Teen-Parenting Behavior to Prevent a Teenager from Premature Pregnancy

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Abstract

The objective of this study was aimed to examine the teen-parenting behavior that prevents the teenagers from premature pregnancy in Tabrang, Prathongkam, Ratchasima Province.

Methodologically, survey was conducted with parents of adolescents aged 10-19 years living in two villages; Ban Kudtadam and Ban Nonsa-nga Moo.5, a total of 111 families. The interview was used to investigate parenting behavior that prevents the teenagers from premature pregnancy in four following areas; 1) follow-up of learning achievement, 2) instruction, 3) communication, and 4) control of inappropriate behavior. Data collection was made during the month of February 2013. For data analysis, the statistics implemented included percentage, mean, standard deviation, minimum, and maximum.

The results showed that majority of the households included four members (42.3 percent), there was one teenage in the family (82.0 percent), parenting behavior that prevents the teenagers from premature pregnancy on follow-up of learning achievement; the highest average score was hearing problems on learning ($\bar{x} = 2.65$) while the lowest average score was a permission to go to the friend's house in the evening for homework reasons ($\bar{x} = 1.50$), on instruction to female adolescences; the highest average score was respect for parents and adults, and be considerate towards others ($\bar{x} = 2.88$) while the lowest average score was not stay overnight at other places ($\bar{x} = 2.61$), on instruction to male adolescences; the highest average score was not stay overnight at other places ($\bar{x} = 2.72$) while the lowest average score was not hang out at nightclubs ($\bar{x} = 2.42$), on communication; the highest average score was the exchange of ideas ($\bar{x} = 2.59$) while the lowest average score was not use harsh words ($\bar{x} = 1.96$), and lastly on the control of inappropriate behavior; the highest average score was control not to have sex at school age ($\bar{x} = 2.81$) and the lowest average score was not allowed to go to a friend's house overnight ($\bar{x} = 2.46$).

The results of this study demonstrated that teen-parenting behavior in the areas with low average scores; e.g. use of harsh words, not restrict the hang out in the nightclubs, and permission to go to a friend's house in the evening for homework reasons; the parenting skills should be developed; especially; communication skills about sexuality, because the healthy family influences preventing the premature pregnancy in teens. The data obtained from this study can be further applied to plan the action research.

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Keywords: teen-parenting behavior, teens, parents, pregnancy

1. Background and the importance of problem

Sexual risk behavior in adolescents is a major social issue and the Thai Public Health because it found that adolescents are high risk at sexual behavior. Evidently, the most recent survey of Thai teens aged 15-25 years, finding that today's Thai teens are more likely to experience premature sexual activity. Consequently, a growing number of Thai teens are pregnant. It also found that mothers who were aged under 20 years is one of the highest childbearing rates in Asia; 16.2 percent, which is higher than average, less than 10% [1]set out by the World Health Organization (WHO). The evidence of the youngest Thai teen giving birth in public hospital is 10-year teen [2]. Also, the survey of behavior and sexual relationship attitudes of teens around the world, aged between 16-21 years are at highly risk of sexual behavior, 52 percent are likely to have more than one partner, which is the world's highest average. Thailand's teen uses condoms when making love for the first time accounts for only 23 percent, which is the least average in the world, just 1 percent compared to 12%, the global average [3], indicating that Thai adolescents have encountered the inappropriate sexual problems, thereby leading to the unwanted pregnancy [4] In addition, the inappropriate sexual behaviors among Thai adolescents cause sexually transmitted diseases, particularly HIV.

The potential factors associated with sexual risk behaviors among adolescents include self-perception of own sexual capability, family factors like parenting, education, and attitudes toward the prevention of pregnancy [6]. In particular, the family member like parents perceiving that talk with their children about sex is conducive to faster and undue sexual relationship r and then they refuse to talk about sex with adolescent children. Meanwhile, teens are terrified parents' scolding and deny talking about sex with their parents [7]. The literature review demonstrated that family whose parents have a talk with children about sex is more likely that children have late sexual behavior, less number of partners, and less sexual activity than those parents have never talked about sex [8]. Importantly, communication about sex is associated with contraception. The study found that mother-daughter communication about contraceptive methods. The finding demonstrated that parent communicating with daughter about sex, the sexual activity occur less in children, and those who have sexual relationship can use contraception correctly [9]. An investigation of the belief in sexual communication between Thai parents and adolescents found that any family with belief that communication is important and essential, both parents and teenagers should talk about sex [10]. The study of Dilorio C, Kelley M and Hockenberry EM suggests that parents are comfortable to talk to a child who is the same sex. It also found that sexual education for teenagers should be encouraged to talk among the same sex; mom should talk with daughter while the father should talk to his son. Mothers should talk to their daughters [11]. It also found that both male and female teens are more like to talk about to talk about sex with their mother; daughter is more likely to talk about sex with mom than her father [12]. In addition, it found that mother talking about sex with teen children is more powerful than father does [13].

Based on information previously mentioned, the family is the best source of information giving knowledge and talk about sex with adolescence. The researchers are aware of the importance of the teen-parenting behavior of the parents that may result in the prevention of premature pregnancy. The study aims at applying the finding to surmount he results to develop the program or short-term course that further improves communication about sex between parents and teenage children. Once the sound approach is achieved, it can be further applied to Thai family having adolescence, and to the public health service in Thailand.

2. The purpose of the study

To examine the teen-parenting behavior that prevents the teenagers from premature pregnancy in Tabrang, Prathongkam, Ratchasima Province.

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3. Methodology

In this survey study, collecting data was conducted with parents whose children are aged of 10-19 years, aiming to examine to studying behavior and teen-parenting behavior of the parents to prevent the premature pregnancy. Upbringing behavior of the parents are examined in four areas; follow-up of academic performance, culturing, communication with teens, and control of inappropriate behavior. Data collection was conducted during February 213.

4. Population and sample

In this study, the population includes the families with both male and female young children aged between 10-19 years. The sample includes the families residing in Ban Kudtadm Moo.2, and Ban Nonsa-nga Moo.5, Tubrang, Prathonkam, Nakhonratchasima, totaled of 111 families. The research team collected data from one parent each that is voluntary to participate in the project.

5. Research instrument

In this study, the questionnaires enquiring about the 10-19-year teen-parenting behavior was used to collect data from parents. The self-report questionnaires comprise two parts;

Part I Respondent's general data - 10 items

Part II Teen-parenting behavior - 32 items 3-point rating scale; comprising 4 sub-scales

2.1 follow-up of academic performance of the adolescence -9 items

2.2 Sexual education - 10 items

2.3 Sexual communication - 6 items

2.4 Control of inappropriate behavior in adolescents - 7 items

Scoring criteria is as follows;

-	Positive queries	Negative queries
2.1 Always	3 points	1 points
2.1 Sometimes	2 points	2 points
2.1 Never	1 points	3 points

6. Collecting Procedure

6.1 Coordinating with concerned parties in the community, including village headmen, village health volunteers (VHV), Ban Kudtadm Moo.2, and Ban Non-sa-nga Moo.5, Tubrang, Prathonkam, Nakhonratchasima. The research objective is then clarified and the cooperation is asked in collecting data.

6.2 Research Assistant distributes the questionnaires. The completeness of the questionnaires completed by the samples is screened prior to collecting back the questionnaires.

6.3 The questionnaires collected are verified for accuracy and completeness, and the data is then analyzed with the statistical methods.

7. Data analysis

The preparation, verification of data accuracy, encoding, and recording from the questionnaires enquiring about teen-parenting behavior is conducted and data is analyzed using a computer program and the descriptive statistics; frequency (F), percentage (%), mean (X), and standard deviation (SD).

8. Right protection of the participants

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This research recognizes the rights of the subjects; it has to ask permission for collecting data from the sample. The data collectors meet the samples and the introduction is fundamentally made; explain the participants of the objective of the research, collecting procedures, and asking for the willingness of the participants to participate in the project. If voluntary, they are required to sign in the consent form of the participation. If they wish to quit from this research, they are allowed to do anytime without any effect on providing the information. Importantly, the information collected from the sample will be treated as confidentiality. The data given by the participants or address is anonymous. The results will be used only for academic purposes. The overview of the findings will be presented broadly and all data obtained will be destroyed within one year after the results of the research have been published.

9. Results

Table 1 represents the number and percent of the respondents by demographic characteristics (n = 111).

A majority of the respondents were female (80 persons, 80.2 percent), middle-aged adults aged 40-60 years (64 persons, 57.1 percent), involved with teens as parent (83 persons, 74.8 percent), primary education (81 persons, 72.9 percent), earning a living as agriculturalist (100 persons, 90.1 percent), sufficient income (64 persons, 57.7 percent).

Factors	Number (Person)	Percent (%)	
Sex			
Male	22	19.8	
Female	89	80.2	
Span of Age			
Early adulthood(<40)	28	25.2	
Middle adulthood(40 - 60)	64	57.7	
Elderly(>60)	19	17.1	
Involvement as			
Parent	83	74.8	
Grandparent	20	17.8	
Relative (uncle or aunt)	8	7.2	
Educational level			
Primary education	81	72.9	
Secondary education	28	25.2	
Diploma/equivalent	1	0.9	
Undergraduate	1	0.9	
Occupation			
Agriculturalist	100	90.1	
Working for wage	7	6.3	
Merchant	3	2.7	
Housekeeper	1	0.9	
Sufficient income			
Sufficient	64	57.7	
Insufficient	47	42.3	

Table 2 represents family description of the teens (n = 111 families)

Most families comprise 4 members (42.3 percent), one teenager in the family (82.0 percent), parents are together (83 persons, 74.8 percent), male teenager (62 persons, 56.0 percent).

Description	Number (Families)	Percent (%)	
Number of members			
2-5 persons	4.5		
3 persons	23	20.7	
4 persons	47	42.3	
5 persons	20	18.0	
6 persons	16	14.4	
Number of teenagers			
1 person	91	81.0	
2 persons	19	17.2	
3 persons	1	0.9	
4 persons	1	0.9	
Family status			
Parents are together	83	74.8	
Parents are divorced	11	9.9	
Parents are separate	11	9.9	
Parent is dead	6	5.4	
Teenager's sex in the same family	,		
Male only	62	56.0	
Female only	40	36.0	
Both male and female	9	8.0	

Table 3 represents the number and percentage of parents concerning to teen-parenting behavior to prevent the teenage pregnancy.

On the follow-up of learning performance, the highest average scores was listening to the problems on learning ($\mathbb{R}=2.65$) while the lowest scores was permission to do homework at friend's house after school ($\mathbb{R}=1.50$).

On the instruction to female teenagers, the highest average score was respect for parents and kindness toward others (\mathbb{I} = 2.88) while the lowest scores was to stay overnight. (= 2.61). Regarding to instruction to male teenagers, the highest average score was respect for parents and adults (\mathbb{I} = 2.72) while the lowest scores was to hang out at the entertainment house (\mathbb{I} = 2.46)

On communication with adolescents, the highest average score was the exchange of ideas (\overline{x} = 2.59)

while the lowest scores was no use of harsh words (\bar{x} = 1.96).

On the control of inappropriate behavior, the highest average score was the control of sexual relationship at school age (x = 2.81) while the lowest scores was inhabitation of staying

overnight (\overline{x} = 2.46)

The follow-up of learning performance						
	Regularly	Sometimes	Neve	r A	verage	
1 D 4 4 4 4 1 1 1 4 4 4 1 1	75	22	2	S	cores	
1. Pay attention to study by interrogating with	75	33 (20.7)	3		2 65	
peers	(67.6) 78	(29.7) 28	(2.7))	2.65	
2. Listen to learning problems	(70.3)	(25.5)	(4.5) 6		2.66	
	58	47			2.00	
3. Consultancy of study	(52.3)	(42.3)	(5.4))	2.47	
	67	38	6		2,	
4. Attend school activities	(60.4)	(34.2)	(5.4))	2.55	
5. Go home at wrong time will be asked the reason	76	31	4			
for concern	(68.5)	(27.9)	(3.6))	2.65	
6. Strongly disappointed if the grades drop from	47	56	8			
previous results.	(42.3)	(50.5)	(7.2))	2.35	
7. Give a compliment when achieving the study or	71	36	4			
activities.	(64.0)	(32.4)	(3.6))	2.60	
	58	50	3			
8. Allow to read the report/books with Friends	(52.3)	(45.5)	(2.7))	1.50	
9.Interested in studying by interrogating the class	59	46	6		2 40	
teacher	(53.2)	(41.4)	(5.4)		2.48	
Instruction					rage	
Instruction					boy	
				girl	boy	
1. Behave appropriately to the opposite sex				2.52	2.71	
1. Denave appropriately to the opposite sex				2.52	2.71	
2. Preserve one's purity				2.49	2.80	
· · · · ·						
3. gentle manner				2.54	2.86	
4. Groom properly and timely				2.72	2.82	
5. Respect for parents and adults				2.61	2.88	
6. Not hang out at the nightclub				2.51	2.67	
				0.40	2 (1	
7. Not stay overnight outside				2.42	2.61	
8. Not engage with evils; e.g. drinking, smoking, gambling				2.49	2.71	
9. No sexual relationship at school age/having safe				2.49	2.71	
ex and prevention of the sexually transmitted			2.65	2.67		
diseases				2.05	2.07	
10. be frugal in spending				2.44	2.76	
Communication with teens						
1. Always have a talk and exchange the ideas with	and exchange the ideas with 69 38 4					
teenagers.	(62.2)	(34.2)	(3.6)) 1	2.59	

2. Communicate with teens through	38	49	24	
communicating device rather than direct talk	(34.2)	(44.1)	(21.6)	2.13
č		· · · ·	Ì, í	
3. Shows love with teenager with handshake and	62	40	9	
hug.	(55.9)	(36.0)	(8.1)	1.52
	(0013)	(2010)	(011)	1.02
4. Often, harsh words are used prior to instructing	27	61	23	
teens.	(24.3)	(55.0)	(20.7)	2.04
5. Regularly show dissatisfaction on teenage	27	72	12	
misconduct	(24.3)	(64.9)	(10.8)	2.14
6. Regularly use a command that teenager follows.	30	68	13	
	(27.0)	(61.3)	(11.7)	2.15
Control of inappropriate behavior				
1. Control and keep the youths from hanging out	75	25	11	
at the nightclubs	(67.6)	(22.5)	(9.9)	2.58
2. Control of nude and inappropriate grooming	77	21	13	
	(69.4)	(18.9)	(11.7)	2.58
3. Control of not drinking alcohol, smoking and	85	17	9	
gambling.	(76.6)	(15.3)	(8.1)	2.68
4. Control of spending on luxuries	75	32	4	
	(67.6)	(28.8)	(3.6)	2.64
5. Control of not going out alone with friends of	70	31	10	
the opposite sex.	(63.1)	(27.9)	(9.0)	2.54
6. Not allow teens to stay overnight at a friend's	57	48	6	
house	(51.4)	(43.2)	(5.4)	2.46
7. Control of no sexual relationship at school age.	95	11	5	
	(85.6)	(9.9)	(4.5)	2.81

10. Recommendations for future work

10.1 Suggestion for application

In present study, the finding demonstrated that teen-parenting behavior of parents on the following three areas gained the low average scores; the use of harsh words, non-strict on loafing in the entertainment house, and permit teen youth to do homework at friend's house after school. Of these areas, the parents should improve communicating skills and the proper words used to their teen children, the parents should be also strict on letting teens to the entertainment houses, as well as letting them to do homework at friend's house after school. All these problems involve sexual communication skills of parents with teenage. It's believed that when family institute is strong, it has a positive effect on prevention of teenage pregnancy.

10.2 Suggestions for future work

The result of the present study should be applied to plan the action research to instruct the parents the teen-parenting skills in four areas; follow-up of academic performance, instruction, communication with teenage, and control of the inappropriate behavior so that parents are advised to raise their teens properly, thereby resulting in the prevention of teenage pregnancy.

Reference

- [1] Nithirat Boontanon, "Stop Teenage Pregnancy: A Hard Work A Help is Needed" (Online). .d. (search date December 23, 2012), <u>http://hpc5.anami.moph.go.th</u>
- [2] Wallaya Thampanichawat, "Sexual Education for Thai Teens", Thai Journal of Nursing Council 2010; 25: 5-9.
- [3] Suriporn Kritcharoen, Petnoy Singchungchai, Kanchanee Pol-in, Thitiporn Ingkathavorawong and Charan Srithawiwat, "Development of Parental Potential in Teaching A Child About Sex", Songkhanagarind Medical Journal 2009 27 (4): 61-70.
- [4] Siriporn Kauphuthai. Behavior problems of teenagers. Search on January 26, 2552 http://www.nesdb.go.th/Default.aspx?tabid=139
- [5] Department of Epidemiology, Ministry of Public Health. The number of AIDS patients to date, 28 February 2550, Bangkok.
- [6] Powattana, A. Development of a Model for Parent-Adolescent Daughter Communication about Sexuality
- [7] Pansak Sukalerk, "Sexual Communication in Family" (Online), n.p. (search date November 30, 2012), http://www.elib-online.com
- [8] JaccardJD, Gordon V. Adolescent Perceptions of Maternal Approval of Birth Control and Sexual Risk Behavior. American Journal of Public Health 2000;90: 1426-1430.
- [9] Apaporn Phaowattana, "Prevention of Sexually Risky Behavior in Adolescence: Family, School, and Community Participation", Bangkok: Noble Publisher: 2009.
- [10] Wannee Diew-isares, Kingkarn Kongsakorn, and Siriporn Panuwathakul, "Belief in Sexual Communication between Parent and Teen in Thai Family", Public Health Journal of Burapha University 2011, 6(2): 48-58.
- [11] Dilorio C, Kelley M, Hockenberry EM. Communication about sexual issues:mothers, fathers, and friends. Journal of AdolescentHealth 1999; 24: 181-189.
- [12] LefkowitzES, Kahlbaugh P, Kit-fong AT, Sigman M. Longitudinal study of AIDS Conversations between Mothers and Adolescents. AIDS Education and Prevention1998; 10: 351-365.
- [13] RosenthalD, Feldman SS. The Importance of importance: adolescent's perceptions of parental communication about sexuality. Retrieved January 8, 2013 from http://www.idcalibrary.com
- [14] World Health Organization (WHO). Sexually Transmitted Infections in Adolescence. Document for WHO Publication; 2004.
- [15] Newman PA, Zimmerman MA. Gender differences in HIV-related risk behavior among African youth. A multivariate approach. AIDS Education and Prevention 2000; 12(4): 308-32.Bloom
- [16] B. Learning for mastery: Evaluation comment 1968; 1(2): 1-5.