time before finding out they were pregnant and had never planned on a long term relationship. Interestingly, most were not concerned about the social traditions of virginity at marriage. Their concern was instead about the pregnancy becoming visible.

Some fathers responded by denying and avoiding their responsibility as the father of the baby.

He knew I got pregnant and had his baby but he did not care. He did not want to be responsible for the baby (P 2).

He said I was not pregnant with him and the baby was not his (P 5).

He asked me if I was lying. I might have stomach problems. I said I was not joking. I was really pregnant. As soon as he knew I was pregnant he tried to avoid me and got a new girlfriend (P 6).

Initially, he denied that I got pregnant with him. The baby was not his and then the head of the village asked me to inform the police and take the case to the court (P 13).

Some fathers were studying and had no resources with which to care for participants and their baby. Most relationships were not approved of by the parents of the baby’s father. Both teenage mothers and fathers also risked being expelled from school if the fact they were living as a couple was discovered. Unsurprisingly, many of these fathers just denied and ignored being the father of the baby in order to protect themselves and their futures.

These fathers were nonetheless part of the decision to try self-abortion. Some gave participants advice and some provided them drugs they thought might terminate the pregnancy. Some of them transferred their responsibility and decisions about their baby and the participants to their own parents. These decisions included approval of their relationship and getting an abortion.

He did not show any feeling and did not say anything. He just told his mother… and his mother told me that I could not keep the baby. I had to finish the pregnancy …his mother did not want me to have a baby. She wanted me to get rid of the baby because if I had a baby I would not be able to work or earn any money for the family (P 1).

His parents were very upset, angry and very unhappy. They did not want me to have a baby because their son was still studying (P 14).
His parents asked him to stop visiting me and to end our relationship (P 15).

The responses from the family of the baby’s father were generally very negative. Most wanted their son to end the relationship with the participant (if indeed there had been a pre-existing relationship that had not already ended) and one parent even forced the participant to attempt an abortion.

Financial status might have played a part in these negative responses. All participants were from poor family backgrounds, but most reported that their baby’s father had a superior financial status to their own. In some cases, the negative response from the parents of the baby’s father was linked to the participant’s poor background.

I think the parent of the baby’s father wish that their son deserves a better woman than me (P 14).

It is not about just two people but it involves their family as well. His family does not like me and we cannot have a future without their approval. There is still a class and gap between the poor and rich in our society. I never thought before that it could happen to me (P 15).

From their perspective, the family of the baby’s father did not want a poor daughter in-law and did not welcome them into their family. Again, this shows the importance of financial considerations.

One participant (P 1) said the mother of her baby’s father did not want her to continue the pregnancy and relationship because his family could not rely on her for income and as a source of labour. Further, the baby would cost his family a lot of money and they could not afford that. In other words, this participant had been valued by the family of the baby’s father for her financial contribution, rather than her relationship with the father.

Some participants and their families tried to get the fathers and their families to take responsibility or pay the bride pride for their daughters on the basis that the father had violated both Thai culture and law.

My mother took me to see the family of the baby’s father but he already ran away to Bangkok. My mother told his family that I was already 4 months pregnant. They had to be responsible for the baby. Having sex and getting pregnant before marriage are against our culture (P 6).

My mother called the baby’s father and made an appointment with his family for a family meeting (P 7).
My family went to see the police and the police sent him a letter asking him to talk to us at the police station...He finally admitted that I was pregnant to him (P 13).

Despite not approving of the relationship between the participants and the baby’s father, and not being happy with the pregnancy, the families of about 10 fathers arranged a private ceremony and agreed to pay the bride price to the participants’ family.

They agreed to pay a bride price to my mum and I decided to move in with him. I lived with him only a short time because he did not care about me at all. He also had a new girlfriend and treated me badly. He said he was not ready to be a father. He wanted to break up with me (P 6).

They decided to pay my grandmother the bride price. It was 20,000 Baht (around $800 AUD) and a little bit of gold chain (P 13).

They talked to my parents and paid the bride price which was around 46,000 Baht (around $1,840 AUD) and a little bit of golden jewel. They just did not want their son get into trouble, but deeply they did not welcome me much. When they came and paid the bride price for my parents I was around 8 months pregnant already (P 14).

The motivation behind the payment of the bride price to the participant’s family seems more likely to have been a desire to reduce the conflict between the families and thereby avoid a criminal charge of underage sex. Six participants had sexual intercourse at the age of 16 or under. In these cases, the bride price is not the symbol of respect and the expression of gratitude for the bride’s parents as it is traditionally the case. The process of negotiating a bride price and avoiding criminal charges can be done by the village/community leader or arranged by the police after the participants’ parents inform them of the incident. If the girl’s parents or guardians are happy with what is offered, the case will be finalised. After the bride price was paid, participants could decide whether to live with the baby’s father as a couple. Some did so for a short time (from days to months), while some continued living as a couple until the baby was born and then broke up.

Responses from Families of Participants: Disappointment and Anger

A number of participants tried to hide their pregnancies. When it started to be noticed, they had no choice but to tell their families the truth.

I told my mother when I was 3-4 months pregnant and my mother told my sister. I did not tell my mother earlier because I was scared that my mother would tell my father. I did not want him to know. My father is a quick tempered person. He will not listen to anybody if he
gets angry and I would receive a hard punishment…I thought if I had an abortion I did not have to tell anything to my mum. She does not need to know and I thought I should try to fix the problem myself first (P 6).

My grandmother did not know I was pregnant… When I vomited I tried to hide it from her until I was around four months (P 13).

Most families were not happy when they found out their daughters were pregnant. Only two participants reported that their parents were not angry and supported them in keeping the baby. One participant (P 3) fell pregnant following a sexual assault and received full support from her parents. The other (P 8) wanted to have a baby in the hope that it might save her relationship. The families of participants who fell pregnant while studying were particularly angry and disappointed as they had expected their daughters to have a good education and therefore a better future. The families of participants who had already left school and were working when they fell pregnant were distressed by the lost family income and increase in the number of family dependents.

My mother cried and was very upset when I told her I was pregnant. She asked me what I want to do next and where would I like to stay…At first because she was very upset and angry she wanted me to have an abortion (P 4)

My mother asked why I was not concerned about my education. If I had a baby I would not be able to finish my education and if the baby’s father did not take responsibility for his baby what could I do (P 6).

I knew my mother was very angry and disappointed but she never punished me or blamed me for this accident (P 15).

The tension between participants and their families increased significantly after the pregnancy was revealed. This unintended pregnancy had dashed the hopes and expectations many families had for their daughters. Many participants were the youngest family member and were therefore expected to provide a better future for the family.

**Responses from Friends: Understanding and Support**

Some who fell pregnant while studying chose to tell their friends and seek their advice before opening up to their family.

I called my friends after I found out I was pregnant…They told me to be calm and think carefully before making any decisions. They said I can call them any time (P 4).
My menstruation did not come for the second month and my friends asked why I did not worry that I could be pregnant. I told them that I used to go four months without a period but my friends recommended that I should have a pregnancy check. So I decided to have a test (P 17).

Some friends provided emotional support during their pregnancy. For those who tried self-abortion, friends played an important role in advising on the drugs to use and where and how to acquire them.

I took Ya Sa Tree (lady medicine) for a month but it did not work and then my friend told me that there is a pill that is really strong and might finish the pregnancy. I bought two tablets which cost me 2,000 Baht per tablet (P 5).

I talked to my friend and she told me about this (lady medicine) and bought it for me (P 13).

My friends, they told me the name of a drug and if it did not work I should try the strong pain killer (Ya Tam Jai) mixed with alcohol drink (P 17).

Overall, participants reported positive responses from their friends.

Nothing changed much. Some of them already had children the same as me but they have their babies’ fathers. They visited me when I gave birth and we are still good friends. Nobody talked badly to me (P 3).

They were very good to me. They have never left me lonely and always visit me and chat with me. They are very good supporters for me (P 4).

My close friends are just the same as they were. They are very supportive. They still visit me and talk to me sometimes. One of my closest friends said she feels sympathy for me. She has never thought that my boyfriend could treat me like this (P 6).

Peers and friends were a source of support for participants who fell pregnant during their study. Those who were working when they fell pregnant reported not having many close friends, having previously grown apart from their school friends. Any friends they had were from their work places and when they moved back home they lost contact.

**Responses from Schools and Teachers: Support and Exclusion**

For participants who fell pregnant during their study, responses from their schools, teachers and other students were mixed (some supportive and some unsupportive).

Positive responses included emotional support, basic help and allowing them to attend classes.
Some teachers gave me some food I like such as fruit. They knew that pregnant women crave sour fruit. They gave me pomelo, milk, things like that… They allowed me to continue my study because I was a very good student. I never missed a class. I always helped the teachers and participated in school activities. I was very good in class. Nobody believed that this thing would have happened to me. Everybody supported me through my pregnancy. They gave me advice. My teachers said I should not worry too much about studying. I can go back to study any time that I was ready. They said at the moment I should concentrate only on raising the baby and when I am ready I can come back to school anytime. This school is very good, unlike other schools that always expel their students if they know they are pregnant (P 6).

They (teachers) told me that if I wanted to continue my study I could but I had to be very careful because I could have an accident or fall off the steps very easily (P 7).

However, some participants received negative feedback from their teachers, school or other students. One claimed the school made her story public and held her out as a bad example.

My school announced to all the students that I am the example of a student who does not concentrate on studying and who has had a sexual relationship too early (P 2).

Some of the senior students talked behind my back and looked at me badly. They talked about why I kept coming to school while I was pregnant (P 7).

Some chose not to tell their teachers and quietly left their schools. None of these participants received any follow-up from their schools about their welfare or intentions.

They (teachers) did not know (that I was pregnant) … The school will give you the resignation paper and ask you to stop studying…If they knew you were married or lived together with your partner they would expel you (P 13).

Some teachers asked my friends why I stopped going to school but most of my friends did not know that I was pregnant either. I only told my close friends… In the past, there was a student who got pregnant and she still attended the class until her belly was too big. I think if teachers do not know that you are pregnant you will be ok to attend the school until your belly is too big (P 14).

Responses from schools varied. Although there were some positive responses, they did not continue and were not sufficient to help participants continue with their education. Some schools decided not to do anything neither supporting nor punishing the pregnant student leaving it to them to make their own decision as to whether to continue their study.
Being unable to continue their education had a substantial impact as education seems to provide the only opportunity to move out of poverty. Participants clearly showed their disappointment when discussing education failure, which was a source of considerable tension between participants and their families. The implications of school exclusion are explored in detail in Chapter 7.

**Responses from Community and Neighbours: Gossip Rather Than Exclusion**

All the participants were from small villages in a rural area of the North-east, Thailand. The North-eastern communities are generally close knit and most are family oriented. Secrets are hard to keep within such communities. However, some participants tried to mask their pregnancies by avoiding public appearances and wearing loose clothing.

I did hide my pregnancy. I tried to wear loose clothes and did not go out anywhere (P 6).

I did not go out much. I just stayed home all day. Somebody asked me how could I get pregnant because they saw that I stayed home all the time. I am not the kind of a party girl (P 7).

The main purpose of concealing their pregnancy was to avoid public criticism. However, most participants reported that it was difficult to keep it secret because they lived in a very small village where most residents were related. Nevertheless, as presented earlier, there were also a few participants who decided to keep their pregnancy secret from their baby’s father, but not from their own family.

When the pregnancy was revealed, some participants received negative response from their neighbours.

Some people said that I have a baby at such a very young age and how would I be able to look after the baby. How will the baby survive? And when I came back to live with my grandfather they said who will look after whom. My grandfather will look after me or I will look after my grandfather (P 1).

Some neighbours talked behind my back. Many people said I am ‘Tong Mai Mee Por’ (In Thai ‘Tong Mai Mee Por’ means getting pregnant without the baby’s father) (P 3).

Some neighbours talked behind my back. My friends heard about it and told me...They said I was away from home to work but ended up getting pregnant. I have not helped my mother with anything yet like I have not sent her any money and supported the family enough. I was pregnant without a husband (P 5).
However, participants agreed that any negative responses were in the form of gossip or talking disparagingly behind their backs rather than confrontation or action. Some participants reflected that teenage pregnancy is becoming increasingly common. They admitted that although unpleasant, the gossip did not harm or affect their lives much.

They just talked behind my back but they did not do any harm or treat me badly (P 3).

Even though there might be somebody who wanted to talk badly about me, they never talked in front of us. They might gossip but it does not matter for me anyway (P 4).

Nowadays there are so many young mothers in our village. Some of them are just 13-14 years old. It happens more and more and seems to be normal now. This thing can happen to anybody. However, they might gossip about you but I really do not care much actually (P 5).

This suggests Thai society is more open and accepting of teenage pregnancy than would be expected given the society’s traditional values in the past. These teenage mothers reported not being stigmatised, punished or excluded by their neighbours or communities. This challenges the accepted view that traditional values are strongly held in the small villages in the North-eastern region. The interaction between traditional values and changing sexual behaviours is discussed in Chapter 7.

In summary, the responses from participants’ micro and exo systems were discussed in this section. The micro network responses seemed to have a direct impact on participants’ lives from many angles both good and bad. Some said responses from friends, teachers and family were positive. Some acknowledged negative responses from their teachers, school friends, parents, and the baby’s father and his family. Some reported receiving a negative response from their neighbours, but categorised responses from that quarter as not being harmful. Participants seemed able to choose how to feel about responses from those in their micro system. However, in dealing with the broader ecological system (the macro system) they were more passive and seemingly unable to make their own choices. Pressure to obtain an abortion is an example of the influence of the macro system on the lives of teenage mothers.

For most participants the pregnancy was unplanned. About 60% (10 cases) reported attempting self-abortion. Although none was successful, their experiences provided in-depth information about abortion policy, practices and dilemmas in Thailand.
Safe Abortion: Inaccessible and Unaffordable

As presented in Chapter 3, abortion is generally prohibited under the Thai law. In this research, ten of the seventeen attempted abortion. Of those who did not try, some said that they had thought about it but they were too frightened of the unknown procedure and the effects of the drugs used. Three main areas were discussed in relation to the experiences of attempting abortion: influences on decision making, methods used and the impact of their actions.

Influences on Decision Making: Factors Leading to Attempted Abortion

Participants who attempted abortion were partly influenced by others such as their family, friends, and the baby’s father and his family. Some were forced to do it and went through very painful experiences.

Pressure from the Baby’s Father and his Family: Unwelcome and Rejected

Most participants received a negative response from the family of the baby’s father and were blamed for the unplanned pregnancy. Some were pressured by the baby’s father and his family to end the pregnancy. Eleven fathers were aged under 20 at the interview time. Indeed, some were studying and had no income and were not able to support a child and look after a family. Therefore, many of them asked their girlfriends to end the pregnancy to avoid that responsibility.

The mother of the baby’s father told me that I could not keep the baby. I had to finish the pregnancy. She said because I was too young. If I had a baby at this age I wouldn’t be able to work. I had to stay home and look after the baby and raising a baby would cost her lots of money (P 1).

The baby’s father told me to buy the medicine which makes the period come. I tried to take it but I vomited every time (P 6).

The baby’s father said I should try the medicine to finish the pregnancy first if it didn’t work I could keep the baby (P15).

Aware of their Own Future and Pressure from their Family

Some participants admitted that it was their own decision to attempt an abortion because they feared for the future and did not feel ready to be a mother.

I did not want to keep the baby (P 2).

I was not ready. I was studying and did not want to have a baby yet (P 6).
However, for some participants, it was their own family (particularly their mothers) that pushed them to attempt abortion.

   My mother, she wanted me to finish the pregnancy (P 2).

**Religious Beliefs: It is a Sin**

All participants were asked their thoughts on abortion. Those who did not attempt abortion indicated this was because of strongly held religious beliefs to the effect that abortion was a sin and would attract bad karma, and the fact they had the support of their families. Those who made a failed attempt abortion likewise said it was a belief in sin and karma that influenced their decision not to try a second time.

   It’s a sin and a bad karma. If you are doing well one day the good karma will pay back to you. For me, the good karma that I kept and looked after the baby and didn’t have an abortion will pay back to me in this life. I don’t have to wait until the next life (P 3).

   I do not agree with the abortion. I feel sorry for the baby. It is a sin (P 17).

**Availability of Support Systems: Family Support is the Key Factor**

As discussed, family support played a key role in deciding whether to continue with the pregnancy. Those participants who did not attempt an abortion said their mothers were their key supporter in deciding to keep the baby. As they mentioned:

   My mother, I asked her for advice and she said we should keep the baby. She would help me look after the baby (P 3).

   My sister, my brother-in-law and my mother, all of them told me not to go for abortion. They said they would help me look after the baby and told me to keep the baby. They said even dogs still love their puppy. We are human and should do better than dogs (P 10).

   My mother wanted me to keep the baby. She said she would help me to look after the baby. I had thought about getting an abortion too but my mother didn’t allow me to do so (P 12).

Support and reassurance from their families helped participants decide not to go through with an abortion. Participants clearly received different responses from their families and friends. Those who received support and positive responses were more likely not to attempt an abortion. Those who did not get support and were pressured by their surroundings and endured either a self-abortion or a forced abortion.
Timing: It was too late and Dangerous

Those who hid their pregnancy or did not realise they were pregnant until the second trimester felt it was too late to get an abortion as they believed the baby had started to develop into a real human. Those who attempted abortion at an early stage (but failed) also felt reluctant to make a second attempt as they could feel the baby’s movement and worried that it might be too dangerous.

I was about 2-3 months pregnant already. It would be really hard to do. If I were around 1-2 months I might have tried other ways but it was too late (P 6).

I could feel the baby inside and he was quite big already. If the foetus was smaller I might have broken his neck already (mother of P 15).

Methods Used

The abortion methods attempted by participants shows how desperate they were, but they also show that in reality they had limited resources and knowledge. In this research, two methods tried were: taking drugs and physical force.

Taking Drugs

The findings from this study show that taking drugs was the most popular method of attempted abortion as they are easy to buy from any local pharmacy. The main drug that used is called Ya Sa Tree (lady medicine) which is believed to regulate menstruation, expel the blood clot and kill the foetus.

She told me these medicines would kill the foetus and finish my pregnancy. I knew one medicine which is called ‘Ya Sa Tree’ (P 1).

It’s called Ya Sa Tree. I used it and mixed it with alcohol. I took the medicines for weeks but it didn’t work and my friends said I should stop because it became too dangerous (P 4).

I took Ya Sa Tree (lady medicine) for a month but it did not work and then my friend told me that there is a pill that is really strong and might finish the pregnancy. I bought two tablets which cost me 2,000 Baht each (P 5).

Some tried a mixture of pain killers, a herbal drink and alcohol to expel the blood clot.

The local medicine mixed with the alcohol drink. I gave her Tam Jai (a local medicine which is a strong pain killer) mixed with herbal drink. Everything that people told me might terminate the pregnancy, I tried them all (mother of P 2).
One participant who was strongly pressured to obtain an abortion simply described the drug she took as ‘medicine’.

The mother of the baby’s father asked me to drink some medicine and I did not know what it was. One was liquid and the other one was like a powder mixed with alcohol. I took so many medicines that she gave me (P 1).

Ya Sa Tree and Tam Jai are widely used in Thailand. Ya Sa Tree is used to regulate menstruation and Tam Jai is used as a pain killer. Little is known about their effect on a developing foetus.

**Physical Force**

Physical force or heavy massage was used on one participant (P 1). She experienced a painful procedure controlled by the mother of the baby’s father who did not approve of the pregnancy.

The mother of the baby’s father paid somebody to come and squeeze my tummy to kill the foetus. She sat on my tummy and used her hands to squeeze really hard on my tummy. She said she tried to break the blood clot in my tummy and then she said ‘It’s gone, it’s gone’ but nothing happened. She did it three times to me (P 1).

**Access to a Safe Abortion: Unaffordable and Inaccessible**

Legal and safe abortions are usually conducted in government hospitals under legal approval. However, participants confirmed there are many private hospitals and clinics operating illegally, but they are expensive. Given the narrow legal grounds on which an abortion is approved and conducted in government institutions, a safe abortion is generally only available to those with money.

Many participants said they had thought about getting an abortion in a private clinic, but did not do so because of the high cost.

I knew that there is a service in the city but at that time I did not have enough money. It cost around 10,000 Baht (around $400 AUD). If you do not have that money you cannot get the abortion (P 2).

When I was about 2 months pregnant my boyfriend tried to take me to have an abortion but we did not have enough money (P 6).

We do not have money to get an abortion anyway. I heard that it is very expensive. It might cost around 6,000 Baht (around $240 AUD) for every month of the pregnancy (P 15).
I tried to talk to the local hospital staff for advice but the nurses said they could not do anything. Abortion is illegal here and my daughter was not raped (mother of P 2).

Under Thai law, abortion is only permitted in very limited circumstances. Even one participant (P 3) whose pregnancy was the result of rape, and who was therefore eligible for a legal abortion, did not proceed with it.

I did not want to get an abortion. The baby was already here with me and I would love to keep it. It is a sin if I have an abortion (P 3).

**Effect of their Actions**

Attempted abortion was accompanied by physical and emotional challenges.

**Physical Effects**

Participants who attempted an abortion experienced different symptoms after taking drugs and having a heavy massage.

I had a severe stomach pain, particularly after I got another Thai herbal medicine mixed with a local alcohol drink. I had to take it all until it was finished. I felt hot and cold in my stomach. I couldn’t bear it (P 1).

I tried to take it but I vomited every time. It did not work (P 6).

I felt very hot in my tummy (P 15).

However, no participant reported a serious injury or infection from an attempted abortion.

**Emotional Effects**

Feelings experienced by participants included helplessness, sadness, loneliness, stress and desperation.

There was nothing I could do. I just cried and cried and in pain for 2-3 days. Nobody could help me because I had no family or relatives nearby. I could not do this anymore and decided to run away. I did not have any money at all. The parents of the baby’s father never gave me any money even though I worked for them (P 1).

One participant (P 15) developed psychological distress and has lost her memory of the period during which she was taking abortion drugs. That participant’s mother said her daughter behaved strangely during this time, screaming and convulsing. She believed the cause to be a bad spirit.
In summary, those who attempted abortion responded to the drugs differently depending on the quantity taken. While the drugs are readily available, their effect on a baby’s long term development is not known. None of the participants who made a failed abortion attempt tried again. There is also not much difference in the rate between the group who were at school and those who attempted an abortion (55.5% and 50% respectively). The age of participants was also not a factor in terms of attempting abortion.

The high number of abortion attempts in this research matches the result of other research conducted in Thailand (Tangmunkongvorakul et al., 2011; Whittaker, 2004). A study of 1,750 young urban youth in the Northern region showed that 30.5% of female participants reported that they had been pregnant and 17.5% of male participants reported that they had caused pregnancies. Two-thirds of those who had been pregnant or caused pregnancy experienced a successful abortion. Almost half of those who had experienced abortion had induced it themselves, usually using illegal abortifacients. One-third went to a private clinic or hospital illegally (Tangmunkongvorakul et al., 2011).

**Experiences of Pregnancy: Time of Changes and Challenges**

Many changes happened during pregnancy. This section presents the challenges that teenage mothers faced before the baby was born. These included physical and psychological changes and adjustment regarding their education, finances and relationship with the baby’s father; and the commencement of a relationship with welfare agencies.

**Experiencing Physical, Behavioural and Emotional Changes**

As mentioned earlier, many participants experienced physical and/or behavioural changes during their pregnancy. Such changes are normal for pregnant women and included feeling tired, sleepy, dizzy and craving unusual food.

I was quite healthy. It was just the doctor who worried that I might have thalassemia because I have had anaemia since I was a child, but after the medical check they found I was just fine. I just had to take some vitamins (P 7).

I did not have any health concerns except I had morning sickness for the first three months. I felt very dizzy and sick every morning (P 8).

I had morning sickness for the first three months and after that I was ok (P 13).
In general, morning sickness and physical changes were not an issue for the participants and none reported any particular health problems.

However, these teenage mothers had to cope with emotional and psychological problems during their pregnancy. Their feelings were a mixture of guilt, shame, stress, depression, and worries about their baby’s health.

I was so worried that the baby might not be healthy or might have abnormal development because I took so many drugs (P 1).

I was quite healthy physically but emotionally I was really bad. I cried all the time. When people said something or asked about the sensitive issues I would cry easily. I was not very strong at all (P 6).

I felt ashamed. I am a very sensitive person. When people talk badly about me I always keep thinking and thinking and it made me so stressed (P 7).

I was so stressed. My father was not well and I knew what happened with me upset him a lot. He loves me very much and it is painful to see his daughter had been treated badly (P 8).

Two participants had suicidal thoughts seemingly induced by depression and abuse by the father of the baby. However, they were not diagnosed or counselled by professionals.

I was so stressed and depressed. I did not know what to do with my life. I thought about suicide so I could get out of this circumstance but I knew suicide is a big sin so I was too scared to do it. I felt like I was in hell when I was still alive… I thought about cutting and hanging myself but then I thought although I had killed myself the baby’s father would not have changed his behaviour (P 6)

I felt so upset and stressed the way he (the baby’s father) treated me. He never cared about me at all. I used to think about killing myself but my baby kept me alive. I nearly jumped into the river once but I changed my mind at the end (P 8).

The two participants who developed suicidal thoughts also endured a short term abusive relationship with the baby’s father. The failed relationship seemed to have a big impact on their psychological well-being. In contrast, participants who broke up with their baby’s father earlier and had no intention of having a long term relationship with him were more likely to cope better emotionally.
Managing their Education

Around half of the participants fell pregnant while they were still at school. They managed their education during the pregnancy differently. Some stopped going to school as soon as their pregnancy was confirmed in order to avoid conflict with their schools. Some, with support from their teachers, were allowed to continue attending classes as long as they wanted. However, when their changing appearance started to be noticed and other students started to react negatively, they left school.

Originally, I planned to stop going to school when I was four months pregnant but with the support of my teachers I kept going until I was about eight months and then I stopped … I really wanted to continue my education but at the end I had to give up when my belly got too big (P 6).

I decided to stop going to school myself. Nobody forced me… I started to feel tired when I went upstairs and there were many classes that I had to go up to level three. I was worried that I might fall down the steps one day. So I decided to stop going school (P 7).

Those who decided to stop going to school explained that having a pregnant student sit in the class was inappropriate and against the school regulations. It might also give the school a bad reputation.

I think that most of the teenage mothers when they realised that they were pregnant just quit school. Not many wanted to study while they were pregnant. It is too embarrassing. It is shameful and they might get bullied by their friends (P 3).

The school will give you the resignation paper and ask you to stop studying (if they knew you were pregnant)… If they knew you were married or lived together they will expel you… They never told us (about school policy), they just did it and we accepted it (P 13).

I think if teachers do not know that you are pregnant you will be ok to attend the school… (If they knew) those students would be expelled (P 14).

Although some participants were disappointed not to continue their education, none criticised their school policy or blamed their teachers for not facilitating study. These teenage mothers seem to accept such regulations and policies as simply being the way things are, and instead blamed themselves for their unfortunate circumstances.

Of those participants who had already left school before falling pregnant, some nonetheless continued their education by enrolling in informal education which is more flexible and affordable and did not require any class attendance.
Coping with Financial Difficulty

All 17 participants were from low income families (this reflecting the criteria aimed at identifying as participants the potentially most vulnerable young women). All were therefore under pressure to contribute financially to the family and many were forced to continue working throughout their pregnancy, even when this posed a risk to their safety or that of their baby.

It was difficult for me to travel there while I was pregnant and I did not have any money to pay for transportation… I tried to help my grandfather as much as I could. Before I had a baby I sent him a little bit of money because my ex mother in law never gave me much money. However, when I moved back here I still did the hard work even when I was nearly due to give birth (P 1).

I had to help my mother selling noodles even when my pregnancy was nearly due. I had to work to help her earn some income. I fell down during my work and had to go to hospital for an early labour (P 2).

It was very difficult. I was unable to stop working. It was hard work in the rubber plantation. I worked until the day I gave birth (P 8).

However, many participants found it difficult to obtain employment during their pregnancy. Those who were working in cities, but moved back home after falling pregnant, lost substantial income and relied on family support. Most of them could not find a job in or near their village. The impact of financial difficulty is further discussed in Chapter 6.

Relationship with the Baby’s father: Abuse and Rejection

Some participants lived for a short time with the father of their baby, but said their relationship was rough and unhappy.

He had to work in another district and I tried to call him but he tried to avoid talking with me. Later on, he had a new girlfriend and I caught up one day when he went with his new girlfriend. We just grew apart (P 7).

Nothing was good like I had imagined or dreamt of. When I was nearly due he still forced me to work in the rubber plantation and asked for the money from me. When I had a little bit of money he would come and take half of it and spend it drinking and partying with his friends and women (P 8).

He did not care about me at all. He also had a new girlfriend who he was dating during the time we lived together. His new girlfriend was from the same village as him (P 13).
Some experienced an abusive relationship.

He is not a good man. When we were together we fought a lot. He abused me physically many times. I never thought I would marry him anyway. The pregnancy was an accident (P 4).

He did not want to take me anywhere. He did not want anybody to know that he already had a wife and baby. He said he didn’t love me anymore and asked me to get out of his life… He was drunk every night and came home at 1-2 am. Sometimes he abused me badly, hit me, kicked me or slapped my face when we had an argument (P 6).

The participant whose pregnancy was the result of sexual assault said:

He raped me … The first time when I was about 13 years old. I was in year seven at that time and he continued raping me until I was pregnant …He had threatened me if I told anybody about what happened between us he would kill me and I was really scared. I kept it secret until I was around 6-7 months pregnant (P 3).

As mentioned earlier, one participant was forced by her boyfriend’s mother to attempt an abortion and the father of the baby sided with his mother.

He did not do anything to help me at all. He said I should do whatever his mother asked… I felt so sorry and we had lots of arguments (P 1).

The fact that participants had a poor relationship with the father of their baby is not surprising given that one of the criteria for participant selection was that they not be in a relationship with the baby’s father at the interview time. However, the stories of how these relationships ended and the participants’ experiences of sexual, physical and or emotional abuse at the hand of their baby’s father and his family assist in understanding the journey and circumstances of teenage mothers.

Experiences with Health Care Providers and their Services: ‘They were Generally Good’

Most participants had a routine check-up at their local hospital during their pregnancies and received positive responses from the medical staff.

It was normal. They never said anything bad about me… They just treated me the same as other patients (P 1).
They treated me very well. Nobody spoke badly to me. They thought I was 17-18 years old because I was quite a big girl (P 2).

They treated me very well. They supported me and told me not to worry too much. They might see that I was always in a sad mood. One of the staff said ‘Don’t worry too much; there are many young girls in the same situation as you’. They said some of them were only just 12-13 years old …Generally they were very good, just some of them might talk a little bit harshly to you (P 6).

However, some participants reported that they received negative responses from the medical staff.

They yelled at you like ‘Don’t cry too loud’ (P 6).

They spoke about my age. They said I was too young and some of them yelled at me (P 8).

Not good at all. They really spoke critically to me…One of them said I love to have fun but do not know how to protect myself… Most of staff at this hospital talked to me badly. My friends had the same reaction as me too. They did not treat me nicely as it should be (P 14).

One participant was denied health care services because her name was not in the service area of her local hospital. She received no medical check-ups during her pregnancy, her first real medical contact being the day she gave birth to her son.

I went to the district hospital to have a first time check-up after I moved back with my grandfather. The hospital staff told me that I could not use the hospital services there because I did not have a name in my grandfather’s house which was the area for this hospital. They asked me to transfer my name from my dad’s house to my grandfather’s house so I could get the hospital services, but I never had a chance to do that because it was too difficult for me to travel there while I was pregnant and I did not have any money to pay for transportation (P 1).

Although many participants reported receiving good service from health care providers, none received a specific program targeting teenage mothers. Although the Ministry of Public Health commenced a Youth Friendly Health Services (YFHS) in 2009 which was expected to improve services for teenagers and lessen the gap between this group and health care providers, participants in this research reported not receiving services or knowing this program exists.

**Experiences of Labour**

Fifteen participants had a natural labour. They described as painful, but not as frightening as they had imagined. Most gave birth at their local hospital with their family by their side.
I had so much pain. I gave birth two weeks earlier than the due date because I fell down so I had to see the doctor earlier and they gave me medicine to make me give birth that day. I had about 12 hours of pain. I had a natural labour (P 2).

The pain started about 8 pm and my mother took me to the hospital about 3 am. Nurses taught me how to push and breathe. It was not a difficult labour. I pushed around two times and then she was out. I gave birth around 1 pm the next day. I am very lucky that I didn’t have any complications at all. Some of my friends had to use medicines and one of my friends needed to have caesarean because the baby’s position was not right. I am very thankful for what I had. It was very natural (P 3).

I was scared that I could not do it but the doctor told me what to do and how to breathe and push the baby. It was not as hard as I feared (P 6).

One participant tapped into her spiritual beliefs for emotional support.

The day before I gave birth I went to see the spiritual leader to see if I would have an easy or difficult labour. He told me that I would have a very difficult labour and had a chance to have a caesarean. He gave me some holy water to drink and use when I felt pain. When the pain started I drank the water and touch some on my belly. It helped relieve the pain and when I was admitted at the hospital the baby born very easy (P 1).

All the babies were born safe and healthy.

**Conclusion**

This chapter presents the experiences of participants from the time they found out they were pregnant until giving birth.

The key finding is that financial factors were central to their experiences. They had been expected to provide financially for their families and their higher education or paid employments were seen as crucial to their family’s financial security. Becoming pregnant severely diminished a participant’s ability to make the expected financial contribution to her family. In short, poverty reduced a participant’s options, including the possibility of obtaining a safe abortion, continuing education and getting a job.

Although getting pregnant at an early age and outside marriage is not well accepted by traditional Thais, the social stigma attached to teenage mothers recounted by many researchers (Hanna, 2001; Moss-Knight, 2010; Njoora, 2003) is not evident in this research. Old beliefs such as the value of retaining virginity have been challenged in this research. This value seemed less embraced by the
younger generation and was less of a problem to the family than the potential financial impact. The reality was that many others families in their community also have a teenage mother, which seemed to have created an accepting and understanding atmosphere in their close knit social network.

However, there was some contradiction between traditional and modern values. Although the value of virginity appeared to be unimportant to young teenagers, bride price was still used by older generations to compensate the damage that had occurred. Also, while many young girls have started to experience more sexual relationships, they often try to keep them secret from their parents. Their sexual experiences are clearly separated from their role as a daughter. There is still a big gap between parents and children in terms of discussing sex which is consistent with other studies (Sridawruang, Crozier, & Pfieil, 2010; Vuttanont et al., 2006). In the absence of social welfare support, family was the main supporter and carer of participants.

In short, the experiences of these young women were shaped by the tensions between modern Thailand and traditional values regarding sexual experiences outside marriage. These tensions are reflected in limited access to sex education, contraception and abortion; traditional gender role expectations; and the fact that combining pregnancy with schooling is generally unacceptable. The participants’ socio-economic position was also central in shaping their experiences of an unplanned pregnancy. Their major concern and that of their family was the impact of the pregnancy on the financial position of the family and (in respect of participants still at school) opportunities to access higher education. Poverty was also the main factor that influenced access to alternatives such as abortion and changing to a more tolerant school. It seems from their stories that one small unplanned event closed down many life options, both for participants and their families. How this plays out in their experiences after the baby is born is explored in the next chapter.
Chapter 6

Experiences of Being Unmarried Teenage Mothers

Introduction

In this chapter, experiences of being unmarried teenage mothers are presented and discussed. As presented in Chapter 5, fifteen participants had a natural labour and two needed a caesarean section because the birth was overdue or the labour difficult. All babies were reported healthy and had no health concerns at the time the interviews were conducted. The babies’ ages ranged from one month to two years at the interview time. The majority of these teenage mothers started motherhood as a single mother and relied mainly on their family for support. A few participants had a short term relationship with the baby’s father, but had become a single mother by the interview time. No two participants had precisely the same experiences or found themselves in the same circumstances. But it is this range of experiences that are important in considering future challenges and potential policy and practice changes.

As teenage mothers are the centre of their social context, their feelings and opinions will be presented. They reflect their attitudes, perceptions, circumstances and personality which will invariably differ. It is also clear that social context greatly influenced their lives and was a powerful factor in shaping their future plans. As discussed in Chapter 4, some participants had their mothers present during the interview. Where the mother made a salient point about future options, this has been reported. The purpose is to provide a better understanding of the importance of parents, especially mothers, in influencing choices and the perception of available options.

This chapter explores the experiences of Thai teenage mothers after their baby was born, and how surrounding people and systems played a role in their lives. The themes are:

(1) Feelings of love and responsibility: bonding with the baby.
(2) Adoption as an option.
(3) Life after the baby arrived: time of adjustment and changes.
(4) Challenges as an unmarried teenage mother: it is not easy.
(5) Support during motherhood: family is everything.
(6) Future plans: few options in life.
(7) Welfare needs: it is all about the baby, money and someone to talk with.
Feelings of Love and Responsibility: Bonding with the Baby

Although their pregnancies were mostly unplanned and unwelcome, most participants described having quite different feelings after the birth.

When the baby was in my belly, I did not feel much at all. I did not want him. But when I first saw him as a person I really loved him (P 2).

I love my son. When I first realized that I was pregnant, I thought about getting an abortion. If I had done that I would not have had a beautiful baby like him. I am glad I did not (P 4).

When he was in my tummy I was not sure I wanted him. I thought about getting an abortion and I didn’t have a husband to support me. Everything seems confusing and frustrating but after I first met him I was very happy that I had him (P 5).

However, one participant revealed that she did not feel such a connection or bonding.

When I first met the baby I did not feel anything… I was so worried. I thought how could I give her a bath and carry her (P 13).

This participant reported being separated from her baby for three days after birth as the baby had a slight fever. She did not have a chance to carry or bath the baby until her last day in hospital.

For some, however, having a baby helped reduce their feelings of loneliness that came from being single or the youngest child of the family.

I do not feel lonely anymore. I feel I have a close friend. He makes me want to do the best I can and I think about the future more than before (P 6).

I love her very much. In the past, I had only my mother but now I have her. Seeing her smiles brings me lots of happiness (P 12).

Many accepted that their feelings for their baby had changed since the baby was born. They felt more attachment and realised their responsibility as a mother.

Adoption as an Option

These feelings of love and responsibility for their baby helped these teenage mothers decide to keep their babies instead of sending them to an orphanage or abandoning them. Sixteen participants reported never having considered adoption a viable option and would do everything to take care of their babies.
I have never thought about it at all. I know many teenage mothers might put their babies in the rubbish bins but it is not me. I carried her for nine months I will not give her away (P 6).

I will keep her no matter what. I will not give her to anybody. I will try hard to raise her although I might have to work really hard (P 7).

I will never give her to anybody. I love her very much. She is my daughter and she is my heart. I carried her for 9 months. I know a woman who gave up her babies for adoption three times. I cannot do that (P 9).

Family support was also important. The decision to keep the baby and take care of them was mainly supported by the participants’ families, particularly the mothers.

My parents support and encourage me. They said the baby was already born. He is a person now and they will help me to look after him (P 1).

There was a family who wanted to adopt my baby because they did not have a child but my mum said no to them. We will not give the baby to anybody and we will try our best to look after her. She is so beautiful. We all love her very much (P 3).

For one participant, however, her mother seems to have decided on for the baby’s future. Her mother was present during the interview and said:

Yes, I will give up the baby for adoption, if they are from a good background and have money to give the baby a better future (Mother of P 2.)

Financial constraints put pressure on this participant’s mother who revealed her frustration with having a new baby in the family and the reason she might give it up the baby for adoption.

It is a big burden and very difficult for me. I have to look after the baby and the baby’s mother. Both of them are babies. She calls me every time she wants anything: food, a snack, formula, a baby nappy etc. She still eats kids’ snacks. She is not grown up yet [crying]. All the little profit from selling noodles is gone to the baby and the baby’s mother (Mother of P 2).

Although most participants (16) decided to keep their baby, at least at the time, one participant (P 17) decided to give her baby away even before it was born.

My aunty cannot have a baby. She tried everything in the past and spent lots money but it did not work. One day she asked me how could I raise the baby by myself and she wanted to adopt the baby… I feel sorry for my aunty that she could not have a baby and sorry for myself and my daughter. I could not raise her because nobody in my family knows that I had
a baby. I do not want them to know so I decided it might be better for everybody if the baby lives with my aunty (P 17).

Her circumstances were different from the others. She was a convicted drug dealer serving her sentence at the Juvenile Correction Centre. Nobody in her family knew she was pregnant and had a baby and she intended to keep it secret forever. The baby was given to the adopting family on the day she was born. A question has been arisen since the interview as to whether this adoption was legal.

First, the person who adopted the baby is not a relative of the participant, although she called her ‘aunty’. In fact, she is someone this participant worked with and who assisted financially. The real connection and the so-called ‘aunty’ was unclear. Whether it was a relationship between a drug dealer and seller or just a close friend was uncertain.

My aunty is very rich. She owns the restaurant, giving personal loans and lots of business. She has lots of money and my daughter will get the best from her (P 17).

While the normal adoption process (which requires the approval of the Social Development and Human Security Department) has never been completed, the baby’s birth certificate was issued by the authority indicating the baby’s mother is someone other than P 17. This is contrary to Thai law which forbids the alteration of the birth details and certificate.

It amazed me how she made the birth certificate as she wanted. It is government paper isn’t it? But she knows a lot of big people; it might be not hard for her to do it (P 17).

The participant lived with her baby and the woman she called ‘aunty’ for a few months immediately following the birth and the ‘aunty’ helped look after the baby until the participant was arrested and sent to the Correction Centre. She insisted she is happy to let the baby think her ‘aunty’ is the baby’s mother.

I will let my daughter think she is my aunty’s daughter like this until she is big enough to understand everything (P 17).

There was also money involved. The participant admitted being offered ‘big money’ (around 300,000 – 400,000 Baht or $12,000 to $16,000 AUD) by the aunty to give the baby away. Offering money for adoption is considered child trafficking. In this case, the baby’s future is unclear. It is not known whether she will be looked after by the adopting family or will be transferred to another family in another adoption process.
This case raises concerns about child adoption and protection systems in Thailand. Some of the other participants were also approached by families wanting a baby and possibly willing to pay money for the child.

There are a few people who wanted to adopt my baby but I said no to them. I look at my baby and think she is so cute and I will never give her away (P 6).

There were three families who wanted my baby. They did not have a child. When I was pregnant they always came here and bought me a lot of good food (P 7).

There were families who wanted to adopt my baby, but I said no to them. I told my mother and everybody around me since I was pregnant that I will never give away my baby no matter what, and I will look after her the best I can (P 11).

The background of those families interested in adopting a child was unclear. Some were from the same or a nearby village as the relevant participant. Others were from further afield and it was uncertain how they even knew about the babies. The intentions of such families regarding adoption were not reported.

In short, although adoption seems a good option for teenage mothers confronting difficult circumstances, surprisingly most participants did not entertain it. The only participant who chose to give up her baby for adoption was the one who kept her pregnancy secret from her family. In this case, adoption seemed the only way she could do that, though the extent to which money was a motivating factor in this arrangement was not clear.

Life after the Baby Arrives: A Time of Adjustment and Change

Family Acceptance

As discussed in the previous chapter, getting pregnant at an early age caused a lot of tension between the teenagers and their families. Some parents expressed their anger, disappointment and worry about their daughter’s future to the researcher during and after the interview. The mother of P 2 reported being so angry and disappointed that she could not look at her daughter’s face for a long time. She decided to build a small bamboo hut near the family home for her daughter and baby to avoid confrontations and arguments. In contrast, many other participants reported that the arrival of the baby improved the atmosphere in the family.

I can feel that they my parents really love my baby and get less angry with me (P 2).
My father always said he would not care about the baby. He would not help me look after her but when I took the baby home he helps me a lot. My mother said she would not care what I was going to do with the baby but I knew it was just words; she did not really mean that. I knew when she met my daughter she would love her as much as she loves me (P 6). After the baby arrived, she really loved her. She played and talked with her. When I was pregnant she did not talk about the baby much. I feel that she loves my baby more after she met her (P 7).

Participants and their families both started to accept the presence of the baby as the new member of their extended family. The anger and disappointment seemed to fade over time and they started to organise the family schedule in order to raise the child with their limited resources.

**Freedom is Limited**

After the baby was born, the life of the teenage mothers changed significantly. Their main tasks were taking care of the baby and house chores. The loss of ‘fun time’ with their friends as an ordinary teenager was noted by many.

Before I had a baby I used to have fun with my friends. We used to hang out a lot but after I had a baby I could not do that anymore. I had to stay home all the time for her… Yes, sometimes I did miss that time too but what else I can do? I already had her. She is my baby and I have to accept this fact and just do my best for her. I have to try to be positive (P 7).

Before I had a baby I was just a normal student. I went to school every day and had nothing to worry about. My parents gave me money so I could concentrate only on study. I had never thought that I would have had a relationship with anybody it just happened so quickly. I had a lot of freedom and I could go and do whatever and wherever I wanted. After I had a baby I couldn’t do that anymore I had to stay home with her all the time (P 8).

It is very different. I used to have fun with my friends and never had to worry about anything, but after I had a baby I could not do this anymore. This is the first year that I did not have a celebration on Thai New Year or water festival because I had to look after my son (P 14).

Although they reported having less free time after the baby was born, many felt they had become more practical, more mature and had made the baby their first priority.

I only think about my daughter now. I think my past experiences made me get older than other women at the same age as me (P 8).
I now think about my son first. I do not want anything for myself like I used to do. The baby is the first priority in my life now (P 15).

I feel I am more mature and think more compared to the time I did not have a baby. When I was alone I loved to party and hung out with friends. I spent my life at night and slept during the day. Now I am worried about what my daughter will feel if she saw me as a party girl. She would feel embarrassed to have a mother like me. I don’t want to be looked at that way (P 17).

However, a few participants reported that their lives before and after the birth of the baby were no different in terms of relationships with friends and capacity to enjoy themselves.

I do not have many friends since I left school very early. The few friends I have still talk to me and visit me sometimes. They seem to understand my circumstances (P 1).

I do not go out often anyway. I am not a party girl. It does not change much in this respect (P 15).

Those who had a quiet personality before falling pregnant seemed to be better able to accept this change. In contrast, some who had a social life with their friends before the birth admitted missing fun times and felt that having a baby changed many aspects of their life.

**Challenges as a Teenage Mother: It Is Not Easy**

**Financial Challenges**

The majority of participants reported struggling with increasing costs after the baby was born. Those who were in the work place before having a baby lost significant income and relied on family income, mainly provided by their parents. The main family income was generally from farming such as growing rice and cassava which can only be grown once a year. Any extra income came mostly from seasonal work (such as in the rubber or sugar cane plantations) or the younger generation working in the city and sending money home. Having a baby not only increased the cost of living but also reduced the labour force within the family.

The most challenging thing for me at the moment is the money. My mother has to help me pay for everything (P 4).

It is very difficult now. Sometimes we do not have any money left at all. Now my mother has to work every day to get some money because my sister moved back home to look after her son who had just recovered from an internal infectious disease (P 6).
I have a very low income and I am the only source of income. Sometimes we did not have money to buy food. I had to ask for credit from the grocery shop here so we could get some food to eat. When I got paid I paid them back or sometimes I had to borrow people money and had to pay very high interest (P 12).

Some participants tried to manage their life between working and taking care of the baby to earn some extra income. Without a carer for the baby, it was very difficult for them to find a job. Some decided to take their baby with them when they were working.

I took him with me and made a temporary rocking bed and put him in there under the tree. I fed him and checked on him regularly while I was working at the rice field (P 1).

I normally took the baby with me when I was working at the rubber plantation and made a rocking bed for her under the tree and came to check on her regularly (P 8).

For these teenage mothers, financial problems were a serious concern. Most of them did not have a job at the time of the interview and relied solely on their family income.

The Challenge of Caring

Taking care of a new born baby or a toddler is a full time job and needs a lot of attention and confidence. Some participants reported that getting used to this new role was very challenging.

The most difficult thing for me is how to look after my son. I never had to look after anybody before. I never had to think about anybody except myself…I am not quite confident even now. I don’t know how to give him a bath yet. My mum has to do this for me (P 4).

I feel it is very difficult... I have to look after the baby by myself and there is no help from the baby’s father. I feel really exhausted and discouraged (P 7).

When my baby gets sick I am so worried and sometimes he is so naughty and I have to look after him closely. I will not be able to do anything else especially when I was with my boyfriend’s family I was the only person who looked after him. It was so exhausting and this made me cry sometimes. I never let anybody see my crying (P 14).

Some participants were the youngest in their family and had no any experience of caring for a baby. However, many also reported that caring for a baby was not a problem. A large number of Thai girls, particularly from rural and low income backgrounds, have extensive babysitting experience as it is a feature of Thai culture that the older sister looks after the younger family members. It is quite normal in Thai society for parents to leave their new born baby with its grandparents and the rest of
the family to look after so the parents can return to work in other cities or on the farm. Teenagers with this experience may be more confident about taking care of a baby.

It is not really difficult. I used to work as a nanny for the twin babies before. I had some experience about how to look after a baby. I thought I should be alright (P 5).

I looked after my sister’s children… There are two of them. I know how to look after the baby. I used to give them a bath and feed them before I had my own baby. I remember how to do it (P 6).

I have been looking after my two nephews since they were born so I am not worried about looking after my son. I know how to do it. What I am worried about is his future and how I can provide him with a good education and a good future (P 15).

These young mothers might be able to handle the physical tasks associated with caring for a baby, but their biggest challenges were emotional.

**Emotional Challenges**

The most common emotional challenges for these teenagers were feelings of loneliness and the impact of not having a partner. It seemed to them that no one understood their circumstances.

When I saw other mothers have their support from their husband I feel sad [crying] that my baby does not have a father like those kids, but I will do my best to look after her. My baby will not need her father. I will be both father and mother for her (P 3).

At the moment I have more negative feelings. I am frustrated not knowing if I can look after my baby. I do not have any support from the baby’s father like others (P 4).

I feel sorry that I could not get a good education. I had to finish my education just because of the baby’s father. When I saw my school friends go to school my heart just dropped. I would love to go to school like them too (P 8).

I felt like I was invisible. Nobody loved or cared about me. His mother always said if I was not happy why did not I move back home. She does not want me to stay with him. Finally, I could not stand it anymore. I cannot live with them anymore. I decided to move back to my parents (P 14).

Some participants found that sharing their experiences with their friends made them feel better. These teenagers needed someone who would listen to, and understand, them without judgement.
The few friends I have still talk to me and visit me sometimes. They seem to understand my circumstances (P 1).

If I feel a little bit of stress I will call my friends and they always come to see me and talk. It helps a lot and I think peer support is very important for other teenage mothers as well, not just for me (P 4).

My friends, not a particular one but all of them, are my best friends. I feel better when I can talk to them and get support from them (P 6).

Some participants, however, reported that they did not have many close friends to talk with and tried to suppress their feelings and forget about it and get on with things.

Nobody, I normally keep it inside. I do not want to tell anybody… I always cheer myself up. I am trying not to worry too much (P 13).

I do not talk to many people. When I am stressed I will find something to do, trying to forget about it (P 15).

I could not do anything. I just kept it inside. I never had anybody to talk to or share with… I just do not want to. We have a different way of life now. They are studying but I am not. Our lives are not on the same path anymore (P 14).

Some used religious beliefs to comfort themselves or used the baby to motivate themselves into being positive about the future.

I believe if you are doing a good thing one day the good karma will pay you back. For me, the good karma that I look after the baby and did not have an abortion will pay me back in this life. I do not have to wait until the next life (P 3).

I try to be calm, try not to get angry. Sometimes when I look at her face I feel like I am going to cry. I feel that the baby is mine. I guess it’s the motherhood feeling. I can’t explain the feeling (P 6).

I tried to think that she is already born to me. She is mine and I have to do my best to look after her (P 7).

None of the participants received any counselling or psychological assessments from health care professionals after the baby was born.
Support during Motherhood: Family is everything

Family Support

The majority of participants reported their main support as being their own family. Other than the two serving their sentences at The Juvenile Correction Centre, all participants were living with their family. Of the 15 living with family, twelve were living with their parents and three with their grandparents.

My mother, she is the only person who helps me look after the baby and paid for all the baby’s expenses (P 2).

My parents help me with everything. They look after the baby and they work hard to get money for me to buy the baby formula and personal stuff (P 3).

My mother helps me with everything from food to advice and encouragement (P 7).

In general, a Thai family is an extended family, especially in rural areas. Daughters always live with their parents even after they are married. It is not unusual for three to four generations to live in the same house, with the older ones helping to look after the younger ones. Some participants reported that they were raised by their grandparents because their parents were separated or had to work in other cities. In this case, their grandparents became the main support for them instead of their parents. However, when the baby was born, it is the whole family’s responsibility to raise the child and support these teenage mothers.

My grandfather, he is still working on the farm and making brooms for sale to get a little bit of money for me and my baby (P 1).

My brother, he is working at a department store in Bangkok. He sends money to help me and my family every month (P 4).

My mother, she works in the sugarcane plantations to earn some income … My grandmother and my mother will help me look after the baby if they do not have to work (P 5).

My grandmother looks after the baby at her home in another village… Nobody helps me look after her. My mother has to work every day and I have to work as well. Only my grandmother is available (P 7).

There were only two participants who had a permanent job (as waitresses at local restaurants). They earned a little income to support their baby’s expenses and their mother/grandmother had to be full
time carers for the baby. Most participants were full time mothers and relied on their parents’ income for support.

None of the participants reported receiving any support from their baby’s father.

    He never helped me with anything…I got about 1,000 Baht from his mother when I gave birth. That’s the only time I got help from his family (P 1).

    He did not help me at all. Not even call me. Never visit me (P 6).

    No, he is working too but I never received any money from him. It’s him who always tries to get money from me (P 8).

This finding was not surprising as the sampling criteria required a teenage mother who is not in a relationship with, or in receipt of financial support from the baby’s father.

However, a few participants reported receiving some short term help from the family of the baby’s father.

    At the moment I receive some money from the sister-in-law of the baby’s father’s. I do not want to bother her much but I just could not get anybody to help me but her (P 6).

None of these participants had a marriage certificate, which make it more difficult to claim child support. Indeed, the majority of the baby’s fathers were themselves also teenagers and had no job or income to support their baby.

**Peer Support**

Many participants reported that friends had played a big role in their lives since finding out they were pregnant. Friends provided advice on keeping the baby or getting an abortion, sourced drugs in an attempt to end the pregnancy, visited the hospital or talked to them and comforted participants. Friends were a source of emotional support for these teenagers during their pregnancy and motherhood.

    I received emotional support and understanding from people around me particularly my mother and my friends. My mum always told me that she would help me look after my baby and my friends made me feel not too stressed (P 4).

    They always listen to me and it makes me feel better when I talk to them, but it is me who gives them advice about the relationship between boys and girls. I told them to look at me as the example of a person who had a sexual relationship during my study and the result of it. I
told them not to follow my steps and do not trust any men. Do not take any risks when they have sex with their boyfriends and a condom every time (P 6).

They are just the same. When the baby was born they brought me a lot of presents and visited me, talked to me and supported me. I am so happy that they are still good friends to me (P 9).

They are very supportive and understanding. They came to visit me and brought lots of baby stuff. Nobody said bad things or upset me (P 17).

Not only did these participants benefit from peer support but their friends also gained useful knowledge about real life experiences. As mentioned in Chapter 3, the sex education in Thai schools mainly focuses on anatomy and physical development, but does not address the curiosity and real life problems for many Thai teenagers.

**Community Support: ‘It is Normal Now’**

The support these teenage mothers received from their community was not clearly presented. Only a few reported receiving some advice and basic help from their neighbours.

Some neighbours visited me and gave me some tips about looking after the baby (P 4).

Nobody talked badly about me. When the baby arrived some of them visited me and welcomed the baby with holy strings [a holy string is the symbol of welcoming that person into their community and it is used to protect the new born baby from bad spirits] (P 7).

Sometimes people give us their old clothes… Sometimes I did not have any rice I had to ask our neighbours for food (P 12).

As all the participants were living in a rural area where the majority of the population were poor, they could not expect financial help from their community. But neither were they ostracised.

No. They treated me just normally. Nobody talked badly to me. They said my baby is cute (P 2).

I think nowadays there are so many young mothers in our society. It seems normal now to get pregnant and have a baby at a young age. I think people just think it is normal now (P 6).

There are many young women in this village and around who have the same situation like me. It has become very normal now (P 15).

Being a single mother at a young age is not unusual, although it is not yet considered appropriate behaviour for Thai teenagers. As described in Chapter 3, the number of teenagers who become
pregnant and have a baby is increasing every year. This reflects the tensions that are emerging between current behaviour and expectations and those reflected in long standing policy and practice. This is further discussed in Chapter 7.

Welfare Support and Availability: ‘They might think I am a bad girl’

As stated in Chapter 5, most participants received basic medical care from the government during their pregnancy and after the birth. The service they received was general and there was no special program for teenage mothers. Participants spent two to four days in hospital after the birth and received the usual basic skills training from nurses about caring for the new born baby.

I received some advice from nurses, particularly when I was in the hospital. They taught me how to do these things (P 1).

Yes, when I gave birth the hospital staff taught me the basic knowledge about how to bath and feed the baby (P 4).

These participants did not complain about the health care services they received through their local hospitals and did not believe they had been treated differently from other mothers.

I did not feel any differences at all. They just treated me the same as everybody (P 2).

They treated me very well and gave me good advice. They never talked badly to me (P 3).

However, no participant received a follow up home visit from health care providers or any other welfare services. This government service is generally available, but the participants were not aware of it and so did not seek it out.

I have never known that there are any places or organisations that can help me. Nobody gave me any information (P 1).

I have never known where to apply or any organizations that provide the services (P 2).

I do not know where they are and what they provide. I’ve never heard about it (P 5).

That said, the main factor preventing these teenage mothers accessing welfare services was not only a lack of information, but also a reluctance to seek assistance.

I do not know where to go and I feel too ashamed to ask for help… It is too embarrassing. I am worried the workers will ask me questions about my age, about my past, my life. It is nothing to be proud of and what I will tell them. They might think that I am a bad girl (P 4). I am not sure that I have enough courage to walk in and ask for help…I do not know. I have never gone to the government office before (P 5).
I do not know. I am little bit afraid...I do not know, I am afraid that they might not talk or treat me well (P 14).

This negative attitude might also prevent them from accessing welfare services in the future. Knowledge about, and access to, such services is further discussed in Chapter 8.

**Future Plans: Few Options in Life**

**Work and Income**

Most participants put their future income earning capacity as their first priority. Working in an industrial area or going to find a job in the big cities seemed the only income earning option for those whose family did not have land. Even if their family had land (growing rice, cassava or sugarcane), supplemental income was required because the long dry season in the North-eastern region means crops can only be grown once a year.

I plan that when my son is a little bit older I will go to work. My uncle will stay with my grandfather and help me look after my son when I am away working. I will send them money every month (P 1).

I plan to go to work when my son is about 6-7 months. I do not want to wait until he is grown up. It will be very difficult for me and him to separate. I think that if I go when he is little it will be better for both of us but I will wait until he can have formula which I think is at about 6-7 months old (P 4).

The type of work sought participants varied widely: some were looking for agricultural jobs such as working in sugarcane plantations; and some wanted to work in the tourism and entertainment industries such as hotels, restaurants and bars. Big cities such as Bangkok or Pattaya were attractive propositions for those seeking a job in order to support their baby and family.

I would love to have a permanent job and income so I can look after my daughter... I heard people say that working in Bangkok makes more money but I am still thinking about that because I will miss my daughter so much if I have to work far away from her (P 3).

When the baby is about 10 months I am going to work in Chonburi province so I can have some money to help my mum pay for food and the baby’s expenses (P 5).

I might work in restaurants or massage shops. I do not want to work in a bar or pub. I heard that if you work in a bar you might have to sleep with many Farangs (Westerner) before
somebody really wants to have a serious relationship with you. Working in a restaurant seems to be safer for me. I don’t want to sell my body. It’s just not me (P 6).

Many people said there is plenty of work in Pattaya. It’s not hard to get a job. But I am still worried about my daughter; I do not want to leave her. I will probably wait until she is bigger before I try to get work (P 8).

I would love to have a good job to earn enough income. I have a relative who is working in Pattaya and she asked me to work with her. I might wait until my daughter is a little bit older (P. 11).

These comments are cause for concerns. Most of these girls have never been to the cities they mentioned. Some have never been outside their own province. Pattaya was mentioned a few times during the interviews. This city caters to international tourists. Every street of Pattaya is full of pubs, bars, karaoke, Go Go bars and brothels. It is the centre of many international and illegal gangs, a large sex trade and many human trafficking agencies (Arnold & Bertone, 2002).

Although these young mothers did not have a clear idea about what they were going to do in these cities, there is a possibility they will fall into one of these activities and be exploited due to their young age and their pressing need to provide income for their child.

The mother of one of the participants said she planned to send her daughter to Pattaya to work for an aunty.

One of our relatives is working at a resort in Pattaya and she will help my daughter to get a job if she finishes high school… Her aunty calls me every day and talks about this issue. But she still wants to wait until my daughter is little bit older. Now my daughter is just 15. If she goes now she will be arrested for underage labour and it is not good for her business…She owns a pub in Pattaya (Mother of P 2).

Although many participants were willing to leave their baby with their parents or relatives to work in other cities, some of them refused to do so and wished that they could find a job near home which would allow them to take care of their baby while they are working.

I will wait until I am 18 years old then I will find a job so I can help my mother earn some money… Not too far from here so I am still able to look after the baby. My mother will look after him when I am away working (P 2).

In terms of career, I want to have a job where I can be close to my daughter. I don’t want to work far away from her… No. I do not want to go there [Bangkok or Pattaya]. I want to stay
with my daughter. If someone wants to help me, just help me get a job so I can be close to my daughter (P 7).

My mother is not healthy and my daughter is too little. I have to look after them both. I have to find a job that lets me stay close to them… It is impossible for me. Nobody will look after my baby and my mother. I have to stay here and I do not have any other choices (P 12).

However, with limited jobs available in their area, obtaining a job that would allow them to stay close to their baby seems unlikely.

**Educational Plans**

For many of the participants, their future education was uncertain and was no longer their first priority. They seemed to be very practical about life and chose to work to support their family. However, most reported that they realised the importance of education and wanted to have at least a high school certificate so they can apply for a better job. The informal education system was the only option for these teenage mothers. It is not expensive and provides flexible learning schedules. Most attended classes only on weekends and had self-learning kits.

I am doing the high school course at the informal education now. I hope I will get the certificate soon (P 12).

I want to finish my high school from the informal education to get the certificate and I will work hard to get it (P 14).

I would like to get the high school qualification first… My aunty will help me find a job in Bangkok (P 15).

Some reflected that they would love to go back to their old school, but they realised that would be very difficult. Their life had changed since they fell pregnant and after the arrival of the baby.

I wish I could go back to study. It would be nice if there is more support for teenage mothers so we can go back to the normal schools (P 2).

It is quite difficult. Who will look after your baby if you go back to school? You have to learn new skills about caring for the baby. In some families, their parents have to work in other places. Not every family can stay with you and help you all the time (P 3).

Yes, I do love to go back to my old school but how can I do so. I already have a baby. Who will help me look after the baby if I go back to school? I plan to enrol at the informal education to get the junior high certificate. Actually, I planned to go back to my old school to finish Year 9 but the new head master did not allow me (P 6).
Although they were disappointed at having to leave their schools, they understood and accepted the reason they could not go back and they were concerned to avoid damage to their school’s reputation.

Some reported feeling too ashamed to return to their old school and felt that it might create conflict within the school.

I will apply for the informal education soon…Although I really want to go back to my old school, I feel too ashamed to go back anyway (P 2).

Although I think schools should try to help their students get more education as much as they can, I understand that many schools might worry that these students will bring a bad reputation to schools and be concerned that other students might want to follow our footsteps. That’s why many schools do not want teenage mothers to come back (P 3).

I do not think that any schools will let us stay at school or go back after we have had a baby. Although we cannot go back to the normal school there are still other choices such as going to the informal education or going to a private collage. It depends if you want to continue to study or not. If you really want to study there will be many choices to choose from (P 4).

A few participants planned to study for a college or university degree after they passed the high school certificate. These participants reflected that higher education will provide them with greater opportunities.

Yes I am. I am doing the informal education now. If I pass the next exam I will get the junior high qualification [equal to Year 9]… I want to have a high school degree so I will be able to go to a college or university (P 3).

I will try to finish high school as soon as possible and then my brother will support me to go to college. He said he wishes that I could go to University and he will do whatever he can to help me. He told me that because we do not have a dad he will look after me and he doesn’t want me to lie or hide anything from him (P 4).

I am planning when I finish high school I will continue to study for a higher level. I want to work in an office or good company to get more money for my parents and my daughter. Without a good education I will not be able to get a good job (P 8).

However, some participants admitted that going back to education was not easy. Although informal education is affordable and flexible, many felt that it was too hard to manage.
I have already enrolled at the informal education but I stopped going at the moment. I do not have enough time. I am too busy with the baby and working. My mum has to work every day and my grandmother is very old now so I have to stay home and look after my baby most of the time (P 5).

I thought about enrolling with the informal education but nobody can look after the baby for me and I cannot leave her (P 11).

The educational future for most participants seems to be narrowing, particularly for mainstream education. Informal education was the most popular choice for those who still wished to pursue study. However, the outcome was not very promising due to time and financial constraints.

**Future for the Baby**

Most participants did not have a clear plan for their baby’s future other than wanting to provide them with a good education.

I want her to be a good person and have a good education, a good job. I hope she can study until she gets a bachelor degree. I will send her to the primary school near our home. When she finishes I will send her to the high school in town. If she still wants to go to university or college I will do everything to help her get the education she wants (P 3).

Yes, I am worried very much. I do not know what my future will be. I am worried both for myself and my baby (P 11).

Yes, I am worried that I do not have a job and no education. How can I provide a better future for my child? I am not worried about looking after him because I used to look after my niece and nephew, but I am worried about his future (P 14).

Participants were concerned about how their child would cope with stigma. ‘Look Mai Mee Por’, means having no father or ‘bastard’ in English, is the expression commonly used to bully a child who does not have a father. Many participants worried that label might be applied to their child.

I am worried that when he grows up he might get bullied about not having a father. He might feel he is in a broken family and feel different from other kids (P 4).

I am worried my daughter will be stigmatized as ‘Look Mai Mee Por’. I am so worried that it will affect my daughter in the future (P 7).

I think a lot about it. I feel sorry for my baby. Other kids have their fathers but she does not have. I am worried it will stigmatise her when she grows up. People might tease her about this (P 13).
One participant was concerned her criminal record might stigmatise her child in the future.

I want to see her grow up to be a good person not like her parents who both ended up in jail. She is going to kindergarten soon but I am still in this centre for a while. I do not want her to know that her parents are in jail. It will be a stigma for her and people might bully her about having criminal parents (P 9).

**Love and Personal Life**

Given the participation criteria, no participant was in a relationship with their baby’s father at the interview time. Nor would any contemplate a future relationship with him.

I really have had enough with him. He cannot stop with me. He flirts with many girls and he loves hanging out and getting drunk. I do not think there is anybody who can live with him (P 6).

I will not take him back. I heard people say that he wants to break up with his wife and return to me but I do not want him back any more. I can raise my daughter without him (P 7).

No. I gave him too many chances already. I really have had enough of him. He will never change (P 8).

Asked about future relationships with others, most said they were not ready and would love to spend more time with their baby. The financial difficulty they were facing made them more focused on finding a job, making money and raising a child. Some reflected that they were concerned about the extent to which a future boyfriend would accept their child.

I keep telling myself that if there is someone who really loves me he has to love my daughter as I do. I am worried about how much he will be able to accept my baby from the other man and if he will abuse my kid or not- something like that. My daughter is not his. If one day I have kids with him I am worried that he might hit or abuse my daughter or won’t love her. This is my biggest concern… I think it will be a long time yet until I have a good job and have enough money to look after my child and my family first (P 7).

I will have to spend a lot of time to see if he really loves my child first and if he can look after me and really love me. With the baby’s father I did not spend enough time to get to know him (P 8).

If it is the right time I might start my life with somebody again but it is not now or soon (P 15).
Although Thailand has been exposed to modern values from western countries, many Thai men still expect their wife to be a virgin and would consider the participants to be ‘second hand women’. A few participants mentioned looking for a rich ‘Farang’/Westerner husband in order to have a better quality of life.

Many people told me if I want to be rich or have a better life I should look for the Farang husband. They told me that I am still very young and pretty…My life now is so difficult. I would like to have a better life than this. Many women from here have Farang husbands and they have better life, bigger house. Their lives are now much better. I might wait until my baby is older. My English skills are not too bad. I can speak and read a little bit (P 6).

The mother of one participant clearly supported the idea of looking for a Farang husband for her daughter.

One of our relatives is working at the resort in Pattaya and she will help my daughter to get a job if she finishes high school. Now everything has changed. Her aunty said if she was 18 she would take her to Pattaya and would try to get a ‘Farang’ husband for her (Mother of P 2).

The idea of having a Farang husband to support the family financially has been widespread in Thai society. Some hope that marrying western men or ‘Farang’ will be the gateway to a better life. Many Thai girls may have an unrealistic idea of these relationships and put themselves on an uncertain path. The preference for ‘Farang’ can place women in vulnerable positions where their intentions for a relationship can be misinterpreted (Esara, 2009).

**Welfare Needs: It is all about the Baby, Money and Someone to talk with**

**Financial Needs**

Many participants reported struggling with the cost of raising a baby. Those who had to stop working after falling pregnant lost significant income support for themselves and their families. Those who fell pregnant when they were studying were young and without parenting experience. They were therefore assisted by their mothers who often had to quit their own employment to help care for the babies, thus creating further financial strain. Financial support seemed crucial to being able to provide good care for their child.

I would like to have a water tank, so I can collect clean water for my baby. We have got only a small water tank at the back and it is not enough. I will be very happy if I can get the second one (P 1).
I really need some help with my baby expenses. It really worries me. No one in our family has a permanent income. We live day by day while the cost of living has increased every day since I had a baby (P 3).

I think that financial support is the most important. When the baby is very young I cannot go to work or earn any income. Many young mothers are in worse conditions than me (P 4).

It would be nice if I could get some help with formula, baby’s nappies and some money to pay for the baby’s expenses (P 5).

I would like to have more money so I can buy clothes and toys for my daughter…It is very difficult to get a good job here and the pay is very low… I would love to have some financial support, particularly for the baby’s expenses. Our family’s expenses increased a lot since I had a baby (P 8).

Some reported that their child’s education was their main concern and that they would love to have some help with this.

I wish they could help me and other teenage mothers more, especially for our children’s education (P 3).

I think financial support is the best, especially for the kids’ education (P 14).

**Psychological Needs**

Many participants acknowledged their need for psychological support. They reported their need for love, understanding and support from the people surrounding them. One mentioned that she wanted the government to set up a specific program for teenage mothers to help them cope and to prepare them for the future.

I think the psychological support is the most important for me and I think for other teenage mothers as well. We need love and understanding from people around us (P 3).

I think the psychological support is very important for me. It would be nice if I had somebody to talk with and understand what I am going through (P 6).

I wish the government could provide some programs to prepare teenage mothers and give them the necessary knowledge during their pregnancy to get them ready for their future. When teenage mothers found out they are pregnant, there should have been support programs to help them and support them psychologically and educationally so that they do not have to get an illegal abortion that is very dangerous. It might reduce the number of illegal abortions for teenage mothers (P 17).
From their perspective, psychological support is having someone they can talk with and ask advice of; and who will listen to them and understand their circumstances without judgement. No participant reported receiving this through government or other agencies, but some reported receiving such support from family and friends.

**Conclusion**

The life experiences of Thai teenage mothers were presented in this chapter. Although being a single mother at a young age does not accord with traditional Thai values, none of the participants reported being stigmatized by their community. Life was harder after the baby was born due to their financial circumstances which is consistent with research studies of teenage mothers in other countries (Hanna, 2001; Moss-Knight, 2010; Njoora, 2003). However, for these teenage mothers from rural Thailand where the welfare system is not well established, the degree of hardship they face was likely to be more extensive than those in developed countries.

The most challenging aspect of being a single teenage mother was the financial struggle. Teenage mothers had difficulty getting a job near their home and the majority of them had to stay home and care for their baby. Family became the only support system and none received any welfare services from government agencies or NGOs. Their family, peer and community network were central to providing practical and emotional support.

Participants also reported psychological problems arising from the pressure and stress they had faced. Two had suicidal thoughts and another lost her memory for a short time. Many reported feeling stress and loneliness as they felt that their freedom and fun times were finished. Failed relationships and conflicts between them and the family of the father of their baby also caused stress and depression for some. None had any psychological follow-up after the birth, nor were they offered any counselling services.

Many opportunities in life were closing down. Their future was vague and unpredictable. Many had been forced by poverty and responsibility to decide whether to leave their baby and seek work in big cities like Pattaya or Bangkok. The role of these participants was transforming from that of the recipient of family support to that of the provider of family support. With this obligation and expectation, some were willing to do anything to earn income and prove themselves as a ‘good daughter’ whether working in tourism businesses or getting married to a ‘rich Farang’.

The next chapter will discuss the relationship between the experiences of these teenagers and their social context and how their environments affected their life experience and options. The ecological
systems framework is used to understand the interaction between their experiences with their micro, exo, macro and chrono environments.
Chapter 7

Teenage Mothers in the Social Context of Thailand

: Tensions and Contradictions

Introduction

In this chapter, participants’ interaction with their social context, and its influences on them, is discussed in order to understand ‘How have social factors influenced the experiences of Thai teenage mothers?’ which is the second question in this research.

As discussed, culture and society play a crucial role in a person’s life. The lives of Thai teenage mothers are influenced by many different layers of their environment. As presented in Chapter 4, the conceptual framework for this research used The Ecological Systems Theory from Bronfrenbrenner (1979) to understand the connections and interactions between each level or layer of the participants’ environment.

These layers range from the most immediate social networks (such as their family and the father of their baby) to broader networks (such as their school, the welfare system and social policies that underpin service systems and reflect social values). It is important to understand how these teenage mothers interact with their different social contexts and how the various layers of their environment influence and shape their lives and their beliefs. This will enable more salient and targeted policy development and implementation for this particular population.

This chapter begins by looking at the broadest environments (the chrono system and macro systems), followed by the smaller environments (the exo and micro systems).

Chronosystem

The broadest system of ecological analysis, the chronosystem, consists of change or consistency over time in the characteristics of the individual and the environment. The chrono system in this research is explained by reference to the modernisation and globalisation of Thailand. It will describe how this broadest ecological system can create tension, confrontation, contradiction and transformation in the lives of these teenage mothers.
Tension Created by Tourism, Sex Trade and Globalisation

As presented in Chapter 3, Thailand has transformed from being among the poorest countries in the world to one at the forefront of modernity. But this transition has brought with it profound challenges. The considerable economic growth has changed the economic structure of society and has been accompanied by rapid social and cultural change. Thailand is today a country of contrasts: the modern and traditional; the urban and the rural; the affluent and the impoverished (United Nation, 2004). It is very open to external influences (Phongpaichit & Baker, 2002).

In the process of becoming a modern country, the Thai government promotes the tourism industry to Western countries and it has become an increasingly influential feature of the Thai economy. However, the nation has also become known as a sex-tourism destination (Bishop & Robinson, 1998). The history of the sex trade in Thailand is presented in Chapter 3. The high demand for sex-tourism, coupled with the financial obligations of Thai women (particularly young girls from a low socio-economic backgrounds), makes young women highly vulnerable to joining the sex industry which exists in cities like Pattaya, Phuket, or Bangkok (Martin & Jones, 2012). Many of the young women involved in the sex industry come from rural areas in the North and North-eastern regions of Thailand (Limkulpong, 1998; Podhisita et al., 1994; Ratinthorn, 2000).

Some of the participants in this research reported they are thinking of going to work in tourist areas as doing so could give them a better income than agricultural work. Although these girls did not mention joining the sex industry, the idea of leaving their village for the first time without any qualifications raised concerns for their safety. Although these teenagers were from a remote area of Thailand, the evidence showed they are nonetheless within the reach of city business owners looking for young girls to work in this industry. Some girls in this study were contacted by relatives or friends who work in this industry and who have convinced them to take a well-paid job at Pattaya at a future time.

Tourism and globalisation have brought many foreigners to Thailand. The Department of Tourism (2015) reported that around 25 million tourists visited Thailand in 2014. They have brought hard currency which gives a false impression that all Western people/Farang are rich. Many Thai girls are therefore willing to do anything to marry a Farang as a mean of escaping poverty.

In short, poverty, responsibility for their baby and family and the high demand for sex related tourism might lure teenage mothers into the sex industry or even result in them becoming victims of human trafficking. While other options such as education and careers seemed to be closing down, the road to the sex industry was opening up.
However, given the limited data, it cannot be stated with certainty that participants will join the sex industry or become victims of human trafficking.

The Confrontation between Traditional and Modern Values

New technology means there are now many avenues for Thai people to receive news and there are new channels by which they can communicate. This provides increasing opportunities to receive new information and ideas from all over the world (Ounjit (Laila), 2011). Consequently, many traditional values and beliefs have been challenged. Virginity until marriage is one such value.

In this research, while many Thai parents and teachers were trying to retain traditional values and pass them on to younger generations, such values seemed to be overridden by new values and cultures embraced by teenagers. The participants in this research were a good example of the confrontation between old and new values in the lives of Thai teenagers. They tried to balance being a teenager in the modern world with meeting family expectations.

Participants who worked in the city before becoming pregnant had experienced freedom outside their family. In the past, young men and women were under the control of their caretakers and there was very little opportunity for them to have sexual relations before being married. Today, men and women have more freedom in their day to day lives and they are now less likely to suppress their sexual feelings and needs. There are also more places for them to express themselves sexually such as hotels, motels, karaoke bars, cafés etc. However, the values of rural teenagers may differ from their city counterparts. In a small rural village where most families are related, having a sexual relationship before marriage still has to be kept secret. In any events, there is not the same array of venues for rural teenagers to express themselves sexually. City teenagers simply have more freedom and can more easily engage in sexual behaviour without attracting attention.

Traditional and older Thais place a high value on a woman being a virgin until her wedding day (Chamratrithirong, 2009). Such beliefs are entrenched and have become social norms to which ‘good’ ladies should adhere (Ounjit (Laila), 2011). These values were not adhered to by the participants in this research. However, the disappointment of the parents of participants in discovering their daughters were pregnant was not because they lost their virginity, but because they believed the pregnancy spelt the end of their daughter’s education and career which would, in turn severely diminish the family income earning potential. In other words, financial factors were the main source of tension between parents and their daughters, rather than the value of virginity by itself.
While virginity was less valued by the participants, it still emerged as a factor in their stories in that it was a relevant consideration in negotiating a bride price. As described in Chapter 3, bride price is traditionally the money, property or wealth paid by the groom or his family to the parents of the bride to show their appreciation. It usually reflects the perceived value of the bride based on her education, class, economic status and reputation. It is an indicator as to how well Thai parents have raised their daughter and ‘kept’ her in a traditional way. A daughter who is pregnant outside wedlock not only dents the reputation of her parents, but also cost them the opportunity of receiving a bride price. That said, a bride price was paid in respect of some participants. Not for the traditional reasons described above, but as compensation for the reputational damage to the participants caused by the baby’s father and to ensure the baby’s father did not face criminal sanctions for underage sex. This is an example of a traditional value morphing or changing to meet modern circumstances.

Other traditional values influenced the experiences of participants, such as gender role expectations. As presented in Chapter 3, traditionally Thai daughters and sons carry different expectations as regards responsibilities to parents and family (Lim, 2011). For example, a son will most likely enter monkhood and gain merit for his parents, while a daughter must fulfil her duties through economic means (Limanonda, 1995). Daughters are culturally obliges to provide for their families, which is considered a way of earning karmic merit (Martin & Jones, 2012). This expectation and obligation were acknowledged by many of the participants. They presented as having dual obligations: as a single mother who had to take care of her baby; and as a daughter who had to fulfil her duty to her parents. The majority accepted that when the baby was young they would look after it; however, they will eventually have to leave their baby to find a job to help support their family. For some participants, fulfilling this latter obligation will require a painful separation from their child.

When these teenagers fell pregnant, they failed the standard of being a good Thai woman. But perhaps more importantly, they failed in meeting their financial responsibilities to their family. This increased tension between participants and their parents.

In summary, changes to Thai society have resulted in a confrontation between traditional and modern values. The participants were caught in the middle of this conflict. Some old values are getting weaker and some are morphing to suit the modern world. Modernisation and tourism have supported the development of multi-faceted sex industry which exploits vulnerable teenagers. These chrono system factors seemed invisible, but they in fact underpinned almost every aspect of the participants’ lives. While individuals tried to adjust to change and its impact, conservative values still dominate policy and practice which have not effectively responded to change.
Macrosystem

The macrosystem is generally referred to as a cultural ‘blueprint’ that may determine the social structure and activities in the immediate system level (Bronfenbrenner, 1994 cited in Nuttavuthisit, 2007). The macrosystem in this research includes economics, politics, religion and social policy. All these factors had a significant effect on the experiences of the participants.

Poverty and Inequality

Thailand has had a long period of robust economic growth. The country is progressing from a low to middle-income country. Despite significant progress, persistent and critical development challenges remain (The Nation, 2010). Although Thailand’s economic growth has reduced poverty, it has also served to increase inequality with the elite class reaping the greatest benefit from economic growth (Hewison, 2014). Those in the poorest area of Thailand, the North-eastern region, have been exploited through low wages, with wealth flowing from rural areas to the cities (Bell, 1960 cited in Hewison, 2014). It was estimated by the United Nations Development Programme (UNDP) that there were 5.4 million people living below the poverty line and 88% of them are living in rural areas particularly in the North and North-eastern regions. The benefits of economic success have not been shared equally, especially as between Bangkok (Thailand’s largest urban area which has taken the lion’s share of the benefits) and the rest of the country. Income inequality and lack of equal opportunities have persisted and are a major social concern for Thai governments (UNDP, 2014).

As a result, many poor people from the North and North-eastern regions have migrated either seasonally or permanently to Bangkok and other cities where there are more job opportunities. While rural areas present farming and agricultural opportunities, they are seasonal. Therefore, many rural areas consist only of children and the elderly, with most adults working in town and sending money back to support family (The Nation, 2011; UNICEF, 2015).

Participants in this study are a good example of how poverty and inequality play a significant role in Thai society. Poverty and limited opportunities (including limited opportunities for a safe abortion, continuing education and obtaining a job near home) are pushing them down a questionable career path. Changing schools and returning to their education might be possible for teenage mothers who are better off and living in big cities where there is more than one school in the same area, but it is not available to poor rural women.
Political Instability in Thailand

Thailand has a long history of political instability. For the last 72 years, since the country had its first constitutional monarchy, there have been 13 successful coup d’état, 11 failed attempts, 18 constitutions and 28 prime ministers (Song, 2014). During the course of this research, Thailand was ruled by a Military junta, The National Council for Peace and Order (NCPO). Although Thailand has a long history of democracy, elections are always questioned for their transparency. Corruption is the key problem in the Thai political system and this is the main reason coups have been used to take control (The Economist, 2014). The number of parties in the Thai political system makes it very hard for any one party of them to obtain a majority, and most elections result in a coalition government with conflicting policies and interests. When conflicting party interests cannot be reconciled or corruption is detected, a new election is called. Not many governments have stayed a full term (four years) (Encyclopedia.com, 2007).

Government instability must have some impact on the country’s policies, including with regard to teenage pregnancy. Short term governments make it difficult to enforce an effective policy and this appears to have affected teenage mothers. With the country under military rule, it is also difficult to challenge existing social policy or suggest new policy, especially as regards marginalised groups. In any event, most of the national budget is spent on infrastructure and the industrial sectors, rather than the social welfare sector. Several state policies in Thailand contribute to inequality. For example, investment in social welfare and education has tended to be targeted to urban areas and therefore does not reach the poor (Hewison, 2014). In 2014 and 2015, the Ministry of Social Welfare and Human Security had been allocated only 0.4% of all budgets to look after the 5.4 million people living below the poverty line (Bureau of The Budget, 2015).

Limited resources, political instability, and economic inequality have undermined the development of policy and services for teenage mothers. This is evidenced by the fact that no participant received specifically targeted welfare support from the government.

The Influence of Religion: Buddhism and Abortion

Inducing or otherwise causing an abortion is contrary to Buddhist teachings, particularly in those of Theravada Buddhism which is the state religion in Thailand (Chamber, 2010; Whittaker, 2004). It is believed that having an abortion or performing an abortion is murder. Those involved in abortions face distress in both this life and the next because their sins will follow them as a ‘bad karma’. Medical professionals who perform abortions also believe in sin and karma (Chinthakanan, Rochat, Morakote, & Chaovisitseree, 2014). Some doctors have said they do not want to perform abortions
as they believe to do so would be a sin for them as well (Keown, 2013). Many feel uncomfortable providing a clinical abortion due to their religious beliefs, even if the abortion is legally approved (Keown, 2013).

Participants who did not attempt abortion held the strongest religious beliefs. This is consistent with Whittaker (2004) who found that fear of sin is the most common reason Thai women with unexpected pregnancies do not seek an abortion. However, those participants who attempted self-abortion seemed unaffected by religious beliefs, at least initially. The feeling of ‘bad karma’ appeared only when they had to decide whether to make a second attempt. Some realised there was nothing else they could do to terminate their pregnancy and started to believe the baby was determined to be born to them. Religious beliefs then helped them accept their pregnancy and they took comfort in believing that keeping the baby would ward off bad karma. Some participants also believed that by not killing the baby, good karma would come to them in the future.

The fact that Theravada Buddhism is the national religion means a drastic change to Thai abortion policy is difficult and unlikely. The Ministry of Public Health has been trying to pass a new reproductive health promotion law aimed at providing greater flexibility in the provision of abortion for unwanted pregnancies and improving the knowledge of, and accessibility to, contraception for young people. However, progress has been slowed by those who do not agree with abortion in any circumstances and consider it a sin.

The contradiction between religious beliefs and the reality of an increasing number of unmarried teenage mothers is unlikely to be resolved any time soon. The pressure and tension of this conflict are therefore transferred to the teenagers themselves, especially those who have had a successful abortion and who have to live with the feelings of guilt and ‘bad karma’. The unavailability of safe abortion puts many teenagers’ lives at risk from self-attempted and illegal abortions which are widespread in Thailand (Chamber, 2010; Chinthakanan et al., 2014).

National Policy and Its Effects on the Lives of Teenage Mothers

This section discusses how state policies play a role in the lives of teenage mothers. It focuses on four main social policy areas: health care, education, school based sex education and welfare.

Conservative and Impractical Policy

Many national policies regarding teenage pregnancy and teenage mothers, especially in relation to sex education, are conservative and impractical. Most sex education in Thailand is taught at school and many schools take a conservative approach, such as advocating abstinence, instead of a more realistic and helpful approach which focused on contraception and safe sex. An abstinence policy
places value on virginity and those who can keep it are considered virtuous. In contrast, those who cannot preserve their virginity might receive more pressure and discrimination and be seen as a bad example for other students (Doan & Williams, 2008).

The first national policy on sex education in schools was announced in 1938, but sex education was not taught in Thai schools until 1978 (UNDP, 2014). At that time it was called ‘Life and Family Studies’ with its content focused on the reproductive system and personal hygiene. The curriculum has been revised several times, incorporating government and non-government suggestions. However, school-based sex education in Thailand has been criticised as being ineffective in preventing teenage pregnancy and sexually transmitted diseases (STDs) (Vuttanont et al., 2006). The main disappointment is probably that there are only a few programs based on theoretical models of behaviour change. Most fail to understand the awareness and knowledge of the target population and fail to acknowledge and address the emotional and interpersonal aspects of sex (Vuttanont et al., 2006). Biological matters such as bodily changes and differences between the sexes have been prioritised over practical tuition (for example, how to put on a condom) and there is almost no formal teaching about emotional problems or negotiation skills (Vuttanont et al., 2006).

In 2002, the Thai government and an NGO released a sex education text book called ‘Khumue Waisai’ (Manual for Teenagers). However, after strong public criticism of its explicit content, the book was recalled and suspended. Some critics said the book was simply unacceptable and offensive to Thailand’s conservative Buddhist values (BBC, 2002). This incident confirms that conservative approaches to sex education, driven by religious beliefs, make changes difficult.

While education curricula and methods of delivery differ widely between schools, a conservative approach such as abstinence policy is the norm. Some teachers reported feeling embarrassed, inadequately informed, and unsure of what to say or how to begin to deliver sex education (Phiphitphaphaisit et al, 2007 cited in Thammaraksa, Powwattana, Lagampan, & Thaingtham, 2014). Curricula were widely modified, and sometimes overtly censored, by teachers. Quite often the contents delivered by teachers was strongly affected by their personal values, beliefs, knowledge, and experiences (Vuttanont et al., 2006).

Official recognition of sexual activity among young people is reflected in the policy of the Ministry of Public Health to provide free condoms to teenagers in high schools and colleges and a campaign was launched with the slogan ‘Proud to carry condoms’. However, not every school and college was willing to support this campaign. Some conservative social groups thought it too offensive, contrary to Thai values regarding sex before marriage and likely to encourage promiscuity (Treerutkuarkul, 2010).
A conservative approach to sex education has resulted in insufficient knowledge being available to the teenagers in this research. Pressure was brought to bear on these teenagers when they violated the values which had been widely accepted by older generations. These teenagers were unlikely to seek conversation or counselling about sex from parents, teachers, or healthcare professionals either because of fear of punishment and judgement from the authorities; or of a lack of access to services.

The general education policy regarding pregnant students and teenage mothers was also impractical and compromised their future. Policy and practice contradicted each other and this was reflected in the experiences of these young mothers. The Ministry of Education announced in 2009 that every school should support their pregnant students and teenage mothers in providing them with the best possible education. However, without a clear action plan and financial support from the central government, this has not been achieved in practice and every decision relies on the value of the head of the school and individual teacher. This has prevented many pregnant students continuing mainstream education. In some cases, teenage pregnancy is seen by teachers as a personal problem created by the teenagers themselves and for which the school has no responsibility.

Conservative values were also reflected in the policy of many schools that pregnant students had to quit as soon as their pregnancy was revealed and they were not welcomed back. The depiction of students as either ‘good’ or ‘bad’ was entrenched and meant there were not many places for pregnant students in mainstream education. Providing educational support during a student’s pregnancy has been hotly debated and is controversial (Chinthakanan et al., 2014; Keown, 2013). Some are concerned that allowing pregnant students to continue their education will set a poor example for other students who might follow in their footsteps (Chinthakanan et al., 2014). The macrosystem provided an impractical policy about pregnant students and left the ultimate decision with the school head master and individual teachers. The tensions around introducing national curricular on sex education are also reflected in policies about educational inclusion for teenage mothers.

Without comprehensive support from the government, teenage mothers from low income backgrounds have little chance of returning to their schooling or having a good education. Although informal education seemed practical and affordable, many admitted it would be difficult to study without child care. Without a good education, the opportunity to improve their family’s financial situation is also undermined.

**Insufficient and Ineffective Programs and Practice**

The Ministry of Social Development and Human Security is the key agency responsible for providing social welfare services to women and children, particularly those who are less privileged.
Major roles and responsibilities include income assistance, institutional care and referral systems. However, policy regarding teenage pregnancy is not well established as previously discussed and only a small budget is allocated to the programs.

In terms of health care policy and services, the Ministry of Public Health set up the youth friendly health services program in 2009 in order to reduce the gap between health providers and young clients; and to promote better services and a friendlier atmosphere for teenage mothers. However, it is estimated that less than 40% of all hospitals in Thailand were successfully operating this program (Bureau of Reproductive Health, 2014). This is consistent with the findings of this research. No participant had heard about this program or was offered its services. The only services offered were those generally available to all pregnant women. And no outreach services or services connected to health clinics were offered at all during their pregnancy and labouring period.

An inadequate welfare service had an impact on the lives of these teenagers. Without welfare support, they had to rely solely on parents and family for assistance. With their low socio-economic background, their pregnancy increased the financial burden on their family which created tension. They did not receive child support from the baby’s father because none of these participants had a marriage registration and child legitimation by their biological father. It was therefore very difficult to force the baby’s father to pay child support. Financial constraint and limitation of legal knowledge might be the key reasons for not being able to take the case to court to enforce the law.

In conclusion, layers of the macrosystem (such as poverty, politics, religion and social policy) played a major role in these teenage mothers’ lives and invariably created tension and contradiction. These factors had an interrelationship and influenced each other. Some elements provided a supportive environment, or at least had the intention of doing so, but for most participants, contradictions and tensions were the more common experience. In order to improve the quality of these teenage mothers’ lives and provide more positive environments, changes in these macro systems need to be considered. These are discussed in Chapter 8.

**Exosystem**

**An Insufficient and Inaccessible Social Welfare System**

The exosystem in this study focused on accessibility to welfare services for teenage mothers. It contains the external environmental settings and other social systems that had an indirect effect on the lives of teenage mothers. A few macro policies towards teenage mothers presented earlier led to a limited availability of social resources and, hence, had a major impact on the life experiences of the participants.
As stated above, none of the participants reported receiving a specific social welfare service such as a payment, a support service or contact from any government or NGOs agency. Most had never heard about the services available or how to access them. The most common services used were the basic health care services provided by local hospitals, but these services did not link up young mothers with other welfare systems.

Although family and friends provided good emotional support for most participants, some reported being depressed and at times. Services to support teenage mothers either financially or psychologically were non-existent. None received counselling or emotional support. Two reported having suicidal thoughts, but overcame them. This raises a concern about the psychological well-being of teenage mothers which is something that might also affect their children’s quality of life. A few participants and their mothers also felt shame about such an early pregnancy. For some, this feeling could prevent them from accessing any services and help in the future.

The fact that the participants had to relying solely on family support created tension in most families, due to their low income backgrounds. It also put more pressure on the teenage mothers to find extra income to support their baby and their family. They were not disappointed in the lack of services because they did not know they existed, but they felt very keenly the burden of being an unproductive family member.

Microsystem: Interaction with Their Immediate Network

Bronfenbrenner (1979) defines the microsystem as a pattern of activities, roles, and interpersonal relationships experienced by the individual in their social contexts. The various layers of an unmarried teenage mother’s immediate environment at the micro level with which she interacts (such as parents, friends, school, and the baby’s father) play an important part in her life. These smallest environments created both positive experiences and tension for participants. The microsystem of participants in this study was also affected by the chrono, macro and exo systems factors described earlier.

Family and Parents: Love, Tensions and Expectations

Most participants reported they did not receive a negative reaction or punishment from their parents and relatives on becoming pregnant. However, some had a difficult and intense relationship with their parents, though they seemed to accept this and blamed themselves for causing these tensions and disappointments within the family. Not wishing to further disappoint their family, most participants tended to leave all decisions regarding their personal life and future employment to their parents and will do whatever their parents want trying to please them. For example, some
parents wanted to send their daughters to work in cities like Bangkok or Pattaya. While the daughters would rather have a job close to home so they could look after their child, they seemed prepared to go along with their parents on this. On the other hand, while one parent wanted to give her daughter’s baby up for adoption, the teenage mother disagreed.

Because of their poverty, many participants admitted that education is the key to them accessing a better life. In Thai society, the youngest child generally receives this opportunity with support from the whole family. This opportunity is accompanied by high expectations and hope that the youngest will use their education opportunity to improve the financial fortunes of the whole family. When they fell pregnant and had to leave school, this expectation and obligation became a pressure for them. Even those who had left school early and started work (and were therefore not expected to have a level of high education) had an important role as one of the financial providers for their family. And by becoming pregnant, they had failed in this role.

In the rural area of the North-eastern region, the long dry season means crops (rice, sugar cane and cassava) can only be grown once a year. Financial support from family members working in city or industrial areas is therefore very important. When these teenagers fell pregnant they could no longer support their family and they in fact needed the family’s support. This financial burden became the main source of pressure for these teenagers.

Although family had provided them with care and love, tension and conflict occurred when these teenagers fell pregnant. The traditional values, financial pressures and the unavailability of welfare services together created a negative atmosphere and tension in their family system. Some families adjusted well, but some did not. Although most families agreed that the babies should be kept and not be given up for adoption, the future of these children and their young mothers remains uncertain.

**Sexual Relationship, Abuse and Stigma**

In traditional Thai culture, while premarital sex is considered unacceptable for ‘respectable woman’ and highly damaging to her reputation and that of her family, it is widely accepted for young men who are expected to have a strong sexual drive which demands to be released. Indeed it is virginity amongst young men which is perceived as unacceptable (Soonthorndhada, 1992 cited in Tangmunkongvorakul et al., 2011). As a result, when their sexual relationship and unintended pregnancy was revealed, it was the girls who received more pressure, blame and responsibility. For example, some of the fathers questioned whether the baby really belonged to them. Some ran away and left their girlfriends and families to sort it out.
Those participants who lived with their baby’s father and his family for a short time felt they were looked down up on and treated badly. They believed this stemmed from them being poor and the family of their baby’s father being better off. They had to do all the household chores (cooking, washing, cleaning etc.) and felt their status in the house was that of a servant rather than a family member. Some reported being physically and psychologically abused by the baby’s father and his family. This negative experience affected their emotional well-being and created tension and conflict. In a few cases, this tension developed into depression and suicidal thoughts.

**The Role of Friends and Peer Support: ‘I need someone to talk with’**

The interaction between these teenagers and their friends also reflected this generation’s values toward sex which is very different from older generations. Friends were the only people these teenage mothers could talk to openly about their experiences. The fact that the participants had lost their virginity before marriage did not seem to be a problem for their peer groups. The information about their sexual life, contraception and attempted abortion had been shared and provided by peer groups rather than health professionals, teachers, or parents.

However, the advice they received from friends was more likely to be just emotional support due to their limited knowledge and experiences. Their relationship seemed to fade out over time, especially after the arrival of the baby. Some participants reflected that their lives and focus were now too different from that of their friends. The support they needed from friends was just about having ‘someone to talk with’ while counselling services were not accessible. Although friends seemed to play an important role during the pregnancy, they did not seem to provide financial or practical assistance after the arrival of the baby.

**Relationship with School and Teachers: Diminishing Opportunities for Education**

The macro level of education policy and sex education in Thailand discussed earlier had a direct effect on school policy and practices. The contradiction between macro policy and micro level was clearly noticeable in this research. Although some teachers and schools showed some support to their pregnant students, this support was provided by individual and sympathetic teachers and was not school policy. Therefore, many participants had to terminate their study and had not been able to return to their mainstream education.

In a rural background where the community is very close, having a pregnant student at school might risk the school’s reputation and create a conflict between the school and some conservative parents. Many schools could not expel their students as it would be against the national education policy. So they ignored the pregnancy, provided no support and let their pregnant students quietly slip out of
the system. Without full support from the school during the pregnancy and after giving birth, the chance of these teenagers continuing their education is limited.

Regardless of macro policy, relationships between teachers and pregnant students at a micro level varied. For example, a few teachers and schools allowed pregnant students to attend class until their physical appearance was of concern, while other teachers did not. One school head master allowed his student to return to school after she gave birth. Unfortunately he moved to another school and the new head master reversed the decision.

**Relationship with Community: Acceptance and Support**

At the community level, where their villages were small and close, stigma and exclusion was not clearly found. The research area is one of the richest culturally preserved areas of Thailand where people still live a very simple life and follow traditional values. However, in this study, most participants did not feel they were treated badly or excluded from their community. Indeed, some received community help and support during their pregnancy and after the baby was born. Many participants explained that the increasing number of teenage mothers in their village and nearby made people accept more readily that it could happen to anybody.

The few negative responses received from their close community were more about the teenage mother’s financial circumstances and her future and that of her child. Although being an unmarried teenage mother might bring a bad reputation to the girl’s family, social exclusion or stigma from their close knit communities was reported by very few in this research. It seems the strong traditional values have been overridden by pragmatism and an acceptance that society is changing and becoming more dynamic.

**Conclusion**

In this chapter, the ecological systems framework was used to identify the social and cultural factors that shape the life experiences of the participants. In this research, poverty and the closing down of their opportunities were the key factors creating tension and pressure for teenage mothers and their families.

Thailand is a country of contradictions and parallel societies. In order to understand the experiences of unmarried Thai teenagers, many aspects have to be taken into account. Contradiction and tension was present at every level of the environment inhabited by these teenage mothers, from the macro to the micro systems. In the broader layer (the chronosystem) many old values and beliefs were partially changed and transformed by the impact of globalisation, however, some continued to have
a big influence at the macro and micro levels. The confrontation between modernisation and traditional Thai values can be seen at each level. Virginity was not the key concern for most of the participants, however, the tradition of a bride price was preserved and practised by the older generation (albeit on a slightly different basis). The number of teenage pregnancies and illegal abortions is high and it has become an important social problem for which the public has demanded a solution. However, inflexible abortion policy and being a Buddhist society has made policy change regarding unwanted pregnancy slow and difficult.

While conservative approaches seem to influence public policy, at an individual level, financial pressure was the main source of tension for the participants (resulting in limited opportunities). A slow change in social policy and the instability of Thai politics led to insufficient welfare support for this group. While Thai society is trying to preserve the image of being a ‘good woman’ such as being virgin or ‘Rak Nuan Sa-Nguan Tua’, it is undeniable that Thailand also has one of the world largest sex industries and associated problems with human trafficking. The high demand from tourism businesses and the pressure of poverty might easily push some of these participants into human exploitation. Their futures were uncertain.

An understanding of the role played by social and cultural factors in the lives of teenage mothers is fundamental to considering what appropriate policy and practice responses are required. This is discussed in the next chapter.
Chapter 8

Discussion and Conclusion

Introduction

This research about the experiences of unmarried teenage mothers was conducted in Buriram province, Thailand, in 2013. The impetus for this research was the increasing number of teenage pregnancies and teenage mothers in Thailand over the last few decades and concern about abandoned babies and illegal and unsafe abortion. Despite their increasing numbers, knowledge and understanding of teenage mothers is limited, particularly those who are unmarried and have no support from their baby’s father.

The research took an ecological systems approach in seeking to understand the experiences of this group in the context of socio-cultural factors related to the intersection of Thai traditional values with globalisation and modernisation, current policy and service system responses. Teenage pregnancy and unmarried motherhood has had limited visibility in policy and practice settings apart from being labelled a social problem. This research aims to improve understanding of the experiences of the most vulnerable of these young women in order to inform the development of social policies and practices. The findings have been discussed in Chapter 5, 6, and 7. This final chapter focus on the core experiences of the participants and draws conclusions. It also presents the contribution to knowledge made by this research and considers the implications and recommendations for policy, practice, and further research on teenage mothers in Thailand.

Challenging Policy Discourse regarding Teenage Pregnancy and Teenage Mothers in Thailand

In the last few years, teenage pregnancy and motherhood have become one of the most serious social problems in Thailand with the public demanding effective solutions. Both the government and NGOs have been trying to develop policies and programs to prevent and/or solve this problem. Although there have been some changes in policy and its implementation, there is no compelling evidence that these policies and programs are effective (UNFPA, 2014).

Many policies and programs focus on preventing unplanned pregnancies and STDs and pay little attention to policy and programs to support teenage mothers. The national campaign ‘Stop Teen Mom’ was launched by the Ministry of Social Development and Human Security in 2013 to raise
awareness about the possible consequences of unsafe sex. The campaign aims to reduce the number of unplanned teenage pregnancies by warning of the negative outcomes of being a teenage mother.

However, this explicit and somewhat negative message sparked debate (UNFPA, 2014), mostly about whether it might stigmatise teenage mothers which might reduce access to available services and prevent them seeking help.

The picture above of two different young women in one of the campaign posters reflects the current attitude and direction of national policy. One teenager is wearing a graduation gown with a happy smile and flowers, basking in her success; while the other is carrying a baby and has a lifeless and hopeless expression. The message on the poster asks the target audience which life they would
choose: (a) a happy life (by not being a teenage mother); or (b) a miserable life (which will surely follow if they become a teenage mother). This poster creates a dichotomy, making an unfavourable comparison between the life of a teenage mother and the life of a teenager who is not. Although it provides a clear message, it raises many questions about the campaign. Does having a child early have to be the end of your future and education? Is it only teenagers who are not mothers who have a bright future and the prospect of a good education?

This negative connotation needs to be acknowledged and challenged. This thesis argues that Thai society should provide equal opportunity to teenagers in terms of education and other social supports, irrespective of whether they are pregnant or become a mother. Getting pregnant early or being a teenage mother does not have to lead to a painful life. It is the responsibility of government and non-government agencies, and the broader community, to ensure that teenage mothers have equal opportunities in life. Policy and practice regarding teenage mothers needs to be inclusive and should not exclude them simply because they are different and have violated social conventions.

The ‘Stop Teen Mom’ campaign is reminiscent of the early HIV/AIDS campaign in Thailand which presented scary pictures of people who had HIV/AIDS and aimed to warn the public about how deadly this disease is. However, the campaign was so powerful that it led to victims of the disease and their children being stigmatised and socially excluded (Lyttleton, 1994). Attempts to change this and ensure those those living with HIV/AIDS are included in society is ongoing. The danger is that the campaign around teenage pregnancy/motherhood will likewise promote social exclusion.

Although preventing teenage pregnancy is important, supporting teenage mothers is also crucial as the quality of life of at least three generations is affected: the teenage mothers themselves, their children, their parents and sometimes their grandparents. As emphasized by the World Health Organization (2006), in many countries, the care and support of teenage mothers is not given the same attention as programs aimed at preventing teenage pregnancies in the first place. Yet converging global policies underline the need to focus on the care, social support and education of teenage mothers.

Negative attitudes toward teenage mothers can make them invisible and beyond reach. The absence of appropriate support and inclusive policies increases the likelihood of illegal abortion, baby abandonment, child neglect and human exploitation especially for teenage mothers from low socio-economic backgrounds who do not have many options or support. The national campaign regarding teenage pregnancy and teenage motherhood certainly needs to deliver a strong message about preventing unsafe sex and encouraging the use of contraceptives. However, more support and options should also be provided to teenagers who are already pregnant/or have become a mother. It
is particularly important that teenage mothers from poor families be given more hope and greater choices.

**Findings in Relation to Research Questions**

This research aimed to explore two research questions:

1. How do Thai teenage mothers from a rural background experience being an unmarried teenage mother?

2. How have social factors influenced the experiences of Thai teenage mothers?

In relation to the above research questions, the ecological system approach was used to investigate and understand the life experiences of these unmarried teenage mothers within their social contexts. Although there are a number of Thai studies and other studies about teenage mothers, their experiences differ depending on their social contexts, including their socio-economic background, culture, social support and access to appropriate welfare.

The teenage mothers in this research presented their social contexts as having both positive and negative influences on their lives. The parallel societies of Thailand (traditional and modern) presented them with a number of contradictions and tensions as discussed in Chapter 7. The factors that most greatly influenced the lives of these teenage mothers were: the impact of modernisation, a cultural and values gap between generations and poverty.

The gap between teenagers and their parents has widened with the impact of modernisation. Younger generations are expected to stay longer in school and have a higher level of education than their parents. They must also fulfil their obligation as a good daughter by taking care of their parents and family as a way of showing their gratitude to their parents (Montgomery, 2008). When the participants became pregnant they were automatically viewed as having failed to meet these expectations and fulfil their obligation. At that point pressure and tension occurred.

Traditional values and norms played a crucial part in the participants’ lives. However, not all values and norms were important to the participants and others were adapted to fit their changing circumstances. For instance, neither the participants nor their family valued virginity in the way it has been valued traditionally. The bride price (which has traditionally been seen as an indicator of a good, well-behaved and virgin bride) was still used but for different purposes. A forced marriage might occur in order to facilitate such compensation with the final decision to marry resting not with the teenage mothers but with their parents.
At a broader level, the gap between participants and their schools was reported. These teenagers discussed and sought advice mostly from their friends, rather than their teachers. Many schools and teachers were still influenced by conservative values and did not know how to handle the situation of a student falling pregnant or having premarital sex. Traditional values were also reflected through social policies related to teenage pregnancy and teenage mothers. A rigid abortion policy and limited opportunities to access safe abortion forced a number of teenage mothers to attempt illegal abortion. Most participants were fortunate in that their family was supportive and they did not suffer a serious injury from their abortion attempts. Questions were raised about teenage mothers who experience family conflict and do not have any support. They may be more likely to seek an illegal abortion or abandon their baby.

Poverty was one of the most powerful factors shaping the experiences of these teenage mothers. While families were supportive, there was also tension within families due to high expectations and their financial difficulties. Poverty limited their educational choices, their access to health care and welfare services and their ability to plan for their future. The idea of working in Pattaya or marrying a rich Farang (Westerner) was seen as a way out of poverty and reflects their level of desperation to ensure a better life for themselves and their children. Their future was precarious and uncertain. Poverty and a deep seated desire to improve their circumstances might lead to exploitation. The high demands of tourism related businesses and limited employment in their villages could possibly attract some teenagers to work in the tourism industry (which in many instances is sex related). Some said they might consider working in this business sometime in the future when they were able to leave their babies. Thailand has been reported as a source, transit and destination country for women and children trafficked for the purposes of commercial sexual exploitation and forced labour (U.S. Department of State, 2014). Teenage mothers seeking to escape poverty in this context may find themselves ripe for exploitation. This is a major concern at the individual, family, political and social level.

The participants also reported limited contact with social services and their stories reflected an unsupportive social policy. Health care services were very basic and none were tailored to teenage mothers. They were unaware of available welfare services which were in any event limited. Educational policy for pregnant students and teenage mothers was generally good but in practice exclusion was the main outcome. Major obstacles for policy implementation were the limited resources and budget and the conservative social values of teachers and school administrators (UNFPA, 2014; Vuttanont et al., 2006).
The ecological systems framework provided a better understanding of these unmarried teenage mothers at both micro and macro levels. It is clear that handling the teenage motherhood situation in Thailand requires considerable changes, not only in policy and practice, but also in the traditional values held by many, such values being a root cause of the problem. An important beginning is recognising some of the contradictions and tensions these young mothers face in modern Thailand. Implications and recommendations are presented later in this chapter.

**Strengths and Limitations of the Study**

This research provides a fundamental understanding of this rarely investigated population in Thailand. Using qualitative methodology and an ecological system framework, this research was able to explore in-depth the experiences at a micro level of a group of rural unmarried teenage mothers; and the impact on those experiences of external influences at a macro and chrono level. The diversity of participants in terms of their social backgrounds and language (which differs for each ethnic group) required special communication skills. The researcher had the benefit of having worked as a social worker and local researcher along the Thai-Lao-Cambodia border for more than 15 years. There was therefore no language barrier as the researcher was able to interview each participant in their local dialect: Thai, Thai-Lao or Thai-Khmer/Cambodian. As a result, this research provides a rich picture of the experiences of teenage pregnancy and motherhood.

However, this research had a number of limitations. Firstly, it is limited to the Thai context, specifically, a rural context in the North-eastern region. Therefore, it is not possible to generalise the findings across other populations from different social contexts and backgrounds, such as those from middle or high income families or urban areas. Secondly, all participants in this research were volunteers and received permission from their parents to participate. Those living in difficult family situations awash with conflict might have been unintentionally excluded from this research. Thirdly, the participant selection criteria (which specified teenage mothers who are poor, unmarried (by law) and not in receipt of financial support from their baby’s father) might present only undesirable experiences and a negative picture of being an unmarried teenage mother. Some teenage mothers might actually be doing well with their lives, especially those with support from their baby’s father. Lastly, this research is a one-time measure of the factors that may contribute to the self-perception of being a teenage mother. Therefore, longitudinal studies will be required to follow up and investigate changes in the lives of these mothers over time.
Implications and Recommendations

The findings from this research have implications for policy, practice, and future research regarding teenage mothers. Changes are needed in order to improve the quality of life of this population. Impediments to such changes are considered later in this chapter.

Policy Development

Social policy directed at teenage mothers and teenage pregnancy has been gradually constructed since 2010 when 2,002 dead foetuses were found in a temple in Bangkok. A recent response to this concern is the ‘Stop Teen Mum’ campaign as described earlier in this chapter. Other policies aimed at teenage pregnancy and teenage mothers were outlined in Chapter 3. However, changes in policy have been slow and have not resulted in effective action plans. There are still a number of obstacles and challenges ahead. The purpose of this research is not to determine the best or most effective policy for tackling the problem, but to reflect on problems with current policy and gaps in services identified from the stories of the participants. Some key areas for policy development are outlined below.

More Effective and Holistic Approaches for Sex Education in Schools

The population in this study demonstrated a lack of knowledge of safe sex. Sexual matters were hardly discussed between these teenagers and their parents. Therefore, schools and teachers could play a crucial role in providing basic knowledge to prevent early pregnancy. Holistic or comprehensive sex education approaches such as the ‘Teen Outreach Program’ in the USA which focuses on a much broader youth development model has been evaluated as being effective in preventing teenage pregnancy (Gonzales & Allen, 2010). On the other hand, an abstinence-only approach has been found to be ineffective in changing behaviours related to teenage pregnancy and/or STDs (Goesling, Colman, Trenholm, Terzian, & Moore, 2014; Umbro, 2009). In Thailand, there is no single program model which will fit all circumstances. It is necessary to have different programs for each population group and setting depending on the ethnicity, beliefs, demography and socio-economic background of the target group (Goesling et al., 2014). More research and evaluation of pilot programs is required in order to develop effective programs that will suit the different teenage populations of Thailand (WHO, 2008).

With the steadily increasing number of teenage pregnancies in Thailand, it is not only school based sex education that is in urgent need of reform, but the notion that discussing sex is immoral needs to be changed (particularly between parents and their children). Culturally, it might be very difficult for Thai parents to discuss sex with their children (Sridawruang, Pfeil, et al., 2010;
Tangmunkongvorakul et al., 2005). Many teachers also do not know how to deliver sex education in an appropriate way and have never been trained to do so (Vutanont et al., 2006). Apart from improving school curricula, social policy relating to sex education should be broadened to include parents and teachers, with both being supported to develop effective communication skills about this sensitive issue. There is also the problem of how teenagers outside the responsibility of a school or college can receive advice, knowledge and services as required. In any event, this research shows that good policy (such as an inclusive education policy for pregnant student which discussed in Chapter 3 and 5) does not necessarily result in effective practice.

**More Flexible and Affordable Abortion Policy**

A high rate of teenage abortion (self-attempted or otherwise) has been reported by a number of Thai and international studies (Manopaiboon et al., 2003; Meier, 1994; Warakamin, Boonthai, & Tangcharoensathien, 2004; Whittaker, 2004; Wilkinson et al., 2006). The World Health Organization estimates that in 2008 around 22 million unsafe abortions took place worldwide, most of which were in developing countries in Asia and Africa (World Health Organization, 2011). Although the total number of abortions in Thailand is not known, the United Nation Population Fund, Thailand (UNFPA) estimates that between 30% and 90% of Thai pregnant women under 19 attempt some kind of abortion (UNFPA, 2014). These young women put their lives at risk as very few would have met the strict Thai abortion criteria. More flexible abortion policies would provide safer choices for these women. There is strong evidence that where legal abortion is widely available there are few (if any) unsafe abortions; whereas restricting access to safe abortion increase the number of unlawful and unsafe procedures (Sedgh, Henshaw, Singh, Åhman, & Shah, 2007; World Health Organization, 2011).

As discussed in Chapter 5, the rate of participants’ self-attempted abortion in this research is high and it raises concerns about the effect and danger from taking a variety of drugs and the procedures they went through. Legalising abortion and making it more accessible and affordable will not only provide safe abortion as a viable option in cases of unwanted pregnancy, particularly in teenagers, but it might also help authorities reach out to pregnant teenagers who might be in critical circumstances and need the most help and support. It would also help reduce baby abandonment which has happened in Thailand from time to time. Although there are always heated debates about abortion policy in Thailand given that Buddhism is the state religion, there is some progress in that
the Ministry of Public Health has proposed a new reproductive health bill aimed at improving access to contraception and safe abortion\(^1\).

**More Specific Policies and Programs to Support Teenage Mothers**

Thai national policies and programs regarding teenage mothers are currently the responsibility of three ministries: the Ministry of Social Development and Human Security; the Ministry of Public Health; and Ministry of Education. Each has their own strategies and plans which reflect their professional strengths and responsibilities. For example, the Ministry of Public Health focuses on reproductive health, health care and medical services for pregnant and teenage mothers. The One Stop Service Crisis Centre (OSCC) and Friendly Youth Clinics (FYC) are the two programs run by them specifically for teenage patients and are designed to address a gap in services and create an understanding and non-judgmental atmosphere for teenage mothers. However, they are mostly located at major provincial hospitals and are administered by trained staff. In smaller hospitals in remote areas, they do not have dedicated staff but are administered by nurses as an additional responsibility over and above their normal duties. Although programs such as these are intended to benefit teenagers, no participant in this research knew of them and none had received any assistance from them. This highlights the need for creative approaches to outreach services.

In 2011, the Ministry of Social Development and Human Security announced a plan to address the problem of unplanned pregnancy in teenagers\(^2\). It provides clear guidelines for professionals about how to reduce the negative impacts of pregnancy on young mothers, their families and communities and promote their inclusion. However, in order to implement this plan, financial investment is required. Insufficient funding has thus far hampered the plan’s implementation (UNFPA, 2014).

Of particular concern in Thailand is the ready availability of work in bars and the sex industry for poor young women. The fact that participants in this research are young, poor and of low education raises the concern that they could be attracted to, or feel compelled to engage in such work and thereby be vulnerable to exploitation through, as mentioned above, human trafficking. As discussed in Chapter 3, many sex workers enter the sex industry aged less than 18 (Lines, 2015; Podhisita et al., 1994). Although there is no record of how many teenage mothers go into sex related businesses, a number of studies in Thailand report that the majority of sex workers are from rural areas and poor backgrounds such as the Northern and North-eastern regions (Limkulpong, 1998; Podhisita et


Increasing opportunities in education and providing welfare support would provide alternative options for teenage mothers and reduce the likelihood that they may be exploited in the sex industry.

The findings of this research confirm that more support and programs are needed for this group and these services must be delivered to those who live in remote areas and are difficult to reach. Income support was what this population needed most. The majority of participants had no income at the interview time. Only two had a full time job where they earned around 150 to 200 Baht per day ($5 to $7 AUD) which was not enough to cover their baby’s expenses. Without income assistance, poverty could easily force them to leave their child and enter undesirable employment as discussed in Chapter 6 and 7. For teenage mothers who experience psychological distress, counselling services may be required. As discussed in Chapter 5 and 6, a number of teenage mothers in this research reported experiencing considerable levels of stress, caused by conflict with their own family, the family of the baby’s father, a failing relationship, the impact of an abusive relationship and a personal sense of failure at not meeting family expectations. Some participants reported symptoms of depression and suicidality. Although it can be argued that counselling services are provided by many agencies, none of the participants had access to these services or even knew they existed. Increased support and effective programmes will help improve the well-being of, and the psychological and developmental outcomes for, teenage mothers and their children (Coren, Barlow, & Stewart-Brown, 2003). Without support, their quality of life and that of their children could worsen. The level of support and mode of service delivery should be based on a teenage mother’s particular circumstances and should be voluntary (Letourneau et al., 2004)

The role of families was crucial in providing support such as accommodation, child care and living expenses. What happens to young women who do not have family support is of great concern. For the women in this study, some level of income support would reduce the financial stress on them and their families. However, the provision of financial support for teenage mothers is likely to be contentious as state based welfare is not generally provided in Thailand.

More Support for Pregnant Students and Those who want to return to Education

One of the most significant findings of this research concerned the lost opportunity of participants to further their education. This negative outcome has been found in several other studies (Brindis & Philliber, 1998; Lall, 2007; Lee SmithBattle, 2007; Suwansuntorn & Laeheem, 2014; UNFPA, 2014; World Health Organization, 2006). In addition to the conservative attitudes of school officials, the main obstacles to participants continuing their study were lack of money, time and child care. Without income support and child care, there is little prospect of them returning to full
time study. Without qualifications, their employment opportunities and income earning potential are greatly reduced (Brindis & Philliber, 1998; World Health Organization, 2006). There are substantial studies mainly from the USA and UK, showing that programs and policies aimed at assisting teenage mothers stay in school are a good long-term economic investment and reduce welfare dependency (Brindis & Philliber, 1998; Chase-Lansdale, Brooks-Gunn, & Paikoff, 1991; Social Exclusion Unit, 1999).

The number of Thai pregnant students who leave school (voluntarily or otherwise) is not known (UNFPA, 2014). This is because Ministry of Education guidelines require their departure be reported in the category of ‘family problems’, ‘marriage’ or ‘others’. Although the policy is that pregnant students should stay at school and teenage mothers should return to study, the decision in each case is left to the school administrators and very few actually implement the policy (UNFPA, 2014). This research shows that at the local level, there was only limited support for this policy of inclusion and there were no supportive school policies such as the provision of child care.

More consideration is needed of programs or models that will fit with the Thai education system and Thai society. A number of education programs for pregnant students and teenage mothers in developed countries have been found to be of benefit to the mothers and their children (Chase-Lansdale et al., 1991; Coren et al., 2003). Taking teenage mothers out of school and making it difficult to return to education will not benefit them or Thai society in the long term. It will only create future problems and difficulties. A 17 year longitudinal study in the USA by Furstenberg et al. (1987) found that teenage mothers who were better educated performed better in life and had better outcomes than those with less education. Modernisation and a globalised economy demands higher skilled workers and well educated labour forces (Neville-Rolfe, 2012). Without qualifications, these young mothers can only be non-skilled labourers in Thailand’s industrial market, receiving only the minimum wage. Excluding the sex industry, the opportunities to escape poverty are very limited, especially for those from low socio-economic backgrounds living in rural areas.

More Support for Family of Teenage Mothers

This research highlighted the important role of family, particularly when teenage mothers are in crisis and welfare services are unavailable. Most participants received substantial support from their family and relatives. Family provided shelter, child care, baby expenses and emotional support. However, with their limited resources the extra cost and care of raising a baby also caused tension in these families. In some cases, the relationship between parents and daughters was adversely affected by the unexpected pregnancy. Some parents struggled to accept the situation and their
anger and disappointment was noted by participants. The consequent negative family atmosphere affected the quality of life of both teenage mothers and their children. Income support and child care would help reduce financial pressure in the family of teenage mothers.

From the ecological systems perspective, changes in one system affect other systems. It is not just the teenage mother who is affected by the unplanned pregnancy. Their parents and families are also affected, the extent depending on their circumstances and family backgrounds. In terms of policy improvement, it is necessary to recognise the role of family and to strengthen that unit to ensure that teenage mothers and their children have a safe and secure place no matter what their circumstances. It is also important to develop services for those who lack family support.

**Practice and Service System Responses**

Throughout the interviews, most participants reported the unavailability of social services and provided suggestions about the service system in Thailand. The recommendations in this research are based on experiences reported by the participants. That is not to say that these recommendations are readily transportable to other teenage mothers in different circumstances, such as those in urban areas and not poor.

**Reaching Out to Invisible Population**

Invisibility is one of the most distinctive experiences reported by teenage mothers in this research. They were excluded from welfare systems and could not access any special support. Without good referral systems and cooperation between different service providers, the opportunity for these teenage mothers to receive any care and support will be limited. Developing systems of referral and cooperation might provide better care and services to teenage mothers, especially those with a secret pregnancy or family conflict, or living in remote areas.

The improvement of data collection and sharing between agencies might also heighten the visibility of this group of teenage mothers. At present, relevant databases in Thailand are varied and not well integrated (UNFPA, 2014). Although Thailand has a high number of teenage mothers, it does not follow that all of them are living in difficulty and need welfare support. Some might be doing well and receive a lot of support from their family, husband and community (Neamsakul, 2008). However, it is necessary to identify and target the most vulnerable, especially since resources are limited.

This research shows that welfare providers are not reaching out to teenage mothers living in poor and remote rural areas. Poverty, lack of information and transport difficulties are key reasons these young mothers and their families are not able to access social services located in the city. Outreach
programs and mobile services might be better able to support those in need and living in difficult circumstances. In many countries such as the USA, the Netherlands, Australia and New Zealand, mobile services like home visiting programs have reported positive outcomes (Howard & Brooks-Gunn, 2009). They can benefit families by influencing maternal parenting practices, the quality of the child’s home environment and the child’s development. The programs have particular benefits for low-income and first-time adolescent mothers (Howard & Brooks-Gunn, 2009).

**Moving Beyond Health Care**

The most accessible service for the participants was the health care they received during their pregnancies, but which finished shortly after the birth. However, focusing only on physical health might mask other problems faced by these teenage mothers such as depression, suicidal thoughts, domestic violence and forced marriage. Teenage mothers might fall into an arranged marriage going under detected because of the cultural pressure around premarital sex and being pregnant out of wedlock. At least two participants reported not wanting to marry the baby’s father. They were nonetheless forced into marriage to save face for their family and to facilitate the receipt of monetary compensation from the family of the baby’s father. This finding is consistent with a study of 13 pregnant teenagers by Suwansuntorn and Laeheem (2014) which found that some teenagers were forced into marriage to save their families’ reputations although they still want to continue with their education. As the main service contact point for pregnant teenagers, health care services are ideally positioned to conduct more holistic assessments of their needs that go beyond physical health and provide services that aim to meet identified need during pregnancy and after birth as required.

**Impediments to Policy and Practice Development**

Although there is some progress in policy and practice regarding teenage pregnancy and teenage mothers in Thailand as presented in Chapter 3, there are still a number of obstacles to viable policy and practice development in Thailand. Many are associated with long held beliefs and practices within Thai society that are not easily changed. One of the most complex problems is abortion policy which, as mentioned, always creates heated debates in Thai society. For many Buddhists, having an abortion is against the religious teachings that appear in one of the five precepts, not ‘taking the life of beings’ and they believe those who have or perform an abortion will receive a bad karma either in this life or the next. Policies that challenge religious beliefs will not be easy to change and any push for change could create conflict and public resistance. Given the sensitivity of abortion, politicians may be wary of challenging public opinion by making it more accessible.
However, when safe abortion is hard to access, and there is no clear established support for teenage mothers, it is not unusual to see a high number of illegal abortions (Sedgh et al., 2007). The high number of baby abandonments in Thailand may also be the result of pregnant teenagers having limited options.

As discussed in Chapter 3, the conservative values which are entrenched in many parts of Thai society might delay the progress of policy and practice improvement regarding sex education in schools. Most changes in sex education programs have been driven by NGOs and supported by international agencies such as Teenpath project developed by the Program for Appropriate Technology in Health (PATH), an international non-government organisation based in Bangkok (Boonmongkon & Thaweesit, 2009). However, the improvement in sex education curricula is so small as to be negligible. Some small schools in remote areas may not be able to take advantage of these innovative programs.

At micro level, talking about sex in explicit ways or in public is still considered rude and inappropriate by many of the older generation. Many Thai children are still taught to listen to their parents and not to initiate such discussion as the young have to be subordinate to the old (Limanonda, 1995). Many Thai parents do not know how to convey information about sexual matters to their children (Tangmunkongvorakul et al., 2005; Vuttanont et al., 2006). Some modern thinking Thai parents do teach their children about safe sex. However, some still prefer to teach their children to ‘Rak Nuan Sa-nguan Tua’/ ‘love and preserve our body’ as it has been taught for many generations. The difference between modern and traditional values can also create contradictions and tensions between teenagers and their social systems such as family, school and society. Again, attempts to implement more progressive public policy might be resisted and therefore not succeed.

Some traditional values and practices also need to be re-evaluated. As discussed in Chapter 3, traditional Thais highly value virginity until marriage, which obviously includes not having a child outside wedlock, and obligations to care for family (both as a financial contributor and carer). Although these values and practices are diminishing, they still play a role in the lives of teenage mothers particularly from the perspective of their parents. The payment of a bride price as reported by some participants effectively amounted to a monetary value being placed on their bodies and sexual activities. As a result, when these young women failed to meet these cultural expectations, they felt de-valued and worthless.

The impact of globalisation and modernisation can also affect social policy and program improvement regarding teenage mothers. With high demand from tourism related businesses,
poverty, family expectation, responsibility as a good daughter and limited opportunity in life, there is no clear road to a bright future while paths to a risky future seem wider and more tempting. In short, to have an effective policy and practice regarding teenage mothers in Thailand is not an easy task and requires substantial change, support and funding. Government instability and political conflicts could also undermine policy development and implementation.

Thai society is complex. An understanding of each group of the population, and their different circumstances and backgrounds, is needed in order to progress the issues discussed above. Proposing policy and programs without sufficient knowledge of the target population will lead to impractical policy that is difficult to implement. And good policies do not always provide a good outcome if they are not adequately funded. While change will take time, some things that can be done now include improving data collection, improving cooperation between agencies and professionals and providing clearer guidelines for frontline workers. Some short term support for teenage mothers has started, such as welfare benefits for some mothers who live in poverty. But more is needed in terms of financial support, child care, education and career support.

Challenging and changing traditional values and norms might be more difficult. It requires that the public be better informed of the contradictions in Thai society and how they affect young people, particularly those in rural areas. Better public understanding and support is needed, for example, in making abortion more accessible and providing better school support.

Research Recommendations

Although a number of studies relating to teenage pregnancy and teenage mothers have been conducted in Thailand, there are still knowledge gaps. The following is needed to better understand the circumstances of this group:

a. More longitudinal studies to follow the lives of these teenage mothers and their babies. Such studies should explore: the factors associated with positive and negative outcomes for the mothers and their children; and the identification of appropriate interventions. Such studies should be a combination of quantitative and qualitative approaches to capture breadth and complexity.

b. More research relating to teenage mothers from similar cultural backgrounds, but different though neighbouring countries (Vietnam, Lao, Cambodia and Burma) in order to build up the store of knowledge of policy and practices relating to teenage pregnancy and teenage mothers in South East Asia. A better understanding of the life experiences of these young women might lead to greater international cooperation in order to improve the quality of life of this group and help prevent them becoming victims of human trafficking.
c. More research relating to teenage mothers from different backgrounds (for example: those living in urban areas; those living with the baby’s father; and those with different religious beliefs) in order to gain a better understanding of these populations.

**Contribution to Knowledge**

This research sought to contribute to knowledge about the experiences of unmarried teenage mothers from low socio-economic backgrounds in a rural area of Thailand. There have been few studies of this group. The ecological systems approach was useful in that it took the social and cultural context of Thailand into account in reflecting these experiences.

There have been a large number of studies about teenage mothers, but most are from developed or Western countries such as the USA, England, Europe and Australia. Unlike Thailand, these countries have a long history of providing state welfare. Moreover, these countries are culturally different from Thailand. Attitudes to things such as premarital sex, premarital cohabitation, teenage sex and the value of virginity present differently in different cultures (Ford & Beach, 1951 cited in Widmer et al., 1998). In this respect, using the ecological systems approach, which recognises the value and influence of people’s environment and culture, has provided a better understanding of the lives of teenage mothers within their particular environment in Thailand.

To date, Thai studies have focused on areas such as: the relationship between teenage mothers, their child and their parents at an individual level; and the health outcomes of early child bearing (R Pungbangkadee, Parissunyakul, Kantaruksa, Sripichyakarn, & Kool, 2008; Srichan et al., 2009; Thato, Rachukul, & Sopajaree, 2007). Furthermore, most studies treat Thai teenage mothers as a single homogenous group without differentiating between those from different social or economic backgrounds. Research which focuses on teenage mothers who are unmarried, single and poor is difficult to find. This research has given such young mothers the opportunity to tell their stories and be heard.

The key findings of this research present the contradictions and tensions in the lives of such teenage mothers, the impact of poverty, and the impact of macro policy and globalisation, all of which can possibly lead to an unpredictable and undesirable future for these mothers and their children. The confrontation between traditional and modern values, and the resulting conflict between older generations and teenage mothers, was clearly evident in the stories and experiences of the participants. A teenage mother and baby living with the mother’s family also placed a financial strain to the family which, in turn, increased family tension. Having a baby reduced the mother’s opportunity to obtain a good education and thereby the means to escape poverty. As employment
and other opportunities were closing down, some teenagers decided to take employment risks because they thought doing so could help them support their children and family. These teenage mothers were invisible to the welfare system as they were unable to access any social or welfare support aside from the basic health care provided them during their pregnancy. Policy and practices did not respond to their problems effectively and there remain problems in reaching out this population group.

Although the tensions and contradictions are noted, this research also acknowledges the important role of family, which effectively worked as a welfare provider and key support for these teenage mothers. The family system provided a solid support for these teenagers when they were in crisis. Their extended family made it possible for young mothers to raise their child despite the relationship with the baby’s father having failed.

The interactions and links between each system in a teenage mother’s social context show how important it is to understand teenage motherhood within multi-level systems, rather than focusing only on an individual level. As stated by Chase-Lansdale et al. (1991) ‘only when these more complex pictures are fully painted will it be possible to intervene effectively in the lives of these women’. The better understanding of this population from this research has started to fill the knowledge gap in the area of teenage pregnancy and teenage mothers in Thailand. It will also be of benefit to future studies investigating teenage pregnancy and motherhood. And it will make this population group more visible and more likely to be heard in Thai society.

**Conclusion**

This research provides an understanding of a particular group of unmarried teenage mothers in Thailand. The life experiences of the participants were not only the story of having unprotected sex and falling pregnant, but also of how culture, values, and policies surrounding the mothers influenced and shaped their experiences. These teenage mothers were living at the intersection of traditional and modern values and faced contradictions and tensions at almost every level of their environment from micro to macro levels. In order to provide a better quality of life for this population, the contradictions and tensions need to be recognised and, where possible, addressed.

It will not be easy to challenge and re-evaluate traditional values that underpin sex education, abortion policy and school exclusion or to develop resources to effectively implement more supportive policies in rural and remote areas. A starting point is the acknowledgement of the impact of modernisation on this group of young women, a recognition of the risks to them and their children when education and employment options are closing down so early in their lives, the value
of family support, the potential of the health system to better monitor ongoing wellbeing and the identification of individuals in policy and practice who will lead and/or support the necessary changes.

Thailand has recognised the problem of teenage pregnancy, illegal abortion and child abandonment. However, responses are limited and campaigns that simply focus on ‘stop teenage pregnancy’ offer little to teenage mothers. Scholars in countries with a well-developed welfare system may question whether teenage motherhood is a social problem. But in this thesis, based on a well-developed understanding of the context and how, at multiple levels, factors within the context interact with and impact the lives of individuals, it is clear that there are many reasons to be concerned about the well-being of Thai teenage mothers. This thesis highlights the contradictions and tensions that arise when traditional values that permeate policy and service systems meet the realities of modern Thailand where the best economic opportunities for poor women are in a well-developed sex trade.

This research has provided insight into the lives of the most vulnerable teenage mothers, namely those who are poor and live in rural areas. It has also demonstrated the importance of understanding experiences and policy and practice responses in a social, cultural and political context. What has shown to be effective in supporting young mothers in Western countries does not necessarily translate into the varied cultural contexts of South East Asia where teenage pregnancy is increasingly identified as a ‘social problem’. This research provides some suggestions for a way forward and has highlighted the importance of family support and individual agency in the face of the contradictions and tensions in modern Thailand.
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<td>Appendix 9</td>
<td>An Example of Thematic Analysis Process</td>
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Appendix 1  Gate Keeper Letter and Consent Form (English and Thai)

(This letter had been translated into Thai and sent to all agencies)

December, 2012

Subject: Approval to recruit participant for the research project “The Life experiences of Unmarried Teenage Mothers in Thailand”.

Attn: Director of (Prathoonchai hospital, Phlapphlaichai hospital, Bankraot hospital, Buriram shelter for children and family).

My name is Piysmart Sa-ngiamsak, and I am a Ph.D student at the School of Social Work and Human Services, University of Queensland, Australia. For the purpose of a doctoral dissertation, I am conducting a research study under the topic of “The Life Experiences of Unmarried Teenage Mothers.

The purpose of the study is to understand the experiences of teenage mothers from their perspectives in order to address a gap in existing knowledge. It aims to improve understanding of the experiences of unmarried Thai teenage mothers from a rural background and use this understanding to assist practitioners and policy makers to develop and deliver services to a group whose needs for support have been neglected.

I will conduct an in-depth interview with 15-20 unmarried teenage mothers. Therefore, I am writing to ask your permission to allow me to conduct the interview with your patients who might meet the criteria and are willing to participate in this project. This procedure will take place between January to February 2013.

The procedure for recruitment of participants will start by the social worker or the head nurse of post natal care or well-baby clinic from your institute. They will identify and inform teenage mothers about the study using material supplied by the researcher. Teenage mothers will be briefly informed of the researcher’s background and the purpose of this study. The decision will then be left to the participants as to whether they wish to participate. If they are interested in participating, I will contact them either when I am available in the hospital/shelter home to meet them or they can respond via a reply card so I can contact them personally later.
The confidentiality of your clients taking part will be respected. All information will be kept under secure conditions. Participants’ identities will not be revealed in any way. In addition, participants have the right to withdraw the consent at any time.

This study will have been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council’s guidelines. You are of course, free to discuss your participation in this study with me on telephone number (61) 45 2201335 or my supervisors Associate Professor Cheryl Tilse and Dr. Philip Gillingham at the University of Queensland on telephone number (61) 7 3365 3341, (61) 7 3365 1258. If you would like to speak to an officer of the University not involved in the study, you may call the University of Queensland Ethics Officer on telephone number (61) 07 3365 3924.

I hope that you will agree to allow your staff to take part in the study and allow me to recruit the potential participants from your institute. I have attached a consent form to this letter and if you have questions about the project I am willing to discuss and explain any part of the research with you further (phone 61 45 2201335).

Yours faithfully,

Piyanart Sa-ngiamsak
Ph.D. student
School of Social Work and Human Services
University of Queensland, Australia
Gate Keeper Consent Form

Dear Piyanart,

I am willing to allow the staff to take part in the study and allow you to recruit the potential participants from the institute. I understand that client’s confidentiality will be respected and I can withdraw this consent at any time.

Sign…………………………………………………

Name…………………………………………………

Position……………………………………………

Date…………………………………………………
เรื่อง  ขอเชิญเข้าร่วมงานวิจัยเพื่อร่วมบอกเล่าเกี่ยวกับประสบการณ์การเป็นมารดาวัยรุ่น

เรียน

ด้วยทางโรงพยาบาลได้รับการประสานงานจาก คุณปิยนาฏ เสี่ยงวิชัยศักดิ์ นักศึกษาปริญญาเอก มหาวิทยาลัยแห่งรัฐควีนส์แลนด์ ประเทศออสเตรเลีย เพื่อดำเนินการเก็บข้อมูล การศึกษาวิจัย ที่ว่ากันประสบการณ์การเป็นมารดาวัยรุ่น โดยมีวัตถุประสงค์เพื่อเรียนรู้ปัญหา ความต้องการ รูปแบบการใช้ชีวิต การปรับตัว และพัฒนาตัวของมารดาวัยรุ่น ที่มีต่อสุขภาพ ต่อตนเอง ครอบครัว และสังคม รอบข้าง ผลการวิจัยที่ได้จะช่วยให้เกิดการพัฒนาการศึกษาวิจัยเกี่ยวกับประสบการณ์การเป็นมารดาวัยรุ่นของประเทศไทย อันจะนำไปสู่การปรับปรุงนโยบายและบริการด้านสวัสดิการสังคมให้มีประสิทธิภาพมากขึ้น สามารถตอบสนองต่อปัญหาและความต้องการที่แท้จริง และช่วยให้เกิดการพัฒนาเป็นอยู่ของมารดาวัยรุ่นมีความเป็นอยู่ที่ดีขึ้นต่อไป

เราต้องการชี้แจงการรายละเอียดการวิจัยครั้งนี้ เพราะท่านได้มาใช้บริการที่โรงพยาบาลแห่งนี้และอาจมีคุณสมบัติตรงกับความต้องการของการศึกษาวิจัยนี้

คุณสมบัติต้องการประกอบด้วย

1. ท่านคลอดบุตรวัยทันการณ์ระหว่าง 18 ปี
2. ปัจจุบันมีบุตรที่มีอายุไม่เกิน 2 ปี
3. ท่านไม่ได้สมรสกับบิดาเด็ก
4. ปัจจุบันท่านไม่ได้อยู่ร่วมกับบิดาเด็กหรือบิดาเด็กไม่ได้ส่งเสียเลี้ยงลูก

หากท่านมีคุณสมบัติครบถ้วน 4 ข้อข้างต้นและตัดสินใจเข้าร่วมการวิจัย ท่านจะได้รับการติดต่อจากคุณปิยนาฏ(ผู้วิจัย)และจะได้รับการสนับสนุน เพื่อกิจกรรมการที่จะดำเนินการในระยะยาว มีสิ่งที่จะเป็นการเปลี่ยนแปลงไป บางหลักจากท่านมีบุตร นอกจากนี้ผู้วิจัยจะสอบถามท่านว่า ท่านมีวิธีการจัดการดูแลตนเองและบุตรอย่างไร ใครช่วยเหลือช่วยเหลือท่านมากที่สุดท่านมีปัญหาอย่างไร ท่านจึงจะมีการเรียนรู้เกี่ยวกับการปรับตัว ชีวิตที่ดีขึ้น ท่านต้องการให้ชีวิตของคุณมีความสุขมากขึ้น ท่านจะได้รับการเรียนรู้เกี่ยวกับการมีสุขภาพดี การมีสุขภาพดี ท่านจะได้รับการสนับสนุน ท่านจะได้รับความช่วยเหลือวงการบุตรที่สุด ซึ่งนั้นเป็นการสนับสนุนที่สำคัญ ให้ท่านมีสุขภาพดีเพื่อเริ่มต้นชีวิตใหม่ของท่าน
เวลาและสถานที่ในการสัมภาษณ์จะเป็นที่ใด ขณะสัมภาษณ์ผู้วิจัยจะทำการบันทึกเสียงตลอดการสัมภาษณ์ และมีเพียงผู้วิจัยท่านเดียวที่จะรับทราบข้อมูลต่างๆ จากการฟัง ไม่ได้บันทึกเสียง
ข้อมูลที่ได้จากการสัมภาษณ์จะถูกเก็บเป็นความลับระหว่างท่านกับผู้วิจัย ยกเว้นกรณีที่ท่านแจ้งว่า
ท่านมีความคิดจะทำร้ายตนเองหรือผู้อื่น หรือถูกผู้อื่นทำร้าย ผู้วิจัยจึงจำเป็นต้องแจ้งต่อหน่วยงานที่เกี่ยวข้อง
เพื่อให้ท่านได้รับการช่วยเหลือต่อไป

ถ้าท่านเต็มใจเข้าร่วมการศึกษาวิจัยท่านสามารถดำเนินการดังต่อไปนี้

1. ส่งแบบตอบรับที่ผู้วิจัยได้แนบมาพร้อมนี้ และผู้วิจัยจะได้ติดต่อกลับไปยังท่านทันทีที่ได้รับแบบตอบรับ
2. ท่านสามารถติดต่อกับผู้วิจัยเพื่อสอบถามรายละเอียดเพิ่มเติม และแจ้งยืนยันเข้าร่วมการวิจัย ได้ที่ หมายเลขโทรศัพท์ 088-076-1210/044-671259 (ปิยนาฏ)

ถ้าท่านเต็มใจเข้าร่วมการศึกษาวิจัย ผู้วิจัยจะจ่ายค่าตอบแทนเป็นเงินสดแก่ท่านจำนวน 500 บาท หลังการสัมภาษณ์สิ้นสุด เพื่อแสดงความขอบคุณที่ท่านได้สละเวลาเข้าร่วมการวิจัย

หากท่านมีคุณสมบัติครบถ้วนตามที่กล่าวข้างต้น เราหวังเป็นอย่างยิ่งว่าจะได้รับความร่วมมือจากท่านในการพูดคุยกับผู้มีประสบการณ์ครั้งนี้

ขอแสดงความนับถือ

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Appendix 3  Interview Guide

Interview Guide
The Life Experiences of Unmarried Teenage Mothers in Thailand

*************************

Demographic Information Form

Name……………………………………..Last name………………………………………..

Birth Date………………Month………………Year………………Age……………Years

Race/ethnicity…………………………………………………………………………………..

Marital Status ………Single……....Married.........Divorced........Separated........Other

Age of the baby……………Year……………Month

Age of the baby’s father……………Years

Level of Education……………No………Primary school……………Secondary school (grade 7-9)

…………High school (Grade 10-12)…………Vocational school………..University/College

Occupation…………………………………………Income……………..Bath/Month

Source of income………………………………………………………………………………

Place of residence……………Parents……………Other family members………Government

shelter…………Others (Please notify)………………………………………………………….

*************************

Introduction

Thank you very much for agreeing to talk with me. I am interested in understanding the experiences of being unmarried teenage mother. So I would like to talk with you about what it has been like to be a single mother at an early age. I want to go over again the risk and benefit of being in this study. The risk of participating in this study are that you might feel uncomfortable answering some of the question that I ask. Just remember that you can refuse to answer any question at any time or refuse to continue to participate in the study at any time. If you feel uncomfortable, please let me know. Remember, there is no direct benefit to you for participating in this study. But, you may enjoy
talking about your experiences as a single young mother and that the information you give me will be used to try to improve services and policy for young mothers like you. I will also give you a resource packet with information on services that exist in your community that you may find useful for you or your child. I will audio taping this interview so that I don’t miss any of the information that you give me. I want to remember all the details. If you want me to turn off the tape at any time, just tell me I will turn it off. Do you have any questions?

**Topic: being a teenage mother**

Could you tell me where do you live? (With your family or by yourself?)

How you support yourself and your baby?

Tell me about your day. What is a typical weekday or weekend like?

So, could you talk with me about what is it like to be a mother?

What would you like to say is the most important part of the being an unmarried teenage mother from your point of view?

How did your life change since you have had a baby?

Please describe the challenges you faced as an unmarried teenage mother in your society.

What is hard for you?

What are you most proud of?

How do you feel about yourself as a mother/ as a young mum/ as a daughter?

**Topic: experiencing unplanned pregnancy**

Thinking back to the time when you were pregnant. Could you tell me the story of how you found out you were pregnant?

How did you feel?

How did you make your decision about your pregnancy?

Who was involved in those decisions?

Did you tell anybody about your pregnancy? Why or why not?

If you tried an abortion could you tell me about your experience?

Tell me about your pregnancy experience? What was difficult part? What was helpful?

Could you tell me your experiences when the baby was born?
**Topic: response and feedback from their surroundings.**

I would like to you to talk a little about how people react when they knew you were pregnant or had a baby and what did you feel and how you dealt with it?

**Family:** Tell me about how your families respond to your pregnancy?

How did they treat you?

How you dealt with it?

Tell me your relationship with your family before and after the baby arrived?

**Father of the baby:** Tell me about the relationship you had with the child’s father?

What did the father of your baby say when he knew you were pregnant?

How did he treat you? Amount of contact with you and the baby?

**Friends:** Tell me how your close friends responded?

How you dealt with it? What do you think about it?

**School:** When you found out you were pregnant, what happened at school? (If you were attending school at the time).

How you dealt with it?

What do you think about the school reaction?

What would you like the school to treat you or help you?

**Community:** What did other people (particularly your neighbour and community) think about you when you got pregnant and had a baby at a young age?

How did they treat you?

What do you think about that?

What was difficult/ helpful?

**Self-perception:** How did you think about yourself when you were pregnant?

Were you treated differently than other pregnant women because of your age?

   If yes: In what ways? By whom? How did it make you feel? How do you feel about it now?

   If no: Why do you think this was?

Were you treated differently from other people in your age? How?


**Topic: Social support/network**

I would like to know during these challenging times since you realized you were pregnant and had a baby who helped and supported you along the way and what type of support did you receive from them.

**Family and friends**

Can you tell me how did you support yourself and your child?

How are you supporting yourself and your child now?

Who are main supporters for you and your baby?

When you have a financial problem, who help you?

**Religion and social group**

Tell me about any social groups or organization that you belong to which may have been supportive of you as an unmarried mother?

Does religion and church play any part in your life and how?

**Health care and social welfare services**

Where did you get your health care services?

How was your experience with the health care staff and their services?

What should they do to improve the services for teenage mothers?

Did you apply for any welfare support?

- If yes, from where and what type of support did you get? Was it enough?
- How was your experience with the welfare workers?
- If no, what are your reasons for not applying?

What type of support do you want and need most as a single teenage mother?

**Topic: Society/Policy**

What do TV shows, newspaper and magazines say about teenage mothers?

What do you think about that?

In your opinion, who should give support to teenage mothers who might be in the same situation like you? What should they (government) do or should not do?
Any ideas or suggestion for their own needs or support systems as an unmarried teenage mother?

**Topic: Future plan**

Could you tell me what you see yourself doing in the future?

Please discuss your educational and or career plans.

Do you have any future plan for your baby?

**Topic: Conclusion**

What did you think about teenage mothers before you got pregnant yourself?

Has it changed?

Is there anything else that people who make policy or provide you services such as doctors/nurses/social workers/teachers etc. should know to make better care of teenage mothers?

What would you like to tell the government about your experiences? How would you like them to pay attention to this group?

Finally, before we finish I want to make sure we have covered everything that is important to you. Is there anything I have not asked about that you want to say?

Thank you. Re-assurance of confidentiality.

Summarize of the interview and ask for their feedback.

Would you be interested in hearing about the result? Yes/No

**Probes:**

Could you tell me more about that?

Can you give me an example of that?

What does that mean to you?

How did that make you feel?
Appendix 4  

Participant Information Sheet

Project Title: The Life Experiences of Teenage Mothers in Thailand

Researcher: Piyanart Sa-ngiamsak

PhD Student

Ph: 61 45 2201335

Email: piyanart.sangiamsak@uq.net.au

What is the purpose of the study?
It is important to understand the experiences of teenage mothers from their perspectives. It aims to improve understanding of the experiences of unmarried Thai teenage mothers from a rural background and use this understanding to assist practitioners and policy makers to develop and deliver services to a group whose needs for support have been neglected.

Who is being interviewed?
Unmarried teenage mothers; who are living in Buriram Province, Thailand. Their age are 18 or less when they became a mother; having a child aged 2 years or less; not receiving financial support from or not in a current relationship with the father of the baby; and having a low income.

Who will be doing the interview?
The interviewer is Piyanart Sa-ngiamsak, PhD student, School of Social Work and Human Services, University of Queensland, Australia. Piyanart is a social worker with 15 years’ experience working with young people and their families. She can interview you in the language of your choice (Lao/Khmer/Thai). She can be contacted on telephone number (2201335 45 (61 or email piyanart.sangiamsak@uq.net.au.

What will participants be asked to do?
Participants will be interviewed by the researcher at the place you feel comfortable and the interview will be conducted privately. You will asked about the experiences of being unmarried teenage mothers since you first found out that you were pregnant and what it is like to be a teenage mother without the father of the child.

The researcher will also ask you how you deal with change in your life and what kind of support you need now. The interview will be audio taped and transcribed after the interview.
The interviewer will check with you to make sure the interview is going at a pace and in a way that you find comfortable. If there is a question you do not want to answer you do not have to. You can stop the interview for a break at any time and you can choose to finish the interview if you do not want to continue for any reason.

The interview can be at your home, at the hospital/shelter or at a more convenient location where there is a quiet and private space where you will feel comfortable.

**Will my privacy be respected?**

Yes, the researcher will not use your name in any document written about the research and will not identify any comments made as being from you. Electronic, audio and paper records will be securely stored and disposed of at completion of the research. Neither parents nor other family members will be able to find out what you have said unless you tell them yourself. What you say will not be discussed with any other person. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used. Tapes and transcripts will be stored separately from identifying data and securely stored.

However, if you become distressed from talking about your experiences or you tell the interviewer someone is/was hurting you or your family members this may raise duty of care concerns. The interviewer accepts responsibility to assist you to get appropriate support and will work out with you what happens next together with you.

**Do I have to take part?**

No. Taking part in this study is your choice. You may choose either to take part or not to take part in this study. If you decide to take part in this study, you may leave the study at any time. No matter what decision you make, there will no penalty to you in any way.

Will I be paid for taking part in this study?

In return for your time and effort, you will receive a baby gift worth 200 Baht and will be paid 300 Baht after you complete the interview.

**Will I get better if I am in this study?**

There will be no direct benefit to you from participating in this study other than you will have an opportunity to speak about your feeling and experiences. However, the information that you provide may help practitioners and policy makers better understand teenage mothers. This may help them to provide better policy and services for teenage mothers in Thailand.

**How will the information be used?**
The information will be used as part of a doctoral thesis to be submitted to the University of Queensland. The thesis, once complete is kept in various libraries within the University of Queensland and can be borrowed by library users. Articles and conferences papers will be written from the research. Presentation will also be made to policy makers and practitioners.

**Can I get information about what I have said?**

Yes, you may have a copy of the transcript of your own interview. You need to let the researcher know you want it and arrange to have it posted or picked up. The summary of the data and issues that have come from the interviews will be sent to all participants who request it at the end of the research process.

**What if I am not happy about something?**

Please let researcher know as soon as possible.

**Any other questions?**

All questions are welcomed. You need not go any further until you have sorted out your questions to your satisfaction.

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council’s guidelines. You are of course, free to discuss your participation in this study with me on telephone number or my supervisors Associate Professor Cheryl Tilse and Dr. Philip Gillingham at the University of Queensland on telephone number (61) 33653341, (61) 733651258. If you would like to speak to an officer of the University not involved in the study, you may call the University of Queensland Ethics Officer on telephone number (61) 733653924.

Thank you for your time in thinking through these issues.

Piyanart Sa-ngiamsak

PhD Student

School of Social Work and Human Services

University of Queensland
Appendix 5  
Parent Information Sheet

(Date)
(Address of family)
Dear [Name of parent/guardian],

My name is Piyanart Pasangsasak. I am studying at the University of Queensland, Australia under the supervision of Associate Professor Cheryl Tilse and Dr. Philip Gillingham. I am conducting research on the life experiences of unmarried teenage mothers from the rural background of Thailand, and the study is toward my Ph.D. thesis. I think the study of unmarried teenage mothers’ experiences is important in order to assist practitioners and policymakers to develop and deliver services to a group whose needs for support have been neglected. Therefore, I would like to invite you to participate in this research project.

The research would involve an in-depth interview with your child. I would ask about the experiences of being an unmarried teenage mother under Thai society, the reaction from friends, school, family, how she deals with change in her life and what kind of support she needs now. The interview will be audio taped and transcribed.

The interview can be at your home, at the hospital/shelter or at a more convenient location where there is a quiet and private space where your child will feel comfortable and it might take around 1.5 – 2 hours.

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council’s guidelines. You are of course, free to discuss your participation in this study with me on telephone number (61) 45 2201335 or my supervisors Associate Professor Cheryl Tilse and Dr. Philip Gillingham at the
University of Queensland on telephone number (61) 7 3365 3341, (61) 7 3365 1258. If you would like to speak to an officer of the University not involved in the study, you may call the University of Queensland Ethics Officer on telephone number (61) 07 3365 3924.

The confidentiality of your child taking part will be respected. All information will be kept under secure conditions. Your child's identity or involvement in the project will not be revealed in any way. In addition, you have the right to withdraw this consent at any time.

I hope that you will agree for your child to take part in the study and have attached a consent form to this letter. If you have questions about the project I am very willing to discuss and explain any part of the research with you further (phone 61 45 2201335).

Yours faithfully,

Piyanart Sa-ngiamsak
Ph.D. student
Participant Consent Form

The Life Experiences of Unmarried Teenage Mothers in Thailand

Researcher: Piyarat Sa-ngiamsak
Ph. D Student
School of Social Work and Human Services
University of Queensland
Australia 4068

I………………………………consent to take part in the above study.

I have read the Participant Information Sheet and Understand the nature and purpose of the study and any risk involved. All my questions have been answered to my satisfaction.

I acknowledge that my involvement in the study may not be benefit to me. I understand what to do if I need to seek help.

I understand that taking part in the study is voluntary and I am free to withdraw at any time.

I understand that any of the information or personal details gathered in the course of this research is confidential. None of my information will be discussed with any members or any other participant in the research. Neither my name nor any other identifying information will be used or published. All material related to this research e.g. audiotape, transcripts will be securely stored for 5 years and then destroyed.
I understand what duty of care is and what will happen if an issue arises. I understand the limits of confidentiality.

Participant: ........................................ Date: ........................................

........................................

Witness: ........................................ Date: ........................................

........................................
Parent Consent Form

Dear Piyanart,

I have read the information sheet and willing for my child to take part in your research project. I understand that my child’s confidentiality will be respected and I can withdraw this consent at any time.

Sign: ...................................................

Name: ...................................................of parent/guardian

Name: ...................................................of child

Date: ...................................................


แบบฟอร์มความเห็นของหัวหน้ากอง

เรียน คุณพ่อแม่ เกษตรกร

ขอสมควรจากนั้นได้เรียนรัตน์เป็นการบริหารจัดการ
การจัดไทยทรงถึง
และยินยอมให้ได้ระบุในรายการวิจัย

ขอสำเร็จไปให้รักษาความสุขภาพและสวัสดีใน

ลงชื่อว่า

ชื่อสุข

ชื่อสุขุมชีวิตมี

วันที่ยินยอม:
### THE UNIVERSITY OF QUEENSLAND

#### Institutional Human Research Ethics Approval

<table>
<thead>
<tr>
<th><strong>Project Title:</strong></th>
<th>The Life Experiences OF Unmarried Teenage Mothers In Thailand - 18/01/2013 - AMENDMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chief Investigator:</strong></td>
<td>Ms Piyanart Sa-ngiamsak</td>
</tr>
<tr>
<td><strong>Supervisor:</strong></td>
<td>A/Prof Cheryl Tilse, Dr Philip Gillingham</td>
</tr>
<tr>
<td><strong>Co-investigator(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>School(s):</strong></td>
<td>School of Social Work and Human Services (SWAHS)</td>
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<td><strong>Approval Number:</strong></td>
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<td><strong>Granting Agency/Degree:</strong></td>
<td>PhD</td>
</tr>
<tr>
<td><strong>Duration:</strong></td>
<td>31st May 2013</td>
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**Comments:**

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**Note:** If this approval is for amendments to an already approved protocol for which a UQ Clinical Trials Protection/Insurance Form was originally submitted, then the researchers must directly notify the UIC Insurance Office of any changes to that Form and Participant Information Sheets & Consent Forms as a result of the amendments, before action.

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**Name of responsible Committee:**

Behavioural & Social Sciences Ethical Review Committee

This project complies with the provisions contained in the National Statement on Ethical Conduct in Human Research and complies with the regulations governing experimentation on humans.

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**Name of Ethics Committee representative:**

Associate Professor John McLean
Chairperson
Behavioural & Social Sciences Ethical Review Committee

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**Signature** [Signature]

**Date** 24/11/2013
## Appendix 9  An Example of Thematic Analysis Process

<table>
<thead>
<tr>
<th>Participants’ quotes</th>
<th>Key words</th>
<th>Concept (Sub-Themes)</th>
<th>Themes</th>
</tr>
</thead>
</table>
| I thought about cutting myself and hanging myself but then I thought although I have kill myself he wouldn’t have changed anything. I was so frustrated. He abused me physically and emotionally. I had to finish my education. I couldn’t go out and see my friends as I used to. Everything made me think about committing suicide (P 6). | - Kill myself  
- Frustrated  
- Abused  
- Finished education  
- Could not go out  
- Suicide | - Emotional distress  
- Loss of freedom  
- End of education  
- Relationship with the baby’s father: abused and rejection | - Experiences of pregnancy: a time of changes and challenges  
- Mixed responses from their surroundings |
| She told me that I couldn’t keep the baby. I had to finish the pregnancy. She said because I was too young. If I had a baby at this age I wouldn’t be able to work. I had to stay home and look after the baby and raising a baby would cost her lots of money. She paid somebody to come and squeeze my tummy to kill the foetus (P 1). | - Could not keep the baby  
- Cost lots of money  
- Kill the foetus | - Forced abortion  
- Physical and emotional abused  
- Economic reason  
- Not many choices in life | - Safe abortion: Unaffordable and Inaccessible  
- Poverty and inequality |
| Many people said there is plenty of work in Pattaya. It’s not hard to get a job. But I am still worried about my daughter; I don’t want to leave her. I will probably wait until she is bigger before I try to get work (P 8). | - Pattaya  
- Worried about my daughter  
- Don’t want to leave her | - Financial responsibility  
- Lack of job | - Poverty and inequality  
- Limited option  
- Globalisation and sex trade |