Childrearing Among Thai First-Time Teenage Mothers

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ABSTRACT

The aim of this study is to explore and describe the experiences of being a teenage mother and taking care of infants less than 6 months of age. Ten teenage mothers were interviewed. Latent content analysis was used to analyze interview transcripts with the teenage mothers. It was found that previous childrearing experiences and social support were important factors in determining how teenage mothers adapted to being a mother and how they practiced infant care. Becoming a mother created feelings of responsibility in the maternal role and led to affection toward their babies. Nevertheless, teenage mothers appreciated the help they received from their families and health-care providers. Instruction and assistance with infant care built self-confidence in the maternal role and in childrearing.

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Teenage mothers are a concern for public health globally, and the occurrences of teenage pregnancy and birth are a problem in many countries. Teenage years, or adolescence, are the continuance of human development and the transitional period from childhood to adulthood (Steinberg, 2011). The World Health Organization (WHO) defines the teenage period from 10 to 19 years of age (WHO, 2007). This study focuses on teenagers who are first-time mothers. In Thailand, the birth rate among teenagers increased continuously from 13.9% in 2004 to 16.0% in 2009 (Ministry of Public Health [MOPH], Thailand, 2011). This trend seems to be in stark contrast to the national campaign that is aimed

to reduce the teenage birth rate to less than 10% of total live births (MOPH, 2012). Phetchaburi is one rural area in Thailand that has a higher prevalence of teenage mothers than Thailand as a whole. In 2009, 17.6% of total live births in Phetchaburi province were to teenagers (Ministry of Interior [MOI], Thailand, 2010).

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amount of time for education and social life and this contributes, in large part, to their growth and development. Steinberg (2011) divided the age ranges of teenagers into three periods: early (ages 10–13 years), middle (ages 14–17 years), and late or youth (ages 18–21 years). The surge of physical growth and sexual characteristics during the early teenage period is accompanied by an increase in hormones; these changes are particularly marked if complemented by pregnancy and postpartum (Mercer, 1990). According to Piaget, formal operational thought is usually acquired in middle teenage life (Steinberg, 2011). Developing a sense of identity is a major psychosocial task in teenagers. According to Mercer (1990), teenagers who became pregnant scored significantly lower on the overall identity score, indicating developmental deficiencies. As guardians, mothers must devote their entire time and effort to childcare, which includes feeding, physical care, mental development, and protection from hazards (Hockenberry & Wilson, 2011).

Rubin (1967a, 1967b) investigated the process of childrearing and described the maternal role as a complex cognitive and social process that is learned and which is reciprocal and interactive. Maternal identity is considered the end point of maternal role attainment. The transition to motherhood is a difficult task for teenage mothers. Coping with the developmental tasks of motherhood is often complicated by her own still unmet needs as a teenager and personal development, and is complicated because of the need for time and energy to focus on childcare activities and responsibilities (Darvill, Skirton, & Farrand, 2008).

In Thailand, Neamsakul (2008) pointed out changes in mothers' roles that affected lifestyles and consequently frustrated some teenage mothers, but eventually led others to try to adapt to the new roles. Pungbangkadee (2007) revealed that teenage mothers attempted to face difficulties by devoting themselves to serve the needs of their infant before serving their own. As a consequence, teenage mothers face difficult conditions that can cause stress and conflict between the roles of being a teenager and being a mother.

Childrearing after birth is considered primarily a maternal role ((Siripul, Sutra, Jongudomkarn & Sakdisthanont, 2010). A child's infancy is the most pivotal period in developing a healthy body, mind, and spirit. Halford and Petch (2010) suggested basic skills training in infant care and parenting competence for mothers to understand infant behavior and interpret and respond to infant cues. The ability to nurture and ensure an infant's physical, emotional, behavioral, and social development is a successful adaptation to the maternal role (Rubin, 1984). Confident and happy parents respond to their baby's needs and improve their baby's development (Mercer & Ferketich, 1990). When mothers cannot effectively respond to an infant's needs, infants run the risk of becoming sick with preventable diseases (Hoontanee, 2007).

In a study on physical care that included several aspects—namely, breastfeeding, bathing, shampooing, and oral care—as well as a study on developmental care that focused on affection, interactive playing, and singing, Hoontanee (2007) found that adult mothers provided a higher level of physical and developmental care than teenage mothers. In addition, Wongthongkua (2011) found that teenage mothers perceived self-efficacy in infant care and adaptation to the maternal role at a moderate level. Mastery in the maternal role for first-time mothers includes capabilities to care for infants, attachment to infants, and maternal role satisfaction (Mercer, 1985, 1986b, 1995).

Becoming a mother is a crucial life event (Mercer, 2004). First-time mothers can suitably respond to infants' needs when they learn and correctly understand infant behaviors, which can be measured from a maternal perception of infant behavior questionnaire (Naphapunsakul, Prateepchaikul, Taboonpong, & Punthmatharith, 2007). Teenage mothers need support from family and health-care providers in order to adapt to being a mother (Mercer, 1990). As such, in this context, and especially with the strong bond of family relations and family support in Thailand, there is much potential for Thai teenage mothers to develop and promote the maternal role (Neamsakul, 2008; Pungbangkadee, 2007). However, research on Thai teenage mothers' experiences in childrearing is limited. Therefore, a qualitative study using in-depth interviews to understand the experiences of Thai teenage mothers with infants younger than 6 months was conducted. The aim of the study was to explore the teenage mothers' experiences of childrearing.

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METHOD

Design

In-depth interviews with teenage mothers with infants younger than 6 months of age were carried out to explore experiences of childrearing. Participants were selected from Thai teenage mothers residing in Phetchaburi Province, Thailand using both purposive and snowball sampling. Participants were purposively invited to participate based on the objective of the study. Health-care providers provided teenage mothers with information about the study. The second technique (snowball sampling) required that participants refer other teenage mothers who were willing to participate in the study.

Inclusion criteria for participants were (a) being younger than 20 years of age, (b) being a first-time mother, and (c) having a baby younger than 6 months of age, without any congenital disease. The exclusion criterion was having a serious physical problem including postpartum complications or a history of disease such as hypertension or heart disease. Psychological problems were also considered and included having a history of diagnosis with depression or anxiety or having taken any psychiatric medicines.

Study Participants

The participants in the study included 10 teenage mothers between the ages of 13 and 19 years, with a mean age at the time of the interview of 16 years. All participants received antenatal care for 2 or 3 months. Eight mothers had normal spontaneous births and 2 had vacuum extractions because of maternal exhaustion. All 10 teenage mothers and infants were discharged from the postpartum department after 3 days without complication during both the birth and postpartum period. All of the infants were born between 36 and 38 weeks of gestation and without any congenital disease. The birth weight of the infants ranged between 2,600 g and 3,430 g, which was considered normal and healthy (>2,500 g).

More than half of the infants were breastfed for approximately 4 months, and four infants were breastfed for approximately 1 month because of work commitments, nipple retraction, or perception of failure to lactate postpartum. Nine of the teenage mothers still cohabited with their boyfriends; only one teenage mother was not in a relationship. All mothers were supported by either their extended family or their boyfriend's extended family. Nine teenage mothers had an elementary or secondary

education and one was a second year student at university. Seven teenage mothers had help meeting living costs from their own family or their boyfriend's family, and three earned around 3,000–5,000 baht (\$100–\$170) per month by working as a cashier in a convenience store or as a receptionist in a hotel.

The mothers' boyfriends were between 17 and 19 years of age, and seven of the boyfriends still studied in secondary or vocational school. Three of the boyfriends were employed and had an income of 5,000–7,000 baht (\$170–\$230) per month.

Procedures

Interviews began with the broad question "What has been your experience in childrearing?" Appropriate follow-up questions were used to gain more in-depth data (Holloway & Wheeler, 2010) such as the following: "Could you tell me more about that?"; "Could you give me an example of that?"; "What does that mean to you?"; and "What did you need to be able to give the care that you wished to your baby?"

Interview location and time were dependent on the participants' privacy and preference, as well as on agreement between the participants and the researchers (Holloway & Wheeler, 2010). All interviews took place at the teenage mothers' houses. Seven of the mothers were interviewed by the first author. Three of the mothers were interviewed by a research assistant, who is a qualified nurse and has had experience in data collection doing interviews. Both interviewers wrote field notes at the end of each interview to be reminded of the event and of the interaction with the participants and their children (Bryman, 2012). All 10 interviews were recorded using a digital recorder and transcribed verbatim.

Participants were informed of the style and design of the research. The participants were interviewed for a period of 45–90 min. Some participants received two sessions, whereas the others only received one. During the interview session, the participants were encouraged to describe and express their stories freely. Informed consent was obtained from the participants (Creswell, 2009). Written consent was obtained from participants age 19 years; whereas for participants ages 13–18 years, a parent or legal guardian was asked to provide consent and the teenage mother provided assent. Participants had the right to withdraw from the research study at any time and were assured it would not affect their relationship with their health-care provider, but no

TABLE 1
Example of Latent Content Analysis Used to Examine Child-Rearing Among Thai First-Time Teenage Mothers

Meaning unit	Condense Meaning Unit	Code	Subcategories	Category	Theme
It was not hard for me. I was not feeling that it was hard but someone may think it was hard for me. Someone thought that it was hard for me to travel from university to Petchaburi to take care of a baby. I would go back from the university at Nakonpathom to take care of my baby when I didn't have class. I always back to take care of my baby on Saturday, Sunday and Monday (TM6).	She felt that it was not hard for her to travel from university to home to take care of her baby when she was not in class.	Managing time for taking care of the baby	Realizing the maternal role	A sense of being a mother	Needs and adapting to becoming a teenage mother

participants withdrew. The authors ensured participant confidentiality by way of the following: digitally recording the interviews and using code numbers instead of real names (Holloway & Wheeler, 2010). All interview data were stored on a password-protected computer file. This study was approved by the Ethical Committee of the Public Health Office, Phetchaburi Province, Thailand (registration number: MU2012-01).

Analysis

Data were analyzed using latent content analysis, which connects text with aspects of content to interpret the underlying meaning of the text (Streubert Speziale & Carpenter, 2011). Content analysis is well suited to analyzing the sensitive characteristics of nursing (Elo & Kyngäs, 2008). First, each interview transcript was read out verbatim line by line, and reread several times until it was fully understood and familiar. The aim of the study was kept in mind while reading the transcripts. Meaning units, which are the words, statements, and paragraphs that reflect the core meaning of the participants' replies, were identified (Holloway & Wheeler, 2010; Streubert Speziale & Carpenter, 2011). The meaning units contain aspects of the teenage mother's experiences and how they relate to each other. The meaning units were condensed, checked for accuracy by rereading, and the text was reformulated using the participants' concepts, and finally coded.

The similarities and differences between the groups of codes were linked and compared to form subcategories, which in turn were organized into categories.

Finally, relational information between the categories captured the teenage mothers' experiences of childrearing into themes, which are presented in Table 1. During the process of content analysis, 127 different meaning units, 35 codes, 15 subcategories, 6 categories, and 3 themes were obtained. The quotations present the mothers' conceptions of childrearing topics. Specific interview transcript quotations are used in number codes (TM 1- TM10).

RESULTS

Three themes, 6 categories, and 15 subcategories were used to describe teenage mothers' experiences of childrearing during the infant age—between 3 days and 6 months. This is shown in Table 2. The themes captured the experiences of childrearing from the teenage mothers: (a) "Needs and adapting to becoming a teenage mother"; (b) "Practicing infant care"; and (c) "Barriers in infant care."

Needs and Adapting to Becoming a Teenage Mother

Teenage mothers could adapt to the maternal role, but appreciated help from their family and health-care providers. Childrearing promoted the relationship between mother and baby and contributed to a sense of being a mother.

A Sense of Being a Mother. A sense of being a mother arose from acknowledging then realizing the maternal role as well as feelings of responsibility and love. The teenagers received love from their

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TABLE 2
Theme, Categories, and Subcategories of the Result Description

Theme	Categories	Subcategories
Needs and adapting to becoming a teenage mother	A sense of being a mother	<ul style="list-style-type: none"> • Realizing the maternal role • Feeling of responsibility • Feeling of love
	Needs of a teenage mother	<ul style="list-style-type: none"> • Needs from family • Needs from state and health care provider.
Practicing infant care	Confidence in infant care	<ul style="list-style-type: none"> • Useful child rearing experiences • Availability of social support from family and cousins
	Infant care activities	<ul style="list-style-type: none"> • Bathing and feeding • Promoting infant developmental care • Protecting from harm and preventing disease • Caring during sickness
Barriers in infant care	Feeling of difficulty or complexity	<ul style="list-style-type: none"> • Living with conflict • Uncertainty in being a mother
	Difficulty providing infant care	<ul style="list-style-type: none"> • Lacking self-confidence • Breastfeeding problems

boyfriends and relatives when they became mothers. In addition, the mothers described feeling content with and caring about their healthy newborn.

Realizing the Maternal Role. The teenage mothers realized that having a baby increased the cost of living; as a result, they planned to continue with education so that in the future they could earn more money. As one participant said:

When I missed and got pregnant, I paid more attention to study. I wanted to earn more money to take care of my baby. I was not alone; I had a baby to take care of. (TM6)

Some teenage mothers had to manage their time by changing their daily life to take care of their babies. As one teenage mother expressed:

I had to get up early to prepare everything for my baby before she woke up. I had to do everything around the clock. (TM7)

Feeling of Responsibility. The teenage mothers felt it was their responsibility to take care of their babies. However, they felt they were too young to be mothers, but tried to be good mothers. For instance, a participant reported:

To be a mother, I had to do the best thing for her (the baby). Although I was too young to have a baby, I wanted to be a good mother. (TM2)

Feeling of Love. The teenage mothers reported their feeling of love after they gave birth and had a healthy baby. This feeling helped them adapt to being a mother, as one teenage mother stated:

I felt I had more responsibility when I had a baby to take care of. I was glad when I saw my baby for the first time. (TM4)

He (the baby) was a healthy and complete baby after birth. I loved him because he was easy to take care of. (TM9)

Some of the teenage mothers noted that receiving love from their boyfriend's mother also supported them in the maternal role.

My boyfriend's mother helped me with everything when I was pregnant and after I gave birth. My stress was reduced when I was a mother. She (my boyfriend's mother) took care of me as much as she could. I appreciated her kindness very much. She loved me as if I was her daughter. (TM7).

Needs of a Teenage Mother. Support and specific necessities of a teenage mother fell into two distinct categories, namely family, and the government and health-care providers.

Needs From Family. Another teenage mother requested support from her family at night because of being tired.

Teenage mothers can learn from health-care providers about childrearing and breastfeeding, but it is important that providers make an effort to understand the special needs and concerns of teenage mothers.

I wanted my family to help me at night. I was very tired some nights because my baby cried so many times. He (her boyfriend) was studying in secondary school (Grade 11). He helped me to take care of the baby in the evening after he came home from school. At night, he couldn't be much help because he had school to go to. (TM7)

Needs From the Government and Health-Care Providers. The teenage mothers were required to continue their formal education. They planned to earn more money for their babies. For example, one teenage mother stated:

I didn't know about the support I would get from the state. I just needed to continue my study in formal education so I could earn more money for my baby. (TM5)

Teenage mothers can learn from health-care providers about childrearing and breastfeeding, but it is important that providers make an effort to understand the special needs and concerns of teenage mothers. Such tailored help can make it easier for mothers to take care of their babies. One of the teenage mothers expressed:

I only wanted the health care worker to understand teenagers. Some health care workers told me I was too young to have a baby but I wanted them (the health care providers) to explain more about how to take care of a baby. It was not clear about child rearing. Before I left hospital, they had a group for health education. There was nothing specific for teenage mothers. (TM1)

Another teenage mother who needed breastfeeding support as she had a problem with her nipple stated:

I wanted a health care worker who could take care of me and tell me about my nipple problem—whether it was retracting—so I could decide whether or not to breastfeed my baby. (TM5)

Practicing Infant Care

The practices of teenage mothers in infant care included physical care and feeding, promoting

infant development, protecting infants from harm, and caring for infants during sickness. Confidence in infant care helped mothers accept their maternal role in childrearing.

Confidence in Infant Care. Confidence in infant care came about from useful childrearing experiences and the availability of social support from family and cousins.

Useful Childrearing Experiences. Most of the teenage mothers had earlier experiences in childrearing. They learned about childrearing and infant care from their mothers, who helped them gain confidence in infant care. One teenage mother reflected:

I didn't think it was tough to take care of my baby. I used to take care of my younger sister, my niece. So it wasn't tough for me to be a mother. I had experience and I could use these experiences to take care of my baby. (TM2)

Availability of Social Support From Family and Cousins. Teenage mothers reported various levels of support from their families, their boyfriends' families, and their cousins. They provided physical, emotional, and financial support. Such help reduced the mothers' stress and tiredness. Moreover, it boosted their confidence in being able to care for their infant. As one teenage mother said:

My mom and my grandparents supported me financially when I had a problem with living costs. Moreover, they helped me to take care of my baby; I felt released from stress and tiredness when I looked after my baby. (TM10)

Infant Care Activities. Basic infant care activities included bathing and feeding, promoting infant developmental care, protection from harm, preventing disease, and caring during sickness.

Bathing and Feeding. The teenage mothers reflected on how they learned to bathe their babies from being helped and by doing. One teenage mother said:

About bathing, in the first three months, I didn't have the confidence to bathe my baby. My mom helped me do it at first. After that, I could do it by myself. I bathed the child twice a day and shampooed once a day. (TM3)

On the subject of feeding, most of the mothers breastfed their babies because they knew the benefits of breastfeeding. Another teenage mother stated:

About feeding, I've been breastfeeding my baby after birth until now. I knew it was good for my baby. (TM5)

Promoting Infant Developmental Care. The teenage mothers promoted their babies' development by playing with their babies, calling their names, playing music to them, and providing age-appropriate toys. As one teenage mother said:

I played with my baby every day and called her name. Before my baby slept, I would turn on the television which had music. I did it every day. Moreover, I had a shaking toy for my baby. (TM5)

Protection From Harm and Preventing Disease. The teenage mothers protected their babies from harm by preventing bed falls, managing and selecting suitable products for washing, and ensuring vaccination. One of the teenage mothers noted:

We slept on the floor instead of the bed because I was afraid my baby would fall. As for washing clothes for my baby, I did it by myself and used detergent for baby clothes. I took my baby to get a vaccination every time a health care provider had made an appointment. (TM8)

Caring During Sickness. The teenage mothers knew about fever that resulted from vaccinations. They took appropriate care of their babies. For example, one of the teenage mothers said:

My baby only had a fever when he (the baby) had been vaccinated. He had a fever and I gave him paracetamol syrup that I got at same time as the vaccination. He got better. He was not ill with other symptoms. (TM1)

Barriers in Infant Care

Teenage mothers reflected on the obstacles they encountered when taking care of their babies. Feelings of difficulty or complexity arose when faced with conflict, and the uncertainty of being a mother during pregnancy and giving birth. Difficulty providing infant care occurred because of a lack of self-confidence in interacting with the baby, and as a result of breastfeeding problems, which interfered with the mother's intention.

The teenage mothers reflected that they felt too young to be mothers, were unready to be parents, and unworthy of being mothers.

Feelings of Difficulty or Complexity. Feelings of difficulty or complexity included challenges of living with conflict, and uncertainty in being a mother.

Living With Conflict. Teenage mothers who had multiple and conflicting needs of adolescence were exhausted and suffered. They felt it was too difficult to practice infant care.

I had little private time and couldn't do anything like other teenagers because I had to take care of my baby. I mean, I couldn't go traveling, study, or do activities like my friends in school. (TM3)

The same person added:

It was hard for me when she (the baby) cried; I had to feed my baby during the night. It was difficult and I was not used to waking up in the night. I was very tired, especially in the first month. (TM3)

Uncertainty in Being a Mother. The teenage mothers reflected that they felt too young to be mothers, were unready to be parents, and unworthy of being mothers. These feelings affected how they undertook the maternal role. As one teenage mother said:

It was tough for me because I was too young to have a baby. We were not ready to be parents; as a result we couldn't earn money as we were still studying and I was afraid I couldn't play the good maternal role as my mother did for me. (TM6)

Difficulty Providing Infant Care. Difficulty providing infant care included a lack of self-confidence and breastfeeding problems.

Lack of Self-Confidence. Teenage mothers who were uncertain about the aspects of physical care, such as bathing and shampooing, lacked self-confidence in taking care of their babies. As one teenage mother stated:

After I gave birth up until now, I was not confident to take care of my baby, especially when she (the baby) moved while I tried to bathe and shampoo her. (TM7)

Another teenage mother who lacked knowledge in observing abnormal symptoms or problems said:

I didn't know how to observe abnormal symptoms of my baby. Someone told me she (the baby) had jaundice and I should take her to the hospital if she didn't suck. (TM6)

Breastfeeding Problems. Failure in breastfeeding was caused by nipple retraction and the stress of work. For example, one teenage mother stated:

About feeding, I fed my baby with a bottle because I had a problem with my nipple which meant I couldn't feed breastmilk. It was a retracted nipple. (TM4)

Another teenage mother said:

About breastfeeding, I fed my baby only one month because I had to go to work and my baby didn't suck. I used a bottle instead of breastfeeding. (TM6)

DISCUSSION

The 10 teenage mothers in this study reflected on their experiences taking care of their infants. The findings illustrate and add understanding to the challenges facing Thai teenage mothers. One strength of this study was “credibility” (Holloway & Wheeler, 2010; Polit & Beck, 2011). Before analysis, all interviews were transcribed verbatim into Thai, read, and reread line by line several times. This repetitive task ensured that the authors would gain a thorough overview of the transcripts safeguarding against the risk of translation distortion that often occurs (Squires, 2008). The meaning units were translated from Thai into English by a professional interpreter. The process of coding was conducted and cross-checked by both the researcher and the research assistant.

The first author, who was born and brought up in a rural area of Thailand and is now a doctoral student in Sweden, has been trained in qualitative methods. The first author has also worked as a nurse and an instructor in midwifery. Because these backgrounds and experiences can influence the methods of data collection and analysis, a reflective journal was used throughout the data collecting process to remind the authors of bias. Furthermore, to check conformability, three participants were asked to affirm the results. The reason for doing this was to prevent any bias that

might have arisen. “Dependability” as reliability for evaluating the consistency (Holloway & Wheeler, 2010; Polit & Beck, 2011) in this study was denoted by open dialogue with the authors’ team throughout the research process to minimize inconsistencies.

One limitation in this study is that the participants were all from middle class backgrounds; there was little variation in the social demographics of the participants. The infants were healthy and had readily available support from both the mothers’ and the boyfriends’ families. The findings, therefore, may not be applicable and transferable beyond this group because of the homogeneity of the sample.

The findings in this study describe how teenagers adapted when becoming a mother. Nearly all of the teenage mothers gained support from parents, relatives, boyfriends, or boyfriends’ families in the form of financial or physical support and advice. Families are mothering environments that are embedded within society and that support the process of becoming a mother (Mercer, 1981, 1985, 1986b, 2006). In this study, families achieved this by supporting living costs when a teenage mother could not earn money. In addition, they helped the teenage mother in the first month by taking part in activities with the infant when the mother lacked self-confidence, such as bathing and playing with the baby. According to Mercer (1986a), some types of support are more beneficial and important in the transition to being a mother, especially emotional support from the partner.

Social support in previous studies has been defined as the helpful environment resource for promoting the successful transition to becoming a teenage mother (Neamsakul, 2008; Pornsawat, 2010; Waedlom, 2010). Moreover, all the teenage mothers in this study lived in extended families that had many members to offer help and to advise the mothers on matters related to caring for their infants (Pornsawat, 2010; Sriharatpatum, 2007).

The teenage mothers felt confident in taking care of their infants when they had learned to do so and had experience in childrearing. Bathing infants was a necessary childrearing skill passed down from their mothers. Moreover, they already had some experience because they had once taken care of younger siblings, nieces, or nephews. Nearly all of the teenage mothers had previously engaged in activities with

infants aged 3–4 months. After giving birth, mothers learned how to care for their babies reaching the second stage of the maternal role attainment process (Mercer, 2006). In the third stage of becoming a mother, a new mother increases her confidence in caring for her infant, and achieves maternal identity at around 4 months (Mercer, 2004; Mercer, 2006; Rubin, 1967a, 1967b). Experience in childrearing is one condition that influenced maternal role development among Thai teenage mothers (Pornsawat, 2010). This experience helped the teenage mothers care for their own infant.

Nearly half of the teenage mothers reported that breastfeeding was interrupted after 1–2 months owing to work or study obligations, or because of suffering from nipple problems. Moreover, the teenage mothers needed open-minded health-care providers that are willing to listen, provide help on nipple problems, share knowledge about childrearing, and provide specific education aimed at teenage mothers. A first-time mother requires sufficient knowledge and skills in infant care to develop confidence in maternal behavior (Naphapunsakul et al., 2007).

To achieve maternal identity, a mother needs to establish knowledge about and learn to nurture her infant (Mercer, 1995, 2004; Rubin, 1984). The study findings suggest that teenage mothers who intended to breastfeed for a longer period require more information about breastfeeding, such as information on how to cope when the baby did not suck well and bottle feeding became necessary. Sufficient breastfeeding knowledge is one element needed to successfully breastfeed (Meedya, Fahy, & Kable, 2010; Semenic, Loiselle, & Gottlieb, 2008; Wambach & Cohen, 2009). Breastmilk is one of the most nutritious properties for babies and the WHO recommends exclusive breastfeeding for a period of at least 6 months (WHO, 2009).

CONCLUSION AND IMPLICATIONS FOR PRACTICE

This study describes how a group of Thai teenage mothers adapted to being mothers. Infant care practices were influenced by having previous childrearing experiences as well as social support. The teenage mothers claim that they lacked self-confidence in taking care of their babies and had breastfeeding problems. The teenage mothers suggested that nurses arrange teenage mother groups, enabling the mothers to share their childrearing experiences with others, because this would help

The teenage mothers suggested that nurses arrange teenage mother groups, enabling the mothers to share their childrearing experiences with others, because this would help reduce stress and enhance self-confidence in their new roles.

reduce stress and enhance self-confidence in their new roles. To prepare pregnant adolescents for first-time motherhood, nurses and other health-care providers should assess breasts and provide instruction on nipple care, share childcare experiences, and enhance basic baby care skills during both antepartum and postpartum periods through teaching and demonstration in an environment where each skill can be evaluated. A home visit and health education at an infant clinic or child health service should be made periodically after birth by the same team of health-care providers to follow up on breastfeeding problems and assess the childcare skills of teenage mothers.

It is advisable in future research to investigate factors in childrearing, such as self-confidence and social support, and also study teenage mothers who have had cesarian surgeries. Furthermore, longitudinal studies in childrearing and child development among teenage mothers are recommended. Findings from future studies may enhance health-care providers' ability to provide better care for teenage mothers.

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