

Partnership Network Roles in Resolving of Adolescent Pregnancy Problem in the Deep South of Thailand

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Abstract

The objectives of this research were to study partnership network roles in resolving of adolescent pregnancy problem in the deep south of Thailand. The sample group is students. Parents of students, teachers, religious leaders, and local government leaders, each group of 10 people, a total of 50 people. An interviewing guideline about partnership network roles in resolving of adolescent pregnancy problem was considered by 5 public health experts, the index of consistency (IOC) was 0.90. The researcher collects data by focus group and in-depth interviews during 1sJune-July 2019. Data analysis uses content analysis. The result of the study found that the partnership network roles of resolving of adolescent Pregnancy problem in the Deep South of Thailand including 5 partnership networks are religious leaders, community leaders, parents, teachers and youth leaders have the following roles: 1) A leading youth leader and parent leader in sex education and adolescent counseling (Friends rely on friends) or (Family relies on) 2) Educational institutions should include a sex education course as a short-term course based on religious principles 3) Community leaders or local leaders should be the primary agency responsible for recruiting target groups into activity participate 4) Religious leaders are responsible for educating the religious principles established for sexual behavior and activities to focus on the changing values and behavior of youth to handle problems correctly 5) All organizations should push into a model community.

Keywords: Partnership Network Roles, Pregnancy Prevention, Adolescents, Deep South of Thailand

I. INTRODUCTION

Premature pregnancy is a major concern worldwide. Which is reported by the World Health Organization. [1] found that adolescents an estimated 23 million premature pregnancies per year. The problem is becoming more serious and affecting children and young people found that in developing countries, there are 16 million adolescent girls aged 15 to 19 giving birth each year and more than 50% of them can't even imagine the

problems which would affect their life. The main cause of death in adolescent girls is complications during pregnancy and childbirth, the baby born to the teenage mother has a risk of low birth weight, prematurity, and anemia along with other health issues to mother and child, the mother suffers because her body is not yet developed to support another life. Situation teenage pregnancies in Thailand 2016 found that 10-19 years old mothers had the second-highest childbirth in the ASEAN region. Especially in the deep South of Thailand most of population are Muslim 80 percent, the highest adolescent birth rates are found in provinces where the age of marriage is low. Who are Physical, social and economic conditions are not yet prepared for having children, as data from the Youth Friend Center in Yala Province found that Consultation rate about sex behavior about 88 percent and data from the youth clinic of Regional Health Promotion Center 12 Yala found that in 2018 and 2019, 105 and 79 non-pregnant adolescents. That the problem was solved by providing health education with an emphasis on lectures and knowledge base and current sex education curriculum. This is not enough to solve the problem in the context of the area. For this reason, the researcher is interested to study partnership network roles in resolving the adolescent pregnancy problem in the deep south of Thailand.

II. Materials and methods

Research design and sample group

This study is qualitative research. The population and Sample group in this study are students, parents of students, teachers, religious leaders, and local government leaders, each group of 10 people, a total of 50 people.

Data collect

The researcher collects data by focus group and in-depth interviews during 1st June-July 2019. By Focus group discussion group, the researcher had 2 questions let the informants express their opinions. 2 note takers and ask permission to records the conversation it takes about 1.30 - 2.00 hours for group. When finished conversation the researcher summarizes the importance and gives Provider to verify accuracy after that there was a transcript verbatim.

Research instruments

An interviewing guideline about partnership network roles in resolving of adolescent pregnancy problem was considered by 5 public health experts, the index of consistency (IOC) was 0.90.

Data analysis

Data analysis uses content analysis.

Validation of information

The researcher returned data to the 5 sample groups to check for clarity and mutual understanding before the study results were used to analyze.

Human research ethics

The study was approved by the research ethics committee, Yala Provincial Public Health Office. (reference number: 051/2561).

III. Results and discussion**Table 1 Characteristic of sample group in the exchange platform**

The character of the sample group	Frequency	Percentage
Student		
Religion		
Islamic	9	90.0
Buddhism	1	10.0
Education		
Primary education	4	40.0
Secondary education	6	60.0
Parents		
Gender		
Male	6	60.0
Female	4	40.0
Education		
Primary	2	20.0
Secondary education	3	30.0
University education	5	50.0
Career		
Teacher	2	20.0
Worker	2	20.0

The character of the sample group	Frequency	Percentage
Business	4	40.0
Housekeeper	2	20.0
Religion leader		
Education		
Secondary education	3	30.0
University education	7	70.0
Career		
Lecturer	6	60.0
Business	4	40.0
The period was the Islamic leader		
4 years	4	40.0
5 years	6	60.0
Community leader		
Gender		
Male	8	80.0
Female	2	20.0
Education		
Secondary education	5	50.0
University education	5	50.0
Teachers		
Gender		
Male	2	20.0
Female	8	80.0
Education level		
Bachelor degree	7	70.0
Master degree	3	30.0

The character of the sample group	Frequency	Percentage
School type		
Public	5	50.0
Private	5	50.0
Total	10	100

Table 1 shows the characteristics of the sample group, who is participating in the focus group. The majority of student approximately 90% is Muslim and other left is Buddhist. The highest level of education is secondary school about 60% followed by primary school 40% respectively.

The majority of a parent is male approximately 60%. The highest level of education is a bachelor degree about 50% followed by secondary school and primary school with 30% and 20% respectively. There are 40% of businesses and 20% each of teacher, employee worker, and housekeeper.

The majority of the religious leader who has the highest level of education is a bachelor degree approximately 70%. There are 60% of lecturers and 40% of the business, experience in Islamic leader in 5 years and 4 years are approximately 60% and 40% respectively.

The majority of a community leader is male approximately 80%. who has the level of education is bachelor degree approximately 50% followed by secondary school 50%.

The majority of teachers are female approximately 80%. The highest level of education is a bachelor's degree followed by a master's degree 70% and 30% respectively. There are 50% of public schools and 50% are private schools.

Partnership network roles of resolving of adolescent Pregnancy problem in the Deep South of Thailand

The result of the study found that the partnership network roles of resolving model of adolescent Pregnancy problem in the Deep South of Thailand including 5 partnership networks are youth leader, parents, teachers, community leaders, and religious leaders have the following roles as:

Youth leader

1. The youth leaders, who are Muslims are the principles and their meanings should be studied to understand the meaning in the Quran because it will not cause "Xina" (Having sex Unmarried according to religion), which is a major sin in Islam. It is impossible to do even a handshake, but it must be understood that marriage is the wrong solution to sexual problems.

2. They should have knowledge and life skills such as rejection skills, decision-making skills, should think before doing. Avoid risky behaviors find pros and cons of doing such risky behaviors.

3. Adolescents must have values that are loving, reserved, and self-worth.

4. They must learn about sex education. Along with should have values attitude to love, change the attitude of chest stretching "just say no".

5. They must know sex appropriate about changes in young body, mind, and mood when you get into adolescence. The differences between the male and female thoughts, feelings, to achieve understanding, be aware of yourself and the opposite sex.

Parents

1. The family should have activities together with youth to make a good relationship with children.

2. Family activities for communication between parents and children to have regular discussions, exchanging learning, counseling, and giving knowledge about sex education for their children.

3. Parents should know about sex education, should cultivate ethics and religious matters, and should take care of their children closely.

4. Parents should listen to the opinions of the youth. In communication within the family should use a soft tone.

5. Family or parents are raising their teenagers like friends. Can be a mentor and a friend to discuss various matters of your child.

6. Parents should reduce their intolerance and change their attitude towards the behavior of their teenagers, give them opportunities to encourage their teenagers both in normal times and when faced with various problems in their lives.

Education institution or teachers

1. Students suffer from premature pregnancy, should visit home by established students group (The Ala Kohh student group) (activity such as a forum for learning exchange among students including; reading Al-Qual and discussing students problems)

2. There is a screening of students, teachers to make guidelines for teenage care and consultation and have an appropriate referral system.

3. Educational institutions, should learning exchange program with all sectors of the community, it to truly understand, reach, and recognize students' problems.

4. Educational institutions should intergrade as a course sex education with the religious doctrine of sex since kindergarten by using media suitable for the context of the area.

5. Educational institutions should organize a sex education camp under the supervision of religious educators and psychologists

6. Educational institutions should organize a learning exchange for teenagers from different areas. Who uphold the good youngsters and be role models in various fields "A WORKSHOP" representatives on solving problems with inappropriate sexual behavior.

Community leader

1. The community should have activities, that respond to solving such problems by organizing educational activities, training community, audio line station, campaign board activities prevention, and correction of premature pregnancy problems exhibition.

2. Community establishing a vocational training club to enable the youth to make use of their free time, under the collaboration between youth, family, and community.

3. Community should have informed the school when meeting students. who with various risk behaviors by having a telephone number to contact the school to report and deal with any problems that arise on time.

4. Organize a surveillance system Supervise and monitor the behavior of adolescents in the community including places at risk of developing premature pregnancy problems in the community.

5. Push for a model community, by using the process of participation of all working groups. And every part will be operated according to the pattern obtained from the study by using the budget of the agency or support agency; such as the Yala Provincial Service Organization, Public Health Office, etc. It to prevent and solve the problem of premature pregnancy and continue being a model for other communities.

Religious leader

1. Religious leaders should encourage youths to engage in activities, using Islamic principles as a means of tackling the mind, and dealing with emotional and sexual needs.

2. Religion leader should organize "Kiyamul activities" (praying to increase merit during the night in addition to the five main prayers), once a month (children with parents), education is provided along with religious principles on the conduct of the opposite sex. The youth who participate should be at least 8 years old, at this age they can do daily activities on their own. (Details and hierarchy of activities must be suggested by a religious person to perform correctly. And became clear)

3. Religion leader support and engage the youth in religious leadership in small community activities; such as involving children aged 7 and over in "Asan". (announcing people to pray together in the mosque) and to bring the prayers (as the head of the prayer) among the youth themselves. To encourage youth to do good and be a model in among youth, when they do what is wrong who will be ashamed of yourself.

4. the religious leadership group, activities should be organized to focus on the changing of the times. Changing values and behavior of youth to properly respond to problems.

Because the teenage years are perceived as those in which the risk-taking tendency is greater [4-6], compared to other life periods. Risky behaviors include the use of alcohol and other substances and early sexual involvement. Substance use has been found to increase the chances of engaging in unprotected sex, and also of early parenthood [7-11]. There is evidence of a link between early uptake of risk behaviors such as alcohol use and teenage pregnancy [12]. Among Thai teens, alcohol consumption is strongly associated with other health-related risk behaviors such as smoking, substance use, and early sexual intercourse. [13-14]. Also, male high school students who consumed alcohol were more likely to impregnate women [15]. The mechanism through which alcohol or drug consumption might relate to risky sexual behavior is through its effect on the likelihood of condom use; both are correlated significantly and negatively [16]. These findings lend support for the "early-timing hypothesis," which holds that early pubertal development is associated with a series of problem behaviors, which may set young people on a course towards long-term negative impacts [17].

This proceeds for resolving of adolescent pregnancy problem in the deep south should be driven by youth leaders, parents, teachers, community leaders, and religious leaders. Which according to Wattanasub (2003) said that participatory work, whether family level, the school level, the community level, organization level is very important in the current paradigm. Because it helps the participant to feel ownership and will make

the participant or the stakeholder consent to comply and including commitment (voluntarily) willingly and comfortable, according to with the concept of community participation is the opportunity for the community to share ideas and practice in evaluating every step[18]. Which any activity should be open to the public to participate since starts until completion of the project is considered a concept of community development. This will result in must be achieved by cooperation between the state and community is not allowing any party to be responsible for one side [19] (Suwan, 2006).

IV. Conclusions

The result of the study found that the partnership network roles of resolving model of adolescent Pregnancy problem in the Deep South of Thailand including 5 partnership networks are religious leaders, community leaders, parents, teachers and youth leaders have the following roles: 1)A leading youth leader and parent leader in sex education and adolescent counseling (Friends rely on friends) or (Family relies on) 2) Educational institutions should include a sex education course as a short-term course based on religious principles 3) Community leaders or local leaders should be the primary agency responsible for recruiting target groups into activity participate 4) Religious leaders are responsible for educating the religious principles established for sexual behavior and activities to focus on the changing values and behavior of youth to handle problems correctly 5) All organizations should push into a model community as figure 1

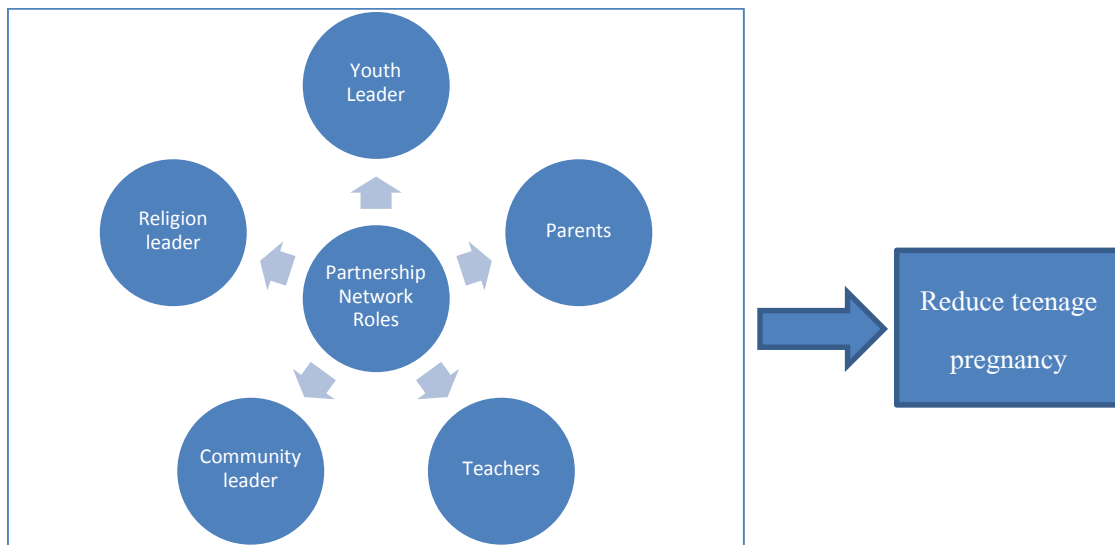


figure I Partnership Network Roles in Resolving of Adolescent Pregnancy Problem in the Deep South of Thailand

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