

A Study on the Health Conditions of Teenage Pregnant Women in a District Hospital in Thailand

Sureetorn Songklin¹, Sumala Promma^{2*} and Nawasanan Wongprasit³

^{1,3} Faculty of Nursing, Rajabhat Rajanagarindra University, Thailand.

Email: ¹sureeton2520@gmail.com, ³nawasanan.won@rru.ac.th

² Bangpakong Hospital, Thailand.

*Corresponding Author Email: sumalalr@gmail.com

Abstract

The purposes of retrospective research were to study 1) personal information of teenager pregnant women in a district hospital in Thailand; and 2) health conditions of teenager pregnant women in a district hospital in Thailand. The sample obtained using the purposive sampling method was 36 pregnant women who were between the ages of 11 and 19 years old in 2023. The research instrument was a data recording form divided into two parts: 1) personal information including age, educational level, institution graduated, occupation, income, source of income, marital status; and 2) obstetric information including pregnancy, gestational age, complications during pregnancy, starting prenatal care for the first time, drug use during pregnancy, health conditions during pregnancy, psychological effects, fetal effects, and previous birth control usage. The statistics used for data analysis were descriptive statistics such as frequency, and percentage. According to the research's findings, 1) teenage pregnant women were between the ages of 12 and 19, had completed their secondary education in the district school, were employed as housewives, received their primary income of 10,000 baht per month from their husbands, and were married. When they were six to ten weeks along, they became pregnant and started receiving prenatal care. There were no problems related to pregnancy. Pregnancy-related drug usage did not result in a normalized state of health. There were psychological consequences, but no depressive symptoms. Thus, the fetus was unaffected. 2) The health condition of teenage pregnant women in a district hospital in Thailand was discovered to be in good physical condition; nonetheless, they revealed psychological distress related to pregnancy-related stress and little depression. Because depression may put the fetus at danger, it is presently regarded as a serious health issue that has to be closely monitored. In order to provide advice on self-care during pregnancy, birth control, child care, and mental health counseling to assist women in conceiving, information must be used when planning treatment for teenager pregnant women. Teenagers who are pregnant are capable of providing for both their unborn kid and themselves.

Keywords: Health, Pregnant Women, Teenager.

BACKGROUND AND IMPORTANCE OF THE PROBLEM

In Thailand and across the world, teenage pregnancy is still a major issue. According to the UN, one of the indicators of the Sustainable Development Goals (SDGs) and Millennium Development Goals (MDGs) that the global community wants to achieve by 2030 is a lower birth rate among teens aged 15 to 19. To follow up about teenage pregnancy in Thailand, the Department of Health continues to use three important data indicators: the live birth rate among women aged 10–14 years, the live birth rate among women aged 15–19 years, and the percentage of repeat pregnancies among women under 20 years old. In 2021, there will be 0.9 live births per thousand for women aged 10 to 14 (with a target of 0.9 births per thousand in fiscal year 2022). The live birth rate for this group of women peaked in 2012 at 1.8 and has since declined. In 2021, the birth rate is 0.9, while the live birth rate

for women between the ages of 15 and 19 is 24.4 per thousand (not exceeding 25 per thousand, which is the aim for the fiscal year 2022). According to ten years of situational monitoring, the maximum live birth rate was 53.4 in 2011 and has been declining ever since. While recurring teenage pregnancies declined from 17.87 percent in 2016 to 14.29 percent among women under 20 in the fiscal year 2022. Still, it is more than the fiscal year 2022 objective level of not more than 13.0 percent. Therefore, it is necessary to seriously accelerate operations to reduce repeat pregnancies among teenagers. (Bureau of Reproductive Health, 2022) Teenage pregnancy is a pregnancy in women between the ages of 10-19 years, considering the age at the time of giving birth. Some studies are divided into early adolescence, ages 10-14 years, and adolescence, ages 15-19 years. Risk factors for teenage pregnancy arise from a variety of factors, such as inadequate birth control, low levels of education, early sexual starting, inadequate medical access, strong religious convictions, or a family history of teenage pregnancy. Data gathered globally between 2015 and 2021 revealed that over 15% of births occur among teenage females under the age of 18, with 90% of those births taking place in developing countries (Ganchimeg et al., 2014). Given the current situation of teenage pregnancy, data from the United States in 2020 found that pregnancy rates among reproductive age populations have decreased steadily since 2007, and pregnancy rates among teenagers have decreased as well. The number of pregnancies per 1,000 teens aged 15 to 19 was 15.4, which is a 75 percent decline from 1991 and an 8 percent decrease from the previous year. Pregnancy rates peaked at 61.8 percent. It was discovered that 15% of the teenagers in this group had at least a second pregnancy (Osterman, M.J.K., et al., 2022). It is evident that the childbirth rate among teenage pregnancies in Thailand tends to decrease, in line with global trends.

This is due to teenagers having more effective birth control, greater access to information about sex, and teaching about sex to teenagers. However, complications of pregnancy have an impact on teenagers' life. It is expressed in terms of loss of health years, also known as disability-adjusted life years (DALY), which is a measure for health loss over time. Disability-adjusted life years (DALYs) are used instead of the number of cases. Pregnancy among teenagers has been identified as one of the top five causes of lost health years and deaths in teenagers aged 15 to 19. Teenage pregnancy rates are declining as a result of greater support for birth control, teenagers access to sex education, and more effective birth control. However, teen pregnancy is frequently an unwanted pregnancy. Most of them did not receive adequate prenatal care. This results in a variety of difficulties for both the pregnant woman and the fetus, including high blood pressure in around 6.7% of pregnancies, anemia, an increased risk of being infected with sexually transmitted diseases, and a higher risk of disability and mortality for moms than in adult pregnancies. In addition, there is a rise in the frequency of preterm delivery, the perinatal mortality rate, and the number of low-birth-weight infants, all of which are associated with premature birth. It will aid in the reduction of difficulties, such as obtaining proper nutritional treatment to decrease the incidence of pale illnesses, screening for sexually transmitted diseases, screening for drug usage, and so on. During the postpartum period, breastfeeding, appropriate birth control (which is advised as a semi-permanent type of birth control), condom usage, and mental health assessment should be promoted. This is because there is a chance of postpartum depression. Because pregnancy is a national concern, preventing and solving the problem of teenage pregnancy requires cooperation from many sectors to achieve the highest efficiency. (Choonnak and Piyamongkol, 2022)

As a result, caring for teenager pregnant women is important to being able to adequately care for yourself and your baby. Studying the state of teenager pregnant women is therefore necessary to give critical information to plan comprehensive treatment appropriate for age, education, employment, income, and obstetric health information, including gestational age, prenatal care, and drug use. Complications that may develop in teenager pregnancy depression, including mental health

assessment screening, might have an impact on self- and baby-care. Proper planning is essential, whether providing advise throughout the prenatal, postpartum, or postpartum periods. The researcher is so interested in studying the health problems of teenager pregnant women in a district hospital in Thailand.

Objectives of Research

1. To study personal information of teenager pregnant women in a district hospital in Thailand
2. To study health conditions of teenager pregnant women in a district hospital in Thailand

Research Conceptual Framework

The conceptual framework for this study is based on a review of the literature on the outcomes of pregnant women, teenagers, and newborns, which reveals the independent and dependent variables. Independent variables include: 1) personal data, including age, educational level, institution graduated, occupation, monthly income, source of income, and marital status; and 2) obstetric data, including pregnancy at birth, gestational age, complications during pregnancy, starting prenatal care for the first-time during pregnancy, whether drug use during pregnancy, health conditions during pregnancy, psychological effects, and effects on the fetus, and previous birth control. The dependent variable is the health of teenager pregnant women, as shown in Figure 1.

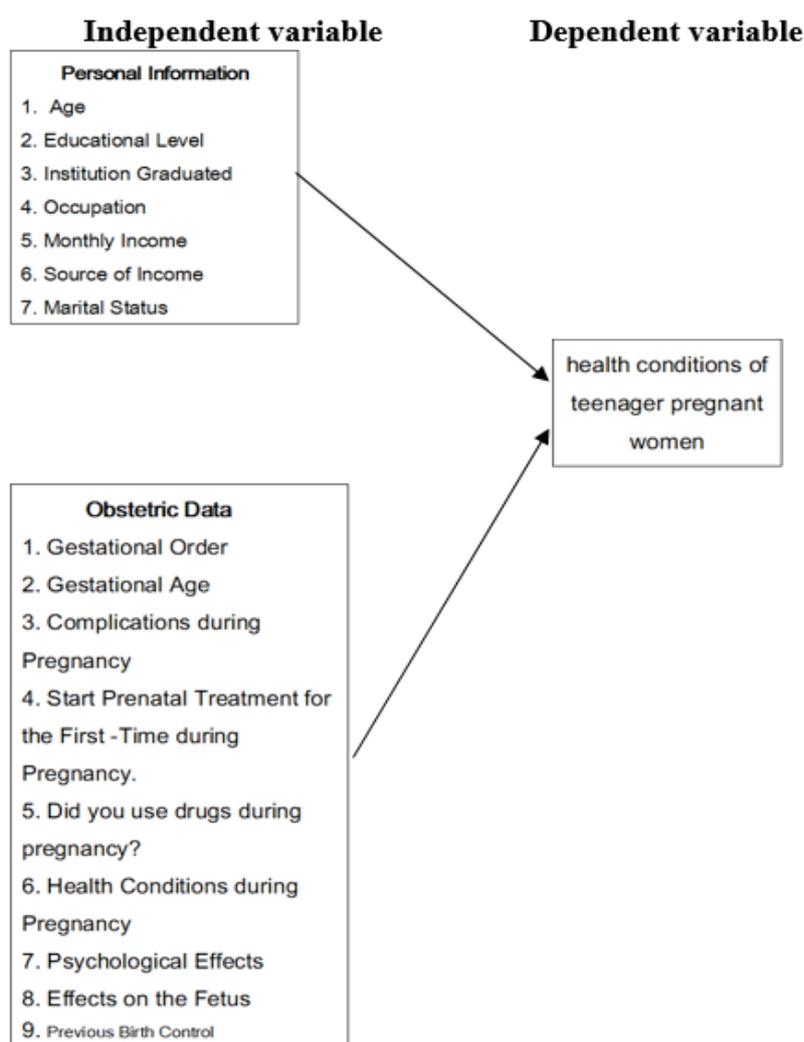


Figure 1: Research Conceptual Framework

RESEARCH METHODOLOGY

This is a retrospective study that examines medical records of pregnant women getting services in one district of Nakhon Nayok Province from 2022 to 2024.

Population and Sample

The research population consisted of pregnant women aged 11-19 years in 2022-2024, divided into 54 people in year 2022 (Jan.-Dec. 2022), 36 people in year 2023 (Jan.-Dec. 2023), and 14 people in year 2024 (Jan.-Dec. 2024), for a total of 104 participants.

The sample obtained using the purposive sampling method was 36 pregnant women who were between the ages of 11 and 19 years old in 2023.

Research Instrument

The research instrument was a data record form created by the researcher from studying related documents and research, divided into two parts: 1) personal information including age, educational level, institution graduated, occupation, income, source of income, marital status; and 2) obstetric information including pregnancy, gestational age, complications during pregnancy, starting prenatal care for the first time, drug use during pregnancy, health conditions during pregnancy, psychological effects, fetal effects, and previous birth control usage.

To determine the tool's quality, provide the questionnaire to three experts who examine the completeness, accuracy, and consistency of the questions and calculate the index of consistency (IOC). It obtained a content reliability of 0.90, modified the questions in response to suggestions, and then try out with 30 persons who shared the sample group's characteristics, resulting in a reliability of 0.937.

Data collection

1. After receiving permission to conduct research from the hospital director and the research ethics committee, the researcher met with the heads of the obstetrics outpatient department and the delivery room department to clarify the objectives and request cooperation in conducting research.
2. Coordinate with the medical records department to request data collection in 2023 using a questionnaire created by manually collecting data from a sample of birth records and recording infants who fit the criteria in the service recipient's history file.

Data Analysis and Statistics

Data were analyzed using descriptive statistics including frequency, and percentage.

RESEARCH RESULTS

The researcher analyzed the data according to the following objectives:

1. According to the findings of a study of personal data of teenager pregnant women at a district hospital in Thailand, most of them were 17 years old, with 13 people accounting for 36.11 percent, 7 people accounting for 19.44 percent, 16 years, 18 years, and 19 years, 4 people accounting for 11.11 percent, 14 years old, 3 people accounting for 8.33 percent, and 12 years old, 1 person accounting for 2.78 percent. Most of teenage pregnant women had an education level of Mathayom 3, 13 people, accounting for 36.11 percent; Prathom 6, 10 people, accounting for 27.78 percent; Mathayom 2, 4 people, accounting for 11.11 percent; Prathom 3, Mathayom 6, Vocational Certificate, 2 people, accounting for 5.56 percent; and Mathayom 1, Mathayom 4, Vocational Certificate, 1 person, accounting for 2.78 percent. Most of teenager pregnant women graduated from district high school (26 people, 72.22 percent), expanded secondary education (8 people,

22.22 percent), and non-formal education (2 people, 5.56%). Teenage pregnant women's occupations: most of them are housewives, 21 people, accounting for 58.33 percent; hired workers, 6 people, accounting for 16.67 percent; students, 3 people, accounting for 8.33 percent; trading and students, 2 people, accounting for 5.56 percent; and collecting garbage with a private business, 1 person, accounting for 2.78 percent. Most teenage pregnant women had a monthly income of 10,000 baht, 11 people, accounting for 30.56 percent; an income of 9,000 baht, 5 people, accounting for 13.89 percent; an income of 15,000 baht, 12,000 baht, 8,000 baht, and no income, 3 people, accounting for 8.33 percent; and an income of 25,000 baht, 17,000 baht, 7,000 baht, 6,800 baht, 6,000 baht, 5,000 baht, 4,000 baht, and 3,000 baht, 1 person, accounting for 2.78 percent.

The source of income came from husbands, 21 people, accounting for 58.33 percent, self-employed, 11 people, accounting for 30.56 percent, parents providing 3 people, accounting for 8.33 percent, and parents (older siblings, aunts, uncles) for 1 person accounting for 2.78 percent. There were 36 teenager pregnant women living with their spouses, which accounted for 100%. Most of them were in their first pregnancy: 32 people accounted for 88.89 percent; three were in their second pregnancy, accounting for 8.33 percent; and one was in their third pregnancy, accounting for 2.78% of teenager pregnant women. The gestational age found was 6-10 weeks, 16 people, accounting for 44.44%; 11-15 weeks, 13 people, accounting for 36.11%; 16-20 weeks, 5 people, accounting for 13.88%; and 21-25 weeks, 2 people per week, accounting for 5.56%. Most had no complications during pregnancy; 29 people, accounting for 80.56 percent, were thalassemia carriers + husbands (P/P); 4 people, accounting for 11.11 percent; preterm birth; BMI; syphilis (TPHA) 1; 8; the number one person, accounting for 2.78 percent; and no drug usage, 100 percent. The health of teenager pregnant women is common. The psychological influence on stress of teenage pregnant women was determined to be ST-5 = 3, 10 people, accounting for 27.78 percent; ST-5 = 2, 8 people, accounting for 22.22 percent; and ST-5 = 4, 6 people, accounting for 16.67 percent. Stress ST-5=6, 4 people, representing 11.11 percent. Stress ST-5=7, 3 people, representing 8.33 percent. Stress ST-5 equals 0, 5, 8, 9, 10, and 1. People accounted for 2.78% and were also assessed for depression. Most teenager pregnant women had 2Q=0, with 28 people accounting for 77.78 percent. 2Q=1, 5 people, accounting for 13.89%. 2Q=2, 3 people, accounting for 8.33%. The effects on the fetus were not found. There was no information about birth control before pregnancy.

2. The findings of a study of the health conditions of pregnant teenagers at a district hospital in Thailand revealed that teenage girls were pregnant, had good physical health, and were in a psychological state of stress throughout their own pregnancy, including some depression. Depression has been recognized as a serious health problem that needs ongoing supervision due to the risks it presents to the fetus. As a result, information must be utilized to plan care for teenager pregnant women, including guidance on self-care throughout pregnancy, birth control, childcare, and mental health therapy to assist women in conceiving. Pregnant teenagers can properly care for both themselves and their children.

DISCUSSION

1. According to a study of information on teenager pregnant women, the teen pregnancy age involved from 12 to 19 years old, with a lower secondary school diploma from a district high school. They worked as housewives. Their spouse earned 10,000 baht each month and was their primary source of income. They were married and lived with their spouse. Most of first-time pregnancies were six to ten weeks. There were no difficulties during the pregnancy. Prenatal care began when the gestational age was between 6 and 10 weeks. There were no drugs used throughout pregnancy. During pregnancy, the health state was normal. There were a few mental impacts. However, there

was no depression. As a result, it had no effect on the fetal body. This may be because teenagers have received civilization from foreign countries, causing behavioral changes and imitation to keep up with the modern era. As a result, pregnant women become school-aged and pregnant while studying. Most of the parents had a low level of income and a difficult life, believing that if their child had a partner, the family will no longer have to struggle to pay for themselves and send them to school. You don't have to be a burden on your parents anymore. This makes it a significant issue that the public health sector must handle in order to lessen the problem of teenage pregnancy and reach the goals. This is consistent with the World Health Organization's (2004) statement that teenage pregnancy is an important health problem today since persons of this age continue to study. As a result, if students become pregnant, they will face a variety of problems, including physical, mental, and social. In terms of the influence of teenage pregnancy on the health of mothers and babies, the National Statistical Office (2013) states that everyday life has changed, absorbing traditions and imitating culture in order to keep up with the materialism-driven period. It is a turning period that causes significant changes in teenagers' sexual behavior.

2. A study of the health conditions of pregnant teenagers at a district hospital in Thailand found that teenage females were pregnant, had good physical health, and were suffering psychological stress during their pregnancy, including moderate depression. Depression has been identified as an important health issue that requires ongoing supervision due to the hazards it causes to the fetus. As a result, information must be used to plan care for teenager pregnant women, including advice on self-care throughout pregnancy, birth control, childcare, and mental health therapy to help women conceive. Pregnant teenagers can adequately care for themselves and their children. This might be because pregnancy in youngsters under the age of 20 is not yet ready. It has a variety of negative health impacts on the mother's physique and heart. Children that were born were abandoned and abused because they were not yet mature. This might lead to a variety of social problems. This is consistent with Geist R.R. et al. (2006), who state that teen pregnancy frequently has negative effects on pregnant women's health. This is because most of pregnancies are unintended owing to a lack of knowledge and comprehension of prevention and proper pregnancy, which affects the physical, mental, and social health. This problem also has negative effects on pregnancy, such as anemia, high blood pressure during pregnancy, placenta previa, placental abruption, premature birth, low birth weight infants, etc. This is consistent with Molathegi KM's (2007) statement that teenage pregnant women have psychological issues and emotions that are considered mental health. Most teenage pregnancies are unplanned. As a result, when a pregnancy happens, expectant women will be frightened, guilty, and confused by the event. Furthermore, throughout pregnancy, your body undergoes hormonal changes. There is an increase in estrogen and progesterone production, making it easier for teenager pregnant women to face emotional changes as well as changes in body image. It can have an impact on the mental and physical wellbeing of teenage pregnant women.

Recommendations

1. Recommendations of the research

- 1.1 There should be an agency or group of professionals in charge of caring for and advising pregnant teenagers. This makes sure that pregnant teenagers and their babies receive appropriate care.
- 1.2 There should be an agency or group of professionals in charge of planning, providing knowledge, and preventing measures regarding sex education to decrease the number of pregnant teenagers.
- 1.3 Nurses should be proactively managed by building a network between schools, homes, and communities to campaign for knowledge for teenagers to prevent premature pregnancy.

2. Recommendation for further research

2.1 There should be integrated research into the problems and their impact on fathers and mothers that affect the quality of life of teenage pregnant women.

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