

# Family Practices for Preventing Adolescent Pregnancy in Isan Regional of Thailand

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**Abstract**— Pregnancy and childbirth in adolescents affect both individuals, families, and the nation. The family is an important mechanism to prevent as such adolescent pregnancy problem. Previous studies mostly focused on family involved with the invented protective program, which could not generate to families who reside in different sociocultural context. The study about adolescent pregnancy prevention of the family in a specific sociocultural context is significant to promote effective prevention of teenage pregnancy.

The focused ethnography qualitative study was carried out to explore adolescent pregnancy prevention in Isan regarding the families' perspectives. 32 families living with adolescent, 32 adults, and 29 adolescents participated in this study. The data were collected by participant observation, non-participant observation, in-depth interviews, and focus group discussion. Field note taking and voice recording were brought into data recording. Content analysis and thematic analysis technique were brought into data analysis. The results found the practices for preventing adolescent pregnancy as a step up activities were 1) observing adolescent behaviors to assess the risk situation 2) communication about contraception to teaching adolescent member for safer sex and, 3) setting a family's rule to be guiding for the adolescent member. However, these practices were influenced by traditional values and religious belief cooperated with an individual, family, and socio-economic conditions.

The findings from this study are beneficial to families, schools, health care units as well as local administrative departments to develop policies to promote the prevention of pregnancy in adolescents that are consistent with the local social and cultural context.

**Keywords**— Adolescent pregnancy, adolescent pregnancy prevention, Isan region, focused ethnography.

## I. INTRODUCTION

Adolescent pregnancy and childbirth are a significant health concern globally; complications from pregnancy or birth are the second leading cause of death among teenagers aged 15–19 years, especially in low to middle-income countries [1]. In addition to the birth rate among women aged 15–19 years, there is a general statistic referring to global development, the Millennium Development Goals[2]. It is understood that adolescent pregnancy and birth rates are significant not only to women's health but also to global development. Despite a steady decrease in the global adolescent birth rate, teenagers are still becoming pregnant. Approximately 17–69 per cent of pregnant teenagers end their pregnancy with abortion [3]. In Thailand, the adolescent birth rate among females aged 15–19 years is following the downward trend; between 2013 and 2015, the rate dropped from 51.1 to 44.8 births per 1000

females. However, this rate was still the third highest in the South-East Asia region, following Bangladesh and Nepal [1]. About 94 per cent of pregnant Thai adolescents aged 15–19 years had unintended pregnancies [4] Unintended pregnancy among adolescents can lead to several negative effects on both the individual and society. A study in Thailand found that 28.6–36.1 per cent of abortions received by students, and 26.3–30 per cent by females younger than 20 years [5,6]. Additionally, 17.8 per cent of females who received abortions were aged 15–19 years. However, these data included only females who were treated in hospitals [5]. The number of adolescents ending their pregnancies with illegal abortions is unknown. A number of research found that Thai adolescents who completed their pregnancies often lacked knowledge about pregnancy because of late access to antenatal clinics or incomplete antenatal care, which can lead to other health problems for adolescents and their babies [7]. The incidence of infants with low birth weights is high among adolescent mothers [6]. A low birth weight can cause health complications for babies, which can lead to prolonged hospital stays. Pregnant adolescents not only face medical and obstetrical suffering but also experience psychosocial symptoms including sadness, depression, guilt and low self-esteem, which may be connected to the problem of suicide [4,8].

Adolescent pregnancy plays a significant role in Thailand in the context of national health—it can affect maternal health and children's health, as well as influence society at large. Thailand suffers from an imbalance in its population structure—the proportion of its population that is ageing is growing, while its working-age population is hardly changing. Moreover, the fertility rate among Thai people has decreased, and much of the birth rate originates from the adolescent demographic, and this may result in less birth versus low quality. Therefore, the prevention of adolescent pregnancy is an urgent concern for Thailand.

Teenage pregnancy can potentially work against the rights of adolescents and children. Many females who become pregnant as adolescents have low educational qualifications, which can result in their taking on difficult, low-income work. Even though Thailand provides the opportunity for mothers to return to school after their babies are delivered, many adolescents who return to school suffer from stigma and a sense of shame. Families often force their pregnant daughters to leave home because of perceived disgrace in the community, which may lead to psychological problems, such

as stress and depression, in both the adolescent and their family [9].

Many adolescent mothers drop out of school to begin earning an income to help cover their family's expenses, which can eventually lead to stress, conflict and divorce. Divorce among adolescent couples results in single mothers, which introduces difficulties for both the mother and the child. The National Statistical Office reported an increase in the number of single mothers between 2008 and 2009, from 53.9 to 55 per cent [10]. Some adolescent mothers abandon their children because of economic difficulty—information from the Ministry of Social Development and Human Security shows that more than 600 Thai children, most of them born to adolescent mothers, were abandoned between 2013 and 2016 [11]. Moreover, lack of knowledge and experience about child rearing among teenage mothers may cause delayed development in their children, which could, in turn, affect national development.

Adolescent pregnancies and births can lead to a sense of burden among families and can negatively affect the wellbeing of families. A study that explored family wellbeing categorized families living with a teenage mother as needing particular support [12]. The nature of Thai families is changing; various increasingly complex challenges include a decreased birth rate and longer life expectancy, which may lead to the population imbalance noted earlier. These changes in families can lead to unique problems and support needs. For example, a family led by a single mother may need more help than a nuclear family.

The families of adolescents are a critical mechanism in preventing teenage pregnancy. There has been some research focus on family and adolescent pregnancy prevention. However, most of study has focused based on sexual educational program to improve parents' sexual knowledge and attitudes about sexual communication, and communication skills between parents and adolescents [14,16,17,18]. These sexual educational preventive programs have been developed based on researchers' own professional beliefs. In addition, these studies conducted based on a quantitative approach as such the outcomes of the programs have been dominated by philosophical positivism. They have been short-term measures only, and as such may have led to the limiting of families' ideas and to unsustainable practices. The prevention of adolescent pregnancy in the family's context may extend beyond sexual communication program and positivism belief. Despite, there is some qualitative research focus on adolescent pregnancy prevention, mostly related to school-based prevention and community-based prevention that involve family sharing their idea to suggest as such preventive model [13,15].

The aforementioned studies on the prevention of adolescent pregnancy all have some limitations—for example, all the programs were created from the researchers' perspectives; participating parents were from families in which the adolescent was only part of one age group; and only short periods were allowed for following up on monitored outcomes, which may have led to unsound results. Additionally, even if a study focused on family matters, its

results would not necessarily be generalizable in different contexts. The prevention of adolescent pregnancy should be firmly based in the family context [19]. Family-specific contexts—such as culture—must be considered, and methods for the prevention of adolescent pregnancy should involve the family.

Adolescent pregnancy is a crucial issue in the Thai context, including Isan region. The Isan region or Northeast of Thailand is comprising of 20 provinces that divided into several districts which are themselves made up of sub-districts composed of several villages under the Ministry of Interior appoints the provincial governor. Isan region has the largest population, which is about 21.95 million people or account for 33.3 % of the country in 2016. The Isan was an extensive and populous area with the lowest standard of living of all regions. The working age group has lower educational attainment while the vocational workers presented with a tiny proportion. Thailand GDP per capita has gradually increased, but the economic growth of Isan is lower than the national level, which can lead to inequality between the regions. [20]. The Isan families are suffering from economic hardship, the average of household incomes was the second lowest of the country in 2015 and the average debt per household in the Northeast region is higher than the national level even it likely to slow down [20]. According to Isan context, the villagers are mostly respected to an older person as the head of the family. Moral integrity was the main criteria for the position. A leader was expected to give advice to villagers, preside over ceremonies, and solve conflicts, quarrels and other problems in the village. The decision of this elder was final, and there would seldom be further discussion [21].

Regarding child care, Thai boys and girls are brought up and disciplined by different rules, role expectations and appropriate conduct are reinforced from an early age [22]. Traditional value of Heet Sib Song Khong Sib See and the Buddhist moral codes influence the families' living in Isan context. Thai teenagers are expected to transfer smoothly from childhood into adulthood while respecting their parents and their religion [23]. 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 robust sexual drive which demands to be released. In deed it is virginity amongst young men that is viewed as unacceptable [22,24]. 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 [23].

Currently, there is limited study exploring adolescent pregnancy prevention focus based on the family's perspective especially in the specific socio-cultural context of Isan region. In order to eliminate suffering of adolescent pregnancy issue in Isan, it is therefore important to explore the families' methods for preventing pregnancy among its adolescents. Adolescent pregnancy prevention should be concerned with the family context—which differs in each family—rather than merely focus on a preventive program. The family's

perspective regarding adolescent pregnancy prevention should be acknowledged. The preventive methods should be interpreted from various data sources of inquiry instead of merely measurement. More significantly, the data should obtain from the natural living of the family. A deeper knowledge of the existing practices related to adolescent pregnancy prevention in Isan families can lead to encouraging family support for preventing adolescent pregnancy. The knowledge is acquired based upon the postmodern philosophical beliefs which underpinning this study.

## II. OBJECTIVE

The current study was carried out for exploring the adolescent pregnancy prevention regarding the families' perspectives in a specific sociocultural context of Isan regional of Thailand.

## III. METHODOLOGY

The focused ethnographic qualitative study was employed to conduct this research. This approach helped the researcher to understand the perspectives of families in Isan context toward adolescent pregnancy prevention. The study site was a rural village of a municipality located in Isan area. Most of the population live their lives depend on agriculture as inherited from ancestors, mainly is farmer due to having a natural river and irrigation canal. Therefore, the significant income of the villagers comes from agricultural products, especially rice. According to a recent study, an average revenue per person per year of the villagers was about 30,000 Thai-baht. The price of rice fluctuates, some families try to integrate other agricultural options to support their living such as chicken farm and piggy farm. Business and trading were other additional careers for family living. Some family holds a grocery shop while some selling cooked food at the village market. Most of villagers believes in merit, sin, and khama which related to the lord Buddha teaching.

Key informants were purposive sampling based on the inclusion criteria of family who living with adolescent member in the study setting, the adult participants were age from 20 years and over, the adolescents participants were age between 10-19 years and have no experience of adolescent pregnancy or get someone pregnancy. The adult and adolescent were able to communicate and understand both official Thai and Isan dialect. The exclusion criteria were a family member who suffered from an intellectual disability, a family member who was in critically ill. The total number of key informants were 32 families who living with adolescent member, 32 were adults and 29 were adolescent participants.

The researchers conducted data collecting through in-depth interviews, focus group discussion combine with non-participant observation. The in-depth interviews were conducted with sixteen adults at their household while in-depth interviews with eleven adolescents were held at the school, the teacher who was a gate keeper arranged the time and place for in-depth interviews. The interviews sessions were conducted on the weekday when the teacher and the

adolescent have no class.

The focus group discussion were categorized into 2 groups for adult participants, 2 group for female adolescents and the other 2 groups for male adolescents. Each group consisted of 6-8 members, the researcher act as a group facilitator and note-taking. Each interview lasted for approximately 45-60 minutes, while non-participant observations were performed with in-depth interviews and focus group discussion simultaneously. The interviews guide was used to explore what the family did to prevent adolescent pregnancy, how the family conducted such adolescent pregnancy prevention, and when the family performed adolescent pregnancy prevention.

The data obtained from the informants were organized, content analysis technique was brought into reveal all component of the data. The data were also compared and contrasted. Then the thematic analysis techniques were brought into synthesis the core content of the finding and emerging the theme and sub-themes to reflect all relevant of the prevention of adolescent pregnancy from the families' context. The trustworthiness of the study were utilized by credibility. After first analysis the data, the researcher return the result to the participants for member checking. Also, the data were obtained by different methods of data collection. It was mean that data source triangulation and method triangulation be conducted to reach credibility.

The current study was reviewed by the Khon Kaen University Ethics Committee in Human Research, which the approval code no. HE 612033. All conducting process, the researchers adhered to the ethical codes of conduction and the principle of respect for person, beneficence and justice to all participants.

## IV. RESULTS

. Regarding the data obtained from families living in particular circumstances, the family practices for preventing adolescent pregnancy have emerged with three categories as step-up activity beginning with: 1) observing adolescents' behaviors to assess the risk situation 2) communication about contraception, to teach adolescent about safer sex, and 3) setting family rules which purpose to provide the adolescent with a living guideline. A detailed description of each family practice for adolescent pregnancy prevention can further explain as follows.

### 1. Observing adolescents' behaviors

The families who participated in the study believed in the traditional values of Heetluk Khonglaan, which provides how parents should educate their adolescent and how adolescents should adhere, and practice related ancient thought. Buddhist moral codes for males and females guide individuals to conduct self-performance to be a good human. For example, being a good man means being respectful, obeying the elders and not drinking, while being a good woman means adhering to conservative tradition and preserving virginity. Acting against such moral codes will result in being considered an offensive person.

The family put their effort into preventing adolescent pregnancy by encouraging adolescents' adherence to

traditional values around adolescent pregnancy issue, parental observation of risky sexual behavior is one approach taken in a family context. Adult participants explained that when their child becomes an adolescent, they usually watch an adolescents' behaviors from a distance, especially risky sexual behavior. They described their observations differently depending on the individual family.

Families living with female adolescents described regularly checking on the adolescent's menstruation cycle to ensure they are not pregnant, either by asking them or observing their clothes. The adult participants explained the reason they support such practices is that they would like to detect the risky behavior early to avert pregnancy. If adolescent pregnancy occurs in their family, they will suffer from its effects, such as the overwhelming negative feeling and financial difficulties. From the participants' perspectives, risky sexual behaviors related to adolescent pregnancy depend on adolescents' friends, frequently enjoying the nightlife, having a boyfriend/girlfriend, and returning home late without reason. They consider these behaviors as warning signs of risky behavior. Observation of sexual risk behavior is typically integrated into daily activities. The following extracts exemplify support for risky sexual risk behavior observations among families who live with adolescents:

*My son has no girlfriend yet, how can I know? I observe his dressing and follow his behavior especially the time to come back from school ... he is usually on time. He never goes out to enjoy the nightlife; I don't worry about him making someone pregnant.*

*A 55-year-old boy's mother*

*I usually observe my daughter, even the presentation of her period. Sometimes asking the questions such as have you had your period for this month? ... I do happily because her period shows every month.*

*A 45-year-old girl's mother*

Although the adult participants perform these observations of adolescent family members, they were unable to confirm that their adolescent is safe from involvement with pregnancy. Due to the adolescents being at school more, the adult family member is unable to keep following their behavior. Also, most participants expressed that educating adolescents about sex-related issues are more private for individual families.

## 2. Communication about contraception

In the context of family, both parents or guardians and adolescents considered communication about birth control. When identified the risky sexual behaviors, parents—especially mothers or grandmothers—usually recommend adolescents have birth control, and they first recommend the oral contraceptive pill. However, they merely recommended using the contraceptive method without any specific information, such as how to use it effectively, and hope the adolescent had already learned this at school:

*I [told my granddaughter] 'you should have contraceptive pill if usually going out and late coming home like you are ... if you do not respect my words, you have to take an oral pill. Do not make trouble for me from your pregnancy'.*

*A 65-year-old girl's grandmother*

*I am her aunt, I [told my granddaughter] 'if you usually enjoy going out and nightlife, you should prevent yourself from pregnancy. You must be concerned about the oral pill; it should be ready to use ... do not let yourself get pregnant'.*

*A 47-year-old girl's mother*

Adolescents collaborated in contraceptive communication with their parents. Females expressed their parents were serious about them not becoming pregnant, so they usually recommended using contraception. The method specified by the individual family. For example, the family with an adolescent who has a boyfriend or girlfriend that often go out together explained:

*My parents educated my younger sister and me to be concerned about our family and seriously consider having sex ... they recommended preventing pregnancy by taking the contraceptive pill or using a condom.*

*A 17-year-old Female*

*My [parents told me] 'don't let your girlfriend get pregnant, if you would like to have sex, you need to prevent [pregnancy]'.*

*A 15-year-old male*

Although the families try to communicate about birth control, the parents or other adults expressed uncertainty about the outcomes. They revealed that they could merely recommend simple methods such as the pill and condoms to their teenagers, as advanced practice such as contraceptive implants have to be provided by the public health centre. Some adults spoke specifically about lacking the knowledge and information on how to access a modern contraceptive method:

*I heard about the teenager in another village; her parent took her to get a drug [contraceptive] implant ... I don't know how to get it; I know only that the girl has a husband while she is a student ... the doctor gave it to her to prevent pregnancy due to studying.*

*A 64-year-old boy's grandmother*

## 3. Setting family rules

The Buddhist moral codes about being a good person and traditional values of Heetluk Khonglaan were connected to the rules set by families for pregnancy prevention. Establishing family rules involves an agreement between parents or other adults and adolescents regarding preventing issues of adolescent pregnancy. Adults typically set the rules while the young family member is expected to automatically agree. The families established rules to prevent teenage pregnancy when they notice risky sexual behavior among adolescent members or teenage pregnancy among other families in the community.

The families' rules for adolescent pregnancy prevention were mostly verbal, which provided further regulation among other families. A family's rules were designed to distract adolescents from potential pregnancy while encouraging adolescents to achieve their study goals following the family's expectations. From the families' perspectives, family rules to prevent adolescent pregnancy comprised three main characteristics: 1) prohibited section, 2) instructive section and 3) punishment section. Descriptive information on each part of the family's rules to prevent adolescent pregnancy has provided.

### 3.1 Prohibited section

The prohibited section of the family's rules to prevent adolescent pregnancy provides adolescents with the compulsory wording of the action, which means adolescents are supposed to follow the section seriously. For families living with an adolescent who is studying, the researcher found the prohibited part of the family's rules stated two actions: do not become pregnant or impregnate someone while being a student and do not become involved with an addictive substance.

#### *Do not become pregnant or impregnate someone while being a student*

Most family concerns were about pregnancy among adolescents, so parents and other adults do not allow their adolescent to become pregnant or impregnate someone. Despite some families finding it acceptable for their adolescent to have a boyfriend or girlfriend, pregnancy is prohibited. Adults mostly enact this prohibition by stating the compulsory wording directly to the adolescent family member:

*If my daughter would like to have a boyfriend, I find that acceptable ... I think I cannot prohibit her from having sex ... To prevent pregnancy, I [told my daughter] 'don't let yourself pregnant, I would like you to finish your study first'. I usually remind her.*

*A 43-year-old girl's mother*

*I usually remind my grandson, 'do not involve yourself with pregnancy issues because you are not ready to be responsible for the others, even yourselves'.*

*A 63-year-old boy's grandfather*

#### *Do not become involved with addictive substances*

This action means the family does not allow an adolescent member to become involved with any addictive substances. They consider an addictive substance as potentially leading to adolescent pregnancy; therefore, they do not allow adolescent members any contact with such substances. Parents revealed they usually remind adolescents verbally:

*I put all my effort to convince my son [to stay] far from drugs and alcohol, I [told him] if you would like to make a relationship with new friends do not look for addictive friends ... they will trouble you later on'.*

*A 55-year-old boy's mother*

*My parents told me that I should pay attention to learning rather than having a girlfriend, one more thing they told did not get involved with addictive drugs, including alcohol and tobacco ... again about a girlfriend, my grandparents also told me too ... just focus on my study.*

*A 14-year-old male*

### 3.2 Instructive section

The instructive section of the family's rules to prevent adolescent pregnancy provides adolescent with informative wording about the action. It means that adolescents are supposed to follow the sections as much as possible. If they are incapable of following as such actions, adolescents have to provide supporting evidence. The researcher found three actions in the instructive section of families' rules to prevent adolescent pregnancy: time management instruction, the instruction of going out, and instruction of problem-solving. The next section provides rich descriptive information for specific actions.

#### *Time management instruction*

Time management instruction means parents provided the adolescent with informative wording of action related to the schedule. When parents or other adults notice their adolescent coming home late without a reasonable explanation, their family considers the possibility of risky sexual behaviors. Some families related to how their adolescent coming home late can cause all family members to worry about their safety. Time instructions for adolescents were established to prevent them from involving with pregnancy issues. An example of the wording is: 'after school, adolescents have to come back home in a regular time'.

Adolescents should also inform the family if they were late, and similarly, if adolescents went out, they should tell their family when they will be back home. Families communicated time instructions directly to adolescents in several of the interviews:

*I [usually give my speech to them] 'go right way ... and come back at the right time' ... the right way to me is when they go out for school they should pay attention to study, do not show interest in boyfriend/girlfriend, do not have boyfriend/girlfriend in my meaning ... Come back at the right time means after school they should come home directly, do not go elsewhere.*

*A 71-year-old girl's grandmother*

*I [told my granddaughter] 'when you go wherever you should be concerned about time' ... [I usually remind her if possible ... then I indicate to her about the time for coming back] ... 'come back on time. Don't let me call you later on'.*

*A 47-year-old girl's mother*

*Now sports season takes place at my school. I like futsal that usually held in the evening; I ask permission from my mother ... she told me not to come home late. I think she worries about me.*

*A 13-year-old female*

### **Instruction on going out**

The instruction on going out means parents provide the adolescent with direct wording of actions related to going outside the home for all events. Adolescents who usually go out to do what they please, such as having a party, conducting a workgroup assignment or watching entertainment, can cause families considerable concern due to the possibility of engaging in risky sexual behaviors. They provide going out instructions for their adolescents and communicate it in different ways. However, the researcher found that the contents of going out direction comprised of asking permission, informing before going out, and not going out alone:

*I do worry about pregnancy; I usually remind my daughter that she should go with a group rather than in private with her boyfriend. Going in private with a boyfriend may lead to having unsafe sex ... I just gave her my word whether she did appreciate it.*

*A 44-year-old girl's mother*

*My mother worries about my safety, including sexual safety; she usually reminds me not to go out alone, especially at night.*

*A 18-year-old female*

### **Instruction on problems solving**

This instruction means that parents provided the adolescent with a guiding statement of action related to conducting problem-solving. Adult participants revealed they usually counsel their adolescent in all issues. Regarding the issue of adolescent pregnancy, they provided the adolescent with several instructions depending on the individual family, mostly focusing on life skills related to sexual relationship problems. However, the researcher found that for adolescents to follow the guidance on solving issues, they had to let the parent know when they needed some help, not keep secrets from the parent, and consult the parent when facing a problem:

*I told my son that if you have any problem related to your sexuality you should consult me ... if I notice he is embarrassed to discuss, I will let him call his dad for consultation because his dad is also male, I think my son will more comfortable talking to him.*

*A 37-year-old boy's mother*

*My daughter has a boyfriend, I do worry about pregnancy, so I usually remind her that 'whatever happens to you ... don't keep secrets ... you should let me know'.*

*A 48-year-old girl's mother*

### **3.3 Punishment section**

This section of the family's rules to prevent adolescent pregnancy provides adolescent with informative wording on the consequences when they break the prohibited or instructive sections of the regulations. Parents or other adults will perform the punishment. They revealed that

punishment mostly involves verbal reminding, beating, identifying what is unacceptable and being expelled from home. The methods of verbal reminders and beating were popular family punishments, while expulsion from home and an intolerable practice might be merely threatened family punishments. Some participants expressed that it is unacceptable for their adolescent to fall pregnant, while some stated they would expel the adolescent from home.

*If my granddaughter is pregnant, I don't accept her and her situation, I will let her out of my home and don't care where she will be. Because pregnancy without a responsible male responder, I would be shamed ... unacceptable.*

*A 55-year-old girl's grandmother*

*I sometimes beat my daughter with a broom when she goes out with friends without informing me ... I wait for her for a long time ... when she comes back by motorcycle, I pull her from the motorcycle and hit her with a broom two to three times then she runs away ... and hides herself in the neighbours', I could not catch her up.*

*A 70-year-old girl's grandmother*

*My dad told me if I got pregnant at any time during my study, he would expel from home ... I precisely recognize his word ... I must follow his instruction. I have to succeed before having a family, I promised myself.*

*A 15-year-old female*

## **V. DISCUSSION**

The study was conducted to explore adolescent pregnancy prevention in Isan regarding families' perspectives. The research found that families performed practices for preventing adolescent pregnancy as a step up activities. They provided prevention begin with observation and assessment of the risk situation among their adolescent(s) member such as sexual risk behaviors observation. When the risk situation was noted, the parents or other adults provided their preventing activities by educating and communication about safer sex and life skills such as contraceptive communication. The highest activity's level for preventing adolescent pregnancy was providing the family's 'rules and guideline for the adolescent(s) member that adolescent must follow the rules automatically. According to the family's circumstances, the Buddhist and traditional beliefs influenced not only the families' daily life but also the families' perspectives and practices on adolescent pregnancy prevention. The family key actors, especially grandparent(s) and parents transferred as such beliefs to the prevention of adolescent pregnancy issue in their families. Despite families performed their prevention on adolescent pregnancy, the issue may occur. However, the families need to accept as such situation and try doing the best to maintain the family's functions as a key informant stated that:

*Although we do not want it[pregnancy] to happen in our families. We have to make ourselves, make our mind to accept the situation because it is already mistaken. If we let them(adolescents) to get an abortion, the baby is an innocent*

... even if the boy does not accept the situation... We must keep it and rearing the baby because the baby is always our relative, we cannot leave her/him away from us [Tud Bor Tai Kai Bor Kard]

*A 43-year-old girl's mother*

This finding refers to the situational management of the family, which compromised methods. It differs from other religions that families performed punishment by heavy beating or did physical abuse until adolescent death. However, the finding of family practices for preventing adolescent pregnancy differed from previous studies which focus merely sexual communication [14,15,16]. Although family rules are presented in previous study, the researcher had no provided about its details as present in this study [15].

VI. CONCLUSION

Thai Isan society is characterized by a simple lifestyle, gentle beliefs, and strong commitment to Buddhist beliefs. When the problem was occurred to whether individual or other members in the family, despite the challenge was a family unwanted, they exercised their solution with gently and smoothly to maintain the family function. Due to family adhere to the belief of merit, sin and Khama, Isan families were able to accept for all situations without any negotiation. If the family members conducted a mistake or brought about unappreciated events to the family, they were willing to forgive and provide a chance to self-improvement. Therefore, punishment with severe bodily harm and expulsion from the house in the event of adolescent pregnancy was quite rare among Buddhist families. However, adolescent pregnancy issue can lead to several impacts as mention in previous chapters. It is essential for Thai society to provide a significant prevention strategy for adolescent pregnancy phenomena, especially in the Isan region, where the number of this problem is high. The prevention of adolescent pregnancy is a multifaceted approach that involves the family, school, environment and peers. The community must believe that adolescents are society blood tie, vital to all social development. Therefore, they have to grow up without the prematurity pregnancy age. The key actors in the prevention of teenage pregnancy should cooperate in exercising their roles.

The parent(s) or grandparent(s) must play an active role in observing adolescent behaviors to assess the risk situation. Provide adolescent with communication about contraception and teach them for safer sex. More importantly, the family key actors should provide the precisely family rule to be guiding for the adolescent member. The family should promote their relationship and time between family key actors and adolescent member.

ACKNOWLEDGMENT

The researchers would like to express our thankfulness to all informants and families, for your support and cooperation. All of you is significant; this research cannot achieve success without you. Also, we are gratitude to all support for

conducting this study from faculty of nursing, Khon Kaen University.

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