

การสร้างเสริมความมั่นคง: กระบวนการเลี้ยงดูของบิดามารดาที่มีลูกวัยรุ่นสุขภาพดี



นาง เสาวคนธ์ วีระศิริ

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาพยาบาลศาสตรบัณฑิต

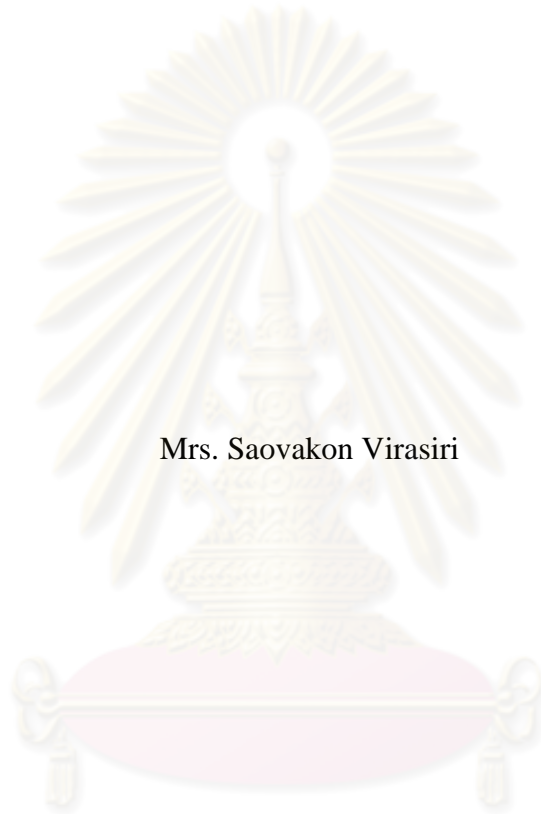
สาขาวิชาพยาบาลศาสตร์

คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย

ปีการศึกษา 2551

ลิขสิทธิ์ของจุฬาลงกรณ์มหาวิทยาลัย

ESTABLISHING INTEGRITY: PARENTING PROCESS AMONG PARENTS OF  
HEALTHY ADOLESCENTS



Mrs. Saovakon Virasiri

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

A Dissertation Submitted in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy Program in Nursing Science

Faculty of Nursing

Chulalongkorn University

Academic Year 2008

Copyright of Chulalongkorn University

Thesis Title	ESTABLISHING INTEGRITY: PARENTING PROCESS AMONG PARENTS OF HEALTHY ADOLESCENTS
By	Mrs. Saovakon Virasiri
Field of Study	Nursing Science
Advisor	Associate Professor Jintana Yunibhand, Ph.D.
Co-Advisor	Associate Professor Waraporn Chaiyawat, D.S.N.

Accepted by the Faculty of Nursing, Chulalongkorn University in Partial of the Requirements for the Doctoral Degree

*Yupin Aunguroch* ..... Dean of the Faculty of Nursing  
(Associate Professor Pol. Capt. Yupin Aunguroch, Ph.D.)

#### THESIS COMMITTEE

*Yupin Aunguroch* ..... Chairman  
(Associate Professor Pol. Capt. Yupin Aunguroch, Ph.D.)

*Jintana Yunibhand* ..... Advisor  
(Associate Professor Jintana Yunibhand, Ph.D.)

*Waraporn Chaiyawat* ..... Co-Advisor  
(Associate Professor Waraporn Chaiyawat, D.N.S.)

*Sunida Preechawong* ..... Examiner  
(Assistant Professor Sunida Preechawong, Ph.D.)

*S. Khampalikit* ..... External Examiner  
(Associate Professor Siriporn Khampalikit, Ph.D.)

*Chai Podhisita* ..... External Examiner  
(Associate Professor Chai Podhisita, Ph.D.)

เสาวคนธ์ วีระศิริ: การสร้างเสริมความมั่นคง: กระบวนการเลี้ยงดูของบิดามารดาที่มีลูกวัยรุ่น  
 สุขภาพดี (ESTABLISHING INTEGRITY: PARENTING PROCESS AMONG PARENTS  
 OF HEALTHY ADOLESCENTS). อ. ที่ปรึกษาวิทยานิพนธ์หลัก: รศ. ดร. จินตนา ชูนิพันธุ์,  
 อ. ที่ปรึกษาวิทยานิพนธ์ร่วม: รศ. ดร. วราภรณ์ ชัยวัฒน์, 213 หน้า.

การเลี้ยงดูเด็กวัยวัยรุ่นมีความสำคัญยิ่งต่อพัฒนาการและภาวะสุขภาพของเด็ก อย่างไรก็ตาม ข้อมูลเชิงประจักษ์ที่สามารถอธิบายถึงการเลี้ยงดูของบิดามารดาในช่วงวัยรุ่นนี้ยังมีอยู่น้อย โดยเฉพาะในประเทศไทย ดังนั้นเป้าหมายในการศึกษาค้นคว้าครั้งนี้จึงมุ่งเน้นเพื่อนำไปสู่การอธิบาย กระบวนการเลี้ยงดูของบิดามารดาที่มีลูกวัยรุ่นตอนปลายซึ่งมีสุขภาพดี โดยเลือกใช้วิธีวิจัยเชิงคุณภาพ แบบการสร้างทฤษฎีจากข้อมูล เก็บข้อมูลโดยการสัมภาษณ์เชิงลึก กับบิดามารดาของเด็กวัยรุ่นตอน ปลายที่มีสุขภาพดีที่มีอายุระหว่าง 18-20 ปี จำนวน 19 คน (ครอบครัว) วิเคราะห์ข้อมูลที่ได้จากการ ถอดความแบบคำต่อคำ ด้วยกระบวนการเปรียบเทียบข้อมูลอย่างคงที่ การเก็บรวบรวมข้อมูล การ วิเคราะห์ และการบันทึกข้อความจำ ได้ดำเนินการไปพร้อมๆกันจนสิ้นสุดกระบวนการวิจัย

ผลการศึกษาพบว่า กระบวนการที่บิดามารดากระทำในการเลี้ยงดูวัยรุ่นนั้นเรียกว่า “การ สร้างเสริมความมั่นคง” ซึ่งกระบวนการดังกล่าวเกิดขึ้นเมื่อบิดามารดาที่มีความตระหนักรู้ ในการเป็น เด็กวัยรุ่นของลูก จากนั้นบิดามารดาจึงดำเนินการเลี้ยงดูโดยกระทำสามกิจกรรมหลักไปพร้อมๆกัน ตลอดระยะเวลาที่ลูกเป็นวัยรุ่น ซึ่งสรุปด้วย “การสร้างเสริมความยึดเหนี่ยวผูกพัน” “การเพิ่มพูน ความมีวุฒิภาวะ” และ “การปกป้องคุ้มครอง” กระบวนการเลี้ยงดูเด็กวัยรุ่นนี้สิ้นสุดเมื่อบิดามารดา มี ความเชื่อว่าลูกวัยรุ่นของตนกำลังเป็นผู้ใหญ่ที่แสดงออกถึงความมั่นคงทั้งด้านวุฒิภาวะและ การมี สุขภาพดี กล่าวโดยสรุปได้ว่า การเลี้ยงดูเด็กวัยวัยรุ่นนี้ บิดามารดาจำเป็นต้องปรับเปลี่ยน กระบวนการและ กิจกรรมในการเลี้ยงดู ให้มีความเหมาะสมกับระยะพัฒนาการ และสามารถให้การ ส่งเสริมความมั่นคงของลูกวัยรุ่นทั้งทางด้านร่างกายและจิตใจ ผลที่ได้จากการศึกษาค้นคว้าครั้งนี้สามารถเอื้อ ประโยชน์ให้แก่พยาบาลและบุคลากรทางด้านสุขภาพ สามารถประยุกต์ความรู้เชิงสาระนี้ไปใช้เพื่อ การส่งเสริมความสามารถของบิดามารดาในการเลี้ยงดูเด็กวัยรุ่นที่มีประสิทธิภาพด้วยแนวทางการ ดำเนินงานที่มีความเหมาะสม การวิจัยต่อไปควรมุ่งทำการทดสอบแบบจำลองเชิงกระบวนการการ เลี้ยงดูเด็กวัยรุ่นที่ค้นพบ กับกลุ่มประชากรที่มีขนาดใหญ่ รวมถึงการพัฒนาเครื่องมือเพื่อใช้ในการ ประเมินกระบวนการเลี้ยงดูเด็กวัยรุ่นที่สอดคล้องกับบริบทของไทย

สาขาวิชา.....พยาบาลศาสตร์.....

ปีการศึกษา.....2551.....

ลายมือชื่อนิติศ.....

ลายมือชื่อ อ. ที่ปรึกษาวิทยานิพนธ์หลัก.....

ลายมือชื่ออ. ที่ปรึกษาวิทยานิพนธ์ร่วม.....

## 4777975436 : MAJOR NURSING SCIENCE

KEYWORDS: PARENTING/ ADOLESCENTS/ GROUNDED THEORY/THAILAND  
SAOVAKON VIRASIRI: ESTABLISHING INTEGRITY: PARENTING  
PROCESS AMONG PARENTS OF HEALTHY ADOLESCENTS. ADVISOR:  
ASSOC. PROF. JINTANA YUNIBHAND, PH.D. CO-ADVISOR: ASSOC.  
PROF. WARAPORN CHAIYAWAT, D.N.S. 213 pp.

Parenting during adolescence is crucial for children development and health. However, there is less evidence that could explain how parents raise their adolescents, especially, in Thailand. The current study was aimed at explaining the parenting process among parents of healthy adolescents in the Thai context. A grounded theory study design was chosen. Nineteen parents (families) of healthy late adolescents aged 18-20 years were in-depth interviewed. Transcripts were analyzed by using the constant comparative analysis process. Data collecting and analyzing, including memo writing were done simultaneously until finishing the research process.

Finding indicated that the process of “Establishing integrity” (*Karn Saang Serm Kwam Mun Kong*) occurred when the parents recognized the child being an adolescent, and then the three major parenting activities were performed simultaneously throughout the adolescent period, which consisted of: “reinforcing connectedness,” “enhancing maturity,” and “protecting.” Eventually, the parents believed that their adolescent was being an adult that had demonstrated his/her integrity regarding maturity and well-being. In conclusion, adolescence is a challenge and usually necessitates adjustment in the parenting process and activities suited for the child developmental stage to promote the adolescents’ integrity both body and mind. The benefits of this study will assist nurses and other health care providers. They can apply this substantive knowledge to promote effective parenting of adolescents for parents with the appropriate intervention. Future research should be focused on testing this process model with a large population. It should include developing a measurement device for assessing the process of parenting adolescents suited for the Thai context.

Field of Study: ...Nursing Science.....  
Academic Year: ...2008.....

Student's Signature.....  
Advisor's Signature.....  
Co-Advisor's Signature.....

*Saob Visa*

*Jintana Yunibhand*

*Waraporn Chaiyawat*

## ACKNOWLEDGEMENTS

This dissertation represents the support and commitment of many people to the advancement of knowledge and higher education in nursing. I would like to first express my sincere gratefulness to Associate Professor Dr. Jintana Yunibhand, my advisor and Associate Professor Dr. Waraporn Chaiyawat, my co-advisor, not only for her valuable assistance in teaching me the intricacies of the process of the grounded theory approach throughout this research endeavor, but also for her supportive critique and unwavering patience during the writing period of my dissertation. My deepest appreciation is also extended to Professor Dr. Susan Sawyer, the director of Center of Adolescent Health, who kindly mentored me to develop my proposal during visiting at School of Nursing, University of Melbourne, Victoria, Australia.

My sincere gratefulness is expressed to Assistant Professor. Dr. Branom Rodcumdee, my academic advisor, for the support she has offered to me throughout my program of study. I would like to express my thanks to Associate Professor Dr. Kulyada Prajusilp, my academic advisor, for her help, support, and valuable suggestions in relations to ethical issue of my proposal.

My wholehearted thanks are given for all Thai parents of healthy adolescents who shared so much of their personal experiences with me and provided their insights in regard to parenting everyday life of their healthy adolescents. I am profoundly grateful to them.

I would like to express a special acknowledgement to the Ministry of University affairs that provided financial support for my doctoral study, and the Graduate School, Chulalongkorn University who supported fund for my dissertation and international presentation. I am deeply grateful to my Faculty of Nursing, Khon Kaen University for allowing time to study. And my sincere thanks go to all Ph.D. students for their all types of supports.

My great special thanks are for my beloved father, Mr. Chusilp Wannasiri, who is now peacefully watching me and my success in heaven. Without his inspiration, I would never ever achieve this goal. I wish he could be there with me to celebrate this happiness. "You are my greatest Dad." I love you.

Finally, I am truly indebted to my family; Associate Professor Dr. Surapol, my husband, Mr. Theerapol, my son, Suthida, my daughter, my mother and older sister, including my parents in law for the immeasurable support that they have provided me throughout this academic endeavor. Their love, understanding, and encouragement have been valuable.

## CONTENTS

	<b>Page</b>
<b>ABSTRACT (THAI)</b> .....	v
<b>ABSTRACT (ENGLISH)</b> .....	iv
<b>ACKNOWLEDGEMENT</b> .....	vi
<b>CONTENTS</b> .....	vii
<b>LIST OF TABLE</b> .....	ix
<b>LIST OF FIGURES</b> .....	x
 <b>CHAPTER</b>	
<b>I INTRODUCTION</b> .....	1
1.1 Background and significance of the study.....	1
1.2 Research question.....	6
1.3 Research objective.....	6
1.4 Scope of the study.....	7
1.5 Operational definition.....	7
1.6 Expected benefits of the study.....	7
<b>II LITERATURE REVIEW</b> .....	9
2.1 Concept of parenting.....	9
2.2 Parenting adolescents.....	22
2.3 Nursing role of promoting effective parenting adolescents.....	34
2.4 Grounded theory methodology.....	39
2.5 Summary.....	66
<b>III METHODOLOGY</b> .....	67
3.1 Research design.....	67
3.2 Participants.....	68
3.3 Recruitment process.....	72
3.4 Protection of human subject.....	73
3.5 Instrumentation.....	74
3.6 Data collection.....	76
3.7 Data analysis.....	78
3.8 Trustworthiness.....	84
3.9 Summary.....	90
<b>IV FINDINGS</b> .....	91
4.1 Overview of the finding.....	91
4.2 Establishing integrity: Parenting process among parents of healthy adolescents.....	94
4.2.1 Reinforcing connectedness.....	96
4.2.2 Enhancing maturity.....	110
4.2.3 Protecting.....	124
4.3 Summary.....	138
<b>V CONCLUSIONS, DISCUSSIONS AND SUGGESTIONS</b> .....	140
5.1 Conclusion.....	140
5.2 Discussions.....	141
5.3 Strength and limitation of this study.....	158
5.4 Implication for nursing practice and education.....	160
5.5 Recommendation for future research.....	163
5.6 Summary.....	164

<b>REFERENCES</b> .....	166
<b>APPENDICES</b> .....	193
<b>APPENDIX A:</b> Demographic data of the participants.....	194
<b>APPENDIX B:</b> Establishing integrity: Parenting process among parents of healthy adolescents: A summary of categories, sub-categories and codes.....	196
<b>APPENDIX C:</b> Approval document of the Ethical review Committee for Research involving Human Subjects and/ or Use of Animal in Research, Health Science Group of Faculties, Colleges and Institutes.....	198
<b>APPENDIX D:</b> Interview guides.....	199
<b>APPENDIX E:</b> Participant information sheet.....	205
<b>APPENDIX F:</b> Informed consent form.....	211
<b>BIOGRAPHY</b> .....	213



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย



## LIST OF TABLES

		<b>Page</b>
TABLE 1	Grounded theory: process and product.....	57
TABLE 2	Demographic characteristics of the participants.....	194
TABLE 3	Demographic characteristics of the Adolescents.....	195
TABLE 4	Establishing integrity: Parenting process among parents of healthy adolescents: A summary of categories, sub-categories and codes.....	198



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

**LIST OF FIGURES**

	<b>Page</b>
<b>FIGURE 1</b> Establishing integrity: Parenting adolescents model.....	94
<b>FIGURE 2</b> Reinforcing connectedness: Parenting adolescents’ strategies.....	97
<b>FIGURE 3</b> Enhancing maturity: Parenting adolescents’ strategies.....	110
<b>FIGURE 4</b> Protecting: Parenting adolescents’ strategies.....	125



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

# CHAPTER I

## INTRODUCTION

### 1.1 Background and Significance of the Study

Parenting is a fundamentally essential task for the successful development and health outcomes of adolescents (O’Conner, 2002; WHO, 2007). More specifically, parenting can promote children’s adjustment and mental health during adolescence (Croteau, 2005; Newman & Newman, 1997; Wills & Yaeger, 2003). For over five decades, in both the Western and Eastern context, there were many researchers that had investigated this issue and find positive relationships between parenting and adolescents’ health and developmental outcomes. For example: Adolescents that have received consistent parental supports have lower rates of depression and delinquency, and higher levels of self-efficacy, than adolescents that do not (Juang & Silberreisen, 1999; Kim & Ge, Xioajia, 2000). Authoritative parenting relates to fewer symptoms of psychological distress in adolescents (Meesters & Muris, 2004; Shucksmith, et al., 1995). Parental monitoring, controlling, supporting and supervising time are positively associated with adolescent sexual initiation, and with alcohol and substance use (Bames, et al., 2000; Borawski et al., 2003; Crosby et al., 2002; DiClemente et al., 1996, 2000; Overturf, & Down, 2003). In addition, parental modeling has a positive relationship with adolescent health behaviors (Phupaibul, et al., 2005). Fathers’ and mothers’ parenting behaviors such as warmth, control and communication are significantly linked to adolescents’ psychosocial adjustment (Beyers & Goossens, 1983; Choo, 2005).

In deed, parenting adolescents requires major adaptations on the part of parents. The parenting that was appropriate during early childhood is no longer effective during adolescence (Huebner, 2000; Newman & Newman, 1997) because an adolescent experiences many changes in both body and mind. As a result, parents should adjust their parenting practices and behaviors suited for their adolescent boy or girl (Holmbeck, Paikoff, & Brooks-Gunn, 1995; Roberts, 1994). In particular, parenting philosophies have shifted from rigid rules of discipline to permissive rules. When a child grows older, new developmental tasks arise that are associated with family decision-making. It becomes parents' responsibility to help their child getting successful growth, development and health (Henrickson & Roker, 2002; Hildebrand, 1994).

The changes in the socioeconomic and technological reality in society over the past 25 to 30 years have significantly influenced the adolescent years. Adolescents' development are now made in an environment of increasing tobacco, alcohol, drug, and harmful substance use; and they are further influenced by media stimulation and the weakened family structure and function (Gutgesell & Payne, 2004). Attempts by adolescents to cope with these pressures often result in social behaviors that are associated with inherent and inconstant degrees of risk of health problems (Buehler & Gerard, 2002; Chantep, A. 2003; Neinstein, et al., 2002; Pergamit, et al., 2001; Pohisita, et al., 2004). Parenting of adolescents today is a more difficult and challenging task, making it necessary for parents to adjust and seek advice in terms of developing parenting knowledge and skills that can help their adolescents to become healthy. For these reasons, health care providers, which include nurses, should accentuate and assist parents in preparing to become efficient parents; then they will be able to employ parenting roles and tasks that can promote positive adolescent growth, development and

health, and they will be able to experience great pleasure and grow along with their adolescents (Jame, et al., 2002; Killeen, 1995; Susan, 1993).

Parenting issues are being recognized as an important facet of public health in the world (Chen, & Kennedy, 2004; Raphael et al., 1996; WHO, 2003, 2007). For Thai, there are some interventions that have been conducted based on the strategy of parents' empowerment for developing effective parenting knowledge and skills. For example; parental school projects have been initiated and organized by the mental health team of the Child Mental Center in Bangkok since 1998. This project aims at helping general parents and parents of special problem children to increase their knowledge and readiness for child-rearing practices in order to facilitate all aspects of development appropriate to their children's age and social conditions. It includes parenting of adolescents that emphasizes topics concerned with bringing up competent adolescents and the psychology of communication skills regarding adolescents (Health Division, Ministry of Public Health, 2004; Puasakul, 1999).

In area of nursing, obviously nurses are the largest group and are in a position to promote optimal parenting knowledge and skills for raising adolescents to be healthy in a variety of settings, such as family, school, and the community, especially in the primary care unit (Allender & Spradley, 2005; Eldridge, 2002). Nurses can assist families and parents of adolescents in areas of health promotion by promoting effective parenting of their adolescents (Allende & Spradley, 2005; James et al., 2002; Kumpfer & Alvarado, 2003), including Thailand. For example, Phuphaibul (2005) created a project that used a participatory learning and empowering processes approach for improving parenting involvement in adolescent health promotion. Virasiri et al. (2003) conducted a project of promoting parents' capabilities for parenting of adolescents based on using the existing knowledge from both the Western and Eastern context. The

result was not successful enough, because the parenting knowledge was increased, but the parenting skills did not improve.

According to parenting is the process of rearing and training children (Ed Young, 2004; Eldridge, 2002), which parents do to promote their children's growth, development and well-being, for example, by nourishing, protecting, and guiding their child through the course of their development (Brook, 2001). It is an individual experience, where socioeconomic and cultural influences powerfully shape development across the life span of humans (Kim & Wong, 2002; Stevenson-Hinde, 1998). Therefore, health care providers, including nurses, should empower families and parents of adolescents in areas of health promotion by using specific knowledge of parenting of adolescents in specific contexts (Allende & Spradley, 2005; James et al., 2002; Meschke, et al., 2002).

There were some studies dealt with parenting of adolescents in both the Western and Eastern contexts for developing specific knowledge regarding this phenomenon, such as Jacobson (1999), Paulson (1996), and Lam (2003), including studies in Thailand by Nanthamonkolchai et al. (2004), and Ruanpan (2006). Nevertheless, these research findings are limited in terms of the insights that they can provide into the process of parenting adolescents or into the actual circumstances surrounding such parenting. These studies only described parental styles, parental expectations, and child rearing practices, activities and behaviors, including the parenting of parents or caregivers of adolescents from a general point of view. In particular, the adolescents in these previous studies were not specified in relation to health status. Although a study of Jacobson (1999) explored the parenting process of adolescents that exhibited accomplishment of higher education. This issue, however, does not suggest to parenting of adolescents that are healthy.

For these reasons, some existing knowledge on the parenting of adolescents from the Western and other contexts could not directly be applied to develop projects that promote the parenting of adolescents in Thailand specifically. Because, Thai context where particular values and beliefs that influence how people think and behave exist (Jungsteinsup, 1993) which are also influence on Thai parenting process and activities. In particular, the most previous research were studied based on the concept of parenting styles or patterns which are not able to describe parenting in terms of the process and purposive activities that occur continuously in everyday live events in the family unit. In fact, several caveats about parenting styles are not in order. The parenting styles do not capture the important theme of reciprocal interaction and synchrony, and many parents generally use a combination of parenting styles or mixed pattern rather than a single style, where one parenting style may be dominant (Kim & Wong, 2002; Niolon, 2005). In addition, many researchers recognize that parenting styles work in different ways in different culture (Cordona, Nicholson, & Fox, 2000). Hence, Thai parenting styles are different from that in other countries. For example, a study of Chuprapawan (1997) indicated that generally, Thai parenting styles seem to be more authoritarian than in the Western culture.

As the parenting meaning and evidences presented above applies that knowledge of parenting adolescents can be used to create specific interventions for promoting the parenting of adolescents in Thailand has been not explicitly demonstrated either in the past or at the present time. Thus, this knowledge should be generated in the Thai context, particularly with reference to information about the parenting of healthy adolescents that has not been specifically presented before. In addition, this study should explore the issues of parents of late adolescents because adolescents in the late stage are characterized by good maturation both in body and mind (Florham Park

Counseling NJ, 2006; Wong et al., 2001). Health and developmental outcomes during this phase can be applied to consistent adolescent health status and outcomes, which are associated with parenting process from early to late adolescence. Consequently, these parents have enough experience in parenting their adolescents during this time and can narrate their experiences to the researcher based on the real perceptions of their lives.

It is important for this study, then, to explore how parents raise their adolescent children in Thai context. The findings from this study will contribute to nursing science, especially adolescent and family health nursing, by providing new knowledge regarding this phenomenon. This specific knowledge will help Thai nurses to create more specific and culturally-based interventions that will develop parents' capabilities in various areas of practice, particularly in family and community settings. In addition, health professionals from other disciplines that work with adolescents and families will increase their understanding of the parenting adolescents, and this information can then be applied to the promotion of families' and adolescents' health in Thailand.

## **1.2 Research Question**

1.2.1 What is the parenting process of parents whose adolescents are healthy?

## **1.3 Research Objective**

1.3.1 To identify the parenting process among parents of healthy adolescents in Thai context



#### **1.4 Scope of the Study**

This study aims to explore and generate the substantive knowledge of the parenting adolescents in Thai context. Data were collected from Thai parents of healthy late adolescents by using an in-depth interview. Either mothers or fathers, or both as available, that were biological parents and that played a major role in parenting their children during adolescence in a natural setting were interviewed.

#### **1.5 Operational Definition**

The primary goal of the study is to explore the process of parenting adolescents. Thus, the term “parenting adolescents” will be defined by the participants. However, a preliminary definition of the term was provided in order to guide the interview.

*Parenting adolescents* refers to the process that includes the activities and methods used for rearing and educating an adolescent undertaken by Thai parents that aim at promoting the child’s growth, development, and health. It occurs continuously in daily live events during the adolescent period; the child’s age is from 12 to 20 years.

#### **1.6 Expected Benefits of the study**

The research findings can help nurses and other health personals to gain insight into the parenting adolescents in Thai context. The value of the emergent process and substantive knowledge derived from the research data can explain the phenomenon of the parenting process among parents of healthy adolescents. They can contribute to developing more appropriate interventions on the part of nurses and other health

personnel, educators, and researchers that aim at promoting parents' capabilities in parenting children during the adolescence and then the adolescents' growth, development and health are developed. In addition, more studies related to the parenting adolescents' phenomenon is needed for strengthening nursing practice, education and research.



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## **CHAPTER II**

### **LITERATURE REVIEW**

In a grounded theory study, the type of literature that should be reviewed is professional (related and not related to the substantive area) and non-professional (popular, descriptive, etc.). Supplementary materials, such as data from other studies, ethnographic descriptions, etc., can be used for data consistently to compare and generate categories (Glaser, 1992; Macdonald, 2001). This chapter summarizes the reviewed literature that focuses on four major topics: (1) concept of parenting, (2) parenting adolescents, (3) the nursing role in promoting effective parenting adolescents, and (4) grounded theory methodology. It was conducted by a search from many sources in both electronic journals and through manual searches: books, documents, theses, and supplementary materials from both the western and eastern context. Literatures from both quantitative and qualitative studies were included.

#### **2.1 Concept of Parenting**

##### **2.1.1 The Meanings of Parenting**

The American Heritage Dictionary (2000) define parenting as the rearing of a child or children, in particular, the care, love, and guidance given by a parent. It is the methods, techniques, and materials that are used or are required in rearing children. Parenting is the act or process of functioning as parents and of raising children (International Webster's Dictionary, 2003). It is also a process of raising and educating

a child from birth until adulthood, which is done in a child's family by the mother and father (biological parents). And when the parents are unable or unwilling to provide this care, it is usually taken on by close relatives, including older siblings or grandparents, adoptive parents, foster parents, or institutions such as group homes or orphanages (Wikipedia, 2007).

The term parenting comes from the Latin verb 'parere' – 'to bring forth, develop or educate.' This word, from its roots, is more concerned with the activity of developing and educating than with the person that does it (Hoghughi, 2004). 'To parent' is an active verb which denotes the positive activities undertaken by parental figures toward children; however, the noun "parent" usually implies a natural or biological parent (Hoghughi & Speight, 1998). Hence, people besides parents can love, care for and guide a child. The term for such a person is 'caregiver.' Some caregivers are relatives, such as grandparents, older brothers and sisters, and aunts and uncles. Other caregivers may be non-relatives, for example, babysitters, teachers, coaches, and professional child care providers.

It is not the same as parenthood, which means to be a father or a mother that gives birth. It is a more comprehensive term than child rearing (Hamner & Turner, 1996). It is limited to the relationships between parents and children, whereas grandparents or relatives as well as teachers can take part in child rearing practices (Berg-Nielsen & Holen, 2003). Certainly, this means 'being a parent;' however, it is more than that. It is the parental functioning, role, and responsibilities in a family (McNeill, 2004). In particular, parenting means the role performed by a person that possesses parental status in order to enhance, suitably and positively, development in every aspect of their child's life (Morrison, 1978 cited in Hamner & Turner, 1990, p. 5). It is the primary method

used by parents for socializing children (Darling & Steinberg, 1993; Thai research, 2007) for proper development and good health for future human life (Bhikku, 2000).

Parenting is the task of parents in bringing up their children (Sebuliba, 2006). It is the main task of parents that give care to a child or children and involves responsibility for their well-being and knowledge about their needs and how to accommodate them. Additionally, there is an emotional bond between parents and their children that is essential for children's development and happiness (Helseth, 1999 cited in Helseth & Ulfsaet, 2005). This task occurs in the everyday parental behaviors toward their children based on parents' cognition, emotion, attributions, and attitudes and values (Wyness, 1997, Berg-Nielsen & Holen, 2003; Harden, 2005).

The parenting is predominantly seen as a task in relation to socialization or education of children, which includes dimensions of sensitivity to a child's needs, social communication and emotional expressiveness and disciplinary control (Rutter, 1985). It is one of the complicating, challenging and potentially rewarding tasks that a family or an individual can perform. It is a learned task whereby an individual provides for the safety and physical and emotional well-being of a child. These parental tasks include sharing customs and traditions (McEvoy et al., 2006), fostering skills for economic survival, promoting interpersonal and communication skills, and helping children to become self-regulatory, productive and self-actualized (Eldridge, 2002). It is also a function or task of parents that aims at bringing up their child in a family (McNeill, 2004) and focusing on child caring and socializing (Holmbeck, Paikoff, & Brook-Gunn, 1995). In particular, parenting consists of the tasks and roles that parents might be expected to perform toward a child or children (Gage, Everett, & Bullock, 2006, p.58).

It is a complex activity that includes many specific behaviors of parents or people working individually and together to influence child outcomes (Darling, 1999).

Hoghughi & Long (2004) state that parenting is a positive, purposive and nurturing activity which is specifically aimed at promoting a child's welfare or ensuring the survival and development of children, neither of which presumes a biological or age relationship. It is the activity of providing support, care, and love. Thus, parenting rests on three key words: the responsibility, guidance, and nurturing of parents (Draper & Draper, 1983). Especially, it consists of the activities of parents in providing care, support, and love in a way that leads to a child's total development (Hildebrand, 1994).

In terms of process, parenting not only consists of the process provided by the mother or father in terms of providing food, safety, and succor for the infant or child, it also consists of the processes involved in parent-child relationships that aim at raising and socializing a child. In particular, parenting can shape a child's attitude, behaviors, and emotional functions (Pfliger & Vazsonyi, 2006). Hence, parenting comprises the processes of teaching and training children (Ed Young, 2004) which parents do to encourage a child's growth, such as nourishing, protecting, and guiding the child through the course of his/her development (Brook, 2001). It is the processes of parents that are performed toward their children in the everyday life events of the family unit (Jacobson, 1999; Snider et al., 2004), which depend on parents' cognition, emotions, attributions, attitudes, and values (Berg-Nielsen & Holen, 2003). These processes aim at providing care, encouraging a child's independent decision-making, fostering skills for economic survival, promoting interpersonal skills, and helping children to become self-regulatory, productive and self-actualized in adulthood (Eldrigde, 2002; Trungkasombut, 2004).

Bodman & Peterson (1995) have emphasized that parenting is a dynamic bi-directional process from parent to child as well as from child to parent. This process is an evolving process that starts from discussions between the couple. It is the thinking

process of the couple to achieve suitable guidelines for raising a child or children in specific situations of the family (Ruanpan, 2006), including the processes of developing and utilizing the knowledge and skills appropriate for creating, giving birth, rearing, and providing for children (Hammer & Turner, 1996).

Additionally, parenting also includes the complexity of behaviors of parents which involve multidimensional aspects of the processes, behaviors, and relationships between parents and their children (Snider et al., 2004). In particular, parenting consists of the parent-child relationships that represent a continuous series of interactions between the parent and child. These interactions involve the bi-directional relationships between members of two or more generations: parent and child or grandmother/father, and can extend through all major parts of the respective life spans of these groups (Berns, 1993; Lerner et al., 1998).

In conclusion, as can be seen from the above, the definitions of parenting from various dictionary sources, including the roots of the term and its current development, frequently embrace the 'process,' 'activities,' 'actions,' 'tasks,' 'functions,' and 'roles' of parent/parents, including the 'methods' and 'strategies' of rearing and educating a child undertaken by parents or the parental figure. However, as term of action, role, task, and function can apply to the meaning of 'activity.' Therefore, it can be summarized that parenting refers to the process that include the purposive activity of rearing and educating a child or children undertaken by parents that aim at enhancing a child's growth, development and health and that occur continuously in the everyday live events of the family unit.

### **2.1.2 Determinant Factors of Parenting**

The parenting, according to results from the complex network and many factors that can affect it, Bigner (1989) identifies six categories of factors that influence the parenting processes and related activities: (a) cultural influences, e.g. social class or the peer value system, (b) the personality patterns of parents, (c) parental attitudes toward parenting tasks, (d) role modeling or the influence of observing others in the parenting role, particularly one's own parents, (e) the environment or factors related to parenting which may be situations, and lastly, (f) the goals of child rearing, both short- and long-term expectations of appropriate child behaviors. In particular, these factors can be viewed within three groups as follows (Hamner & Turner, 1996):

*First, Child Characteristics;* according to, parenting is a reciprocal interaction processes between children and parents in their extent environment. Much evidence shows that parenting is affected by the child's characteristics, particularly the gender, age, behaviors, and health status of children. For example, parents often use high limit control with their children in relation to difficult behavioral characteristics (Bell & Chapman, 1986). Parents and other adults react to disobedient, negative, and highly active children through negative controlling behavior (Belsky, 1991). Depressed adolescents are more likely to be perceived by mothers as difficult and cause them stress from parenting practices (Tan & Ray, 2005).

In terms of gender, Rodgers (1999) has found that the gender differences of the child affect parental behaviors. With female adolescents, parents exercised more psychological control than with male adolescents. Updegraff et al. (2001) presented the idea that mothers are more involved in the peer relationships of female adolescents than males, and both mothers and fathers spend more time with their same sex adolescents and peers. In addition, in terms of the child's age, Shucksmith et al. (1995) presented



the idea that both authoritative and authoritarian parenting styles are associated with younger adolescents, while permissive parenting is associated with older adolescent.

*Second, Parent Characteristics;* research findings have been demonstrated that parents that are psychologically healthy and mature are more likely to provide activities of care that promote the healthy psychological development of their children (Bigner, 1989; Hamner & Turner, 1996). For example, depressive mothers tend to be less affectionate, responsive, and spontaneous with their infants and to be irritable and punitive with their older children (Simon, et al., 1990). Consistent with a study by Gutman, Friedel, & Hit (2003), it was found that parents that had increased depressive symptoms used more restrictive management strategies with their adolescents. On the one hand parents that have positive self-esteem and more concerned with their own needs empathetically respond to their children's needs (Hurlbut, 1997). In addition, parents that feel positive self-concepts tend to communicate more effectively with their preadolescents and adolescents and to manage disciplinary situations well (Small, 1988).

Parental stress is related to parent-child interaction and parents' expectations, for example, parents that have experiences of stress and high expectations regarding the developmental outcomes of their children. They use high physical punishment methods and have negative relationships with their children (Nitz, Muhawi, & Brett, 1996). In general, prominent areas of parental stress are time pressures, particularly in the work-home arena, expectations of children to be active and achieving, financial pressures, and the impact of consumerism on families (Sidebotham, 2001).

*Third, Social context;* this refers to the factors that influence parents' parenting, such as the socioeconomic status of parents and family, especially cultural effects. For example, middle-class parents are more likely to work in their jobs and require self-

direction and autonomy. They often place high value on the self-control of their children while with the lower socioeconomic class; parents are more likely to have value conformity and external authority (Eldridge, 2002). In addition, fathers and mothers that hold a higher position in the social structure are more likely to have the value of self-direction for parenting their children (Hamner & Turner, 1996).

Much evidence supports the relationships between parenting and social factors. For example, Kongsuwan (1996) found that geography, family and kinship, economics, society, education, beliefs, and culture were factors that related to the child rearing practices of Chao Lay parents in the southern part of Thailand. Simon, Whitbe, Conger, & Melby (1990) demonstrated that constructive mothering was positively associated with education, but negatively associated with the father's financial strain. Phuphaibul et al. (1997) showed that parents' performances of child care were related to the marital status of parents and education level. Mothers that have a high education level are more likely to nurture their children far better than mothers that are in compulsory education or lower (Nanthamongkolchai et al., 2004). Parenting patterns are also strongly related to the mother's educational attainment and age (Richter et al., 1992). In addition, the quality of parenting practices is associated with the parents' experiences with their own families. According to parenting behaviors result from the developmental experiences which parents adopted from their own parents and families when they were young (Belsky, 1991).

In part of gender, Updegraff et al. (2001) found that mothers were more knowledgeable about adolescents' peer relationships than fathers, and more involved with the peer-oriented activities of daughters than fathers. Knungsukasaem et al. (1997) presented the idea that two-third of fathers felt that child care was a joint task; they were major providers of economic support for their families. Higher proportions of males saw

child care as the mother's role. Thus, they parented their children less than mothers. In general, fathers rarely have primary responsibility for child care. They practice usually by increasing parental role in regarding to spending time to play with their children (Richter et al. 1992).

The context where people live can also affect parenting behavior and practices. For example, Dwairy & Menshar (2005) found an authoritarian style was more predominant in the parenting of male adolescents, but an authoritative style was more predominant in the parenting of female adolescents in rural areas. In urban communities, on the other hand, an authoritarian style was more predominant in the parenting of female adolescents. In particular, the culture dose influence and powerfully shape the tasks of a family across the life span, including parenting practices and behaviors (Eldridge, 2002). For example, Varela, Vernberg, Sanchez-Sosa et al. (2004) found that the parenting in two-parent families of Mexican, Mexican-American, Mexican immigrants, and Caucasian-non-Hispanic (CNH) parents (CNH) used authoritative practices more often than authoritarian strategies. Mexican-American and Mexican immigrant parents used authoritarian practices more than Mexican and CNH parents. Shakib et al. (2003) found that Asian adolescents were less parentally monitoring than Latino/Hispanics and less parentally communicative than other ethnic subgroups. Chinese parents used dominant of covert control behavior with their adolescents, which refers to a form of parenting characterized by parental guidance, teaching, coaching, and monitoring. These reflect the Chinese parents' common use of an authoritarian style, high control and low warmth in their parenting patterns (Lam, 2003).

In sum, children, parents, and social factors are determinant factors that influence parenting process and activities, including behaviors. Parenting differs

depending on the parents' individual characteristics, the child's characteristics, the social context, particularly the cultural factors and environment that surround them. Awareness of this important point is very necessary for a researcher that needs to assess parenting variables in a specific context. In addition, these determinant factors are both positively and negatively associated with the parenting of children and adolescents. Thus, when a researcher aims at exploring and developing a substantive knowledge of parenting adolescents in a specific context, he or she should consider the determinant factors specifically in each situation or context, with an open mind and while being careful about one's own cultural background and experiences.

### **2.1.3 Parenting Assessment**

There are various approaches that have been used for assessing parenting in both the practice and research areas of child and adolescent psychology, sociology, and health science, such as direct observation of child-parent interaction, interviewing parents, or self-report questionnaires by parents and their children. Indeed, parenting assessment is needed in order to focus on the specific and non-shared aspects of parenting practices and behaviors (Berg-Nielsen & Holen, 2003). Questionnaires that measure unspecific, general, or global factors like the emotional climate in the family are less able to describe or explain parenting behaviors and activities. However, Schaefer (as cited in Berg-Nielsen & Holen, 2003) developed a questionnaire, the "Child's Report of Parental Behavior Inventory (CRPBI)," which could probe parenting behaviors from the perceptions of children, while Shelton et al. (1996) designed a multi-informant and multi-method assessment system, "the Alabama Parenting Questionnaire," for assessing parenting in families with conduct children. These two

devices, however, were used to explore parenting through the perception of children, not parents. Thus, these findings could not represent the real meaning of parenting based on the perception of parents who take parental role and performed their parenting process and activities toward their children in family unit.

Many studies in relation to the parenting phenomenon have commonly focused on measuring the parent-child relationship, which is one aspect of the parenting concept. For example, McGue & Iacono (2005) assessed parent-child relationships in relation to the conflicts and warmth among them through self-reports from adolescents, and Sychareun (2006) explored parenting based on parent-youth connectedness by using self-report questionnaires from both adolescents and parents. However, parenting in terms of the parent-child relationship refers to a bidirectional process that is very dynamic and complex and which is difficult to explore through a self-report questionnaire.

Actually, parenting can be divided into at least two parts; namely, parenting practices and parenting style. First, parenting practice is a subset of parenting behavior and focuses on the specific outcomes of parenting. However, the parenting practice tends to be assessed in terms of content and frequency of behavior rather than its quality (Stevenson-Hinde, 1998, p.1). Second, regarding parenting styles, Diana Baumrind (1991) has been particularly influential in the parenting literature. She presents four types or styles of parenting that are associated with different aspects of a child's social behavior. Her model is based on two dimensions: (a) parental demandingness, which that is the demand of parents on their children, such as parental expectations of mature behavior, discipline and supervision, including parental willingness to confront behavioral problems of children. (b) Parental responsiveness relates to fostering individuality, self-assertion, and regulation as well as being responsible for special

needs and demands. Combining these two dimensions yields four kinds of parenting, as follows:

First, authoritative style; high control and high warmth, the authoritative parents like to do firmly enforce rules and standards, use more positive reinforcement and less punishment, listen to children's points of view, monitor their adolescents' lives, and respond to their children's reasonable demands (Beyer & Goossens, 1999; Shucksmith, et al., 1995). Second, authoritarian style: high control and low warmth, the authoritarian parents do use more power-assertive techniques to control children, value obedience and respect for authority, issue demands as edicts rather than discussing rules with children, and discourage verbal give-and-take between themselves and the child. They tend to punish transgressions and not to encourage independence and individuality. Third, permissive/laissez faire: low control and high warmth, the permissive parents usually tolerate children's impulses, use little punishment, and avoid asserting authority or imposing controls or restrictions. Parents make few demands for mature behavior, allow children to regulate their own behavior, and have few rules. Fourth, rejecting or neglecting style: low control and low warmth, these parents are low on both demandingness and responsiveness. They do not structure, organize, discipline, attend or supervise, and may actively reject or neglect their children.

However, Baumrind's model is built on assumptions derived from research with primarily middle class families and less on ethnically diverse and lower SES families. Thus, this model has limitations in terms of its ability to explain parenting style generally. Several caveats about parenting styles are not in order because, first, parenting styles do not capture the important theme of reciprocal interaction and synchrony, and second, many parents use generally a combination of parenting styles rather than a single style—one parenting style may be dominant (Niolon, 2005). Thus,

the distinction between parenting practices and style might be difficult to apply in all cases of parents. It is desirable to at least keep this distinction in mind (Hart et al., 1998). In particular, parenting styles can not explore parenting as a process that is dynamic and that includes activities that parents perform toward their child.

While Steinberg et al. (1992) designed a measurement of parenting styles based on three subscales: first, warmth and acceptance, which measures the extent to which children perceives their parents as loving, responsive, and involved; second, the psychological autonomy granting scale, which indicates the extent to which parents employ non-coercive, democratic discipline and encourage the adolescent to express his or her individuality within the family; and third, the strictness and supervision scale that assesses parental monitoring and limit setting. However, this measurement can assess parenting in several aspects of parental behaviors and practices toward a child but may not be able to explore parenting in terms of the processes and purposive activities that occur continuously in the family unit.

In terms of culture, which is highly influential on parenting behaviors, Bornstein et al. (1998) suggest that the framework that can be applied to all parenting based on cross-cultural perspective and acknowledge the importance of context. They point out three importance things in framework and method that should be used to assess parenting variables: (a) parental self-evaluations and attributions (reflecting cultural norms), (b) parenting practices and parenting style based on family context, such as mother-father interactions, and (c) child outcomes that relate to parenting practices and behaviors. Thus, the model of Bornstein and others can assert the importance of self-evaluations and attributions in reflecting norms within one culture and context.

Some studies assess parenting based on both term of process and behavior. For example, Snider, Clements, & Vazonyi (2004) explored parenting processes and

parenting styles through adolescent self-report tools. While some researchers focus on parenting as an individual experience that one can perceive on one's own, they explored parenting by using a qualitative technique for probing the parental experiences of parenting directly. For example, Jacobson (1999) studied parenting processes by using a qualitative descriptive exploratory method for exploring the meaning of a life event of parents that shared that a particular experience of parenting. Lam (2003) used a qualitative approach to explore parenting practices of both parents and adolescents in the Chinese context. Additionally, some researchers studied parenting by using both a qualitative and quantitative approach, such as Ruanpan (2006), who explored the parenting process and skill of parents of early adolescents by using questionnaires and in-depth interviews, which could make more apprehending in the parenting both process, practices including skills of the parents in natural setting.

In summary, several approaches are used to assess parenting depending on the conceptual basis. For example, when a researcher defines the meaning of parenting through a set of behaviors, including using a specific framework, he or she can measure the parenting variable through self-report questionnaires that can explore the perception of parents in a specific context and time. On the other hand, a researcher can focus on parenting based on the meaning of the process and continuous activities that are very dynamic and complex. A researcher should explore the idea of parenting with people that have real experiences with parenting and then analyze these data in order to gain more insight in this phenomenon. Therefore, the qualitative approach can be used appropriately to explore the actual parenting experiences of parents of adolescents in specific natural settings. In particular, this methodology can be used to explore parenting based on the meaning of the process, which includes the purposive activity of rearing and educating a child undertaken by parents in the daily life of the family unit.



## 2.2 Parenting Adolescents

Adolescence is a normal transitional phase of life cycle during which a child matures into an adult with rapid development in physical, cognitive, and emotional changes, as well as changes in social roles, relationships and expectations, all of which are important for the development of an individual and provide the foundation for functioning as an adult (Blum & Nelson-Mmari, 2004; Lefrancois, 2001; Association of Maternal and Child Health Programs, 2002; Sussman et al., 1999). During this stage, adolescents are involved in a regular, normative struggle between independence and dependence (Pruett, 2002; Baumarind, 1991). They tend to leave no stone unturned, whilst that they view themselves as possessing in wisdom annoy everyone with arguments (Conger, 1991).

Adolescents have a specific nature or characteristic of development that is different from the nature of young children and from the adult phase of human life. The precise boundaries of adolescence are difficult to define; World Health Organization (WHO) identifies an adolescent as a person aged 10-19 years (Isaranurug, 2002; WHO, 2003). This period is customarily viewed as beginning with a gradual appearance of secondary sex characteristics at about 11 or 12 years of age and ending with the cessation of body growth at 18 to 20 or 21 years (Wong et al., 2001); it is a period that can be divided into the following three stages of development.

*First, during early adolescence* (11 to 14 years), adolescents are characterized by marked physical changes that make them extremely vulnerable how they appear to others. Behavioral changes are common with the onset of early adolescence and include fatigue, increased sleeping, irritability, secretiveness, and easy embarrassment. Fatigue and increased sleeping may be related to physical changes during growth spurts. These

marked physical changes, which include growth of body hair and genital development, may sometimes be a source of embarrassment, e.g. the inconsistent voice changes of an adolescent male or an outbreak of acne before a major social event. Each adolescent responds differently to bodily changes and the consequent psychological effects (Gutgesell & Payne, 2004, Santrock, 2004). Thus, the early adolescents are still in need of firm guidance and sustained emotional support, although unlike themselves as children, they can differentiate between legitimate and illegitimate authority and justify their claim to greater participation in decisions that affect them. As privacy issues surface, adolescents are more likely to regard as personal and private those issues that their parents regard as important conversational matters still under their jurisdiction. This mismatch may result in conflict (Baumrind, 1991).

*Second, during middle adolescence,* the physiologic changes that characterize early adolescence generally is completed by girls by age 15 to 17 years, while boys are still maturing during this phase. However, by middle adolescence most adolescents are secure in their sexual identities (Wong et al., 2001). They are better able to understand relationships as well as their role in society and its expectations. Eventually, academic performance may be a source of stress during adolescence (Hamner & Turner, 1996). Conformity to peer group norms becomes even more important, and conflicts between adolescents and parents often escalate. Feelings about self-image and social relationships are intense. Middle adolescence is generally a time of transition from same-sex friendships to an extreme interest in the opposite sex; it is also a time when adolescents may acknowledge homosexual feelings (Wilson, 2002).

*Third, from 18 to 20 years of age,* adolescents are characterized by formal operative thinking or abstract thought. It is important to realize that a young person at this stage is not always consistent in his or her thought processes. The goal of

independence dominates thinking, and vocational, educational, and personal issues are major decisions. During late adolescence, there are many decisions to be made. Thus, late adolescent children still need encouragement to make independent decisions about their future life (Gutgesell & Payne, 2004; Santrock, 2001). Some investigators have found a positive association between feelings of closeness to parents and social competence in populations where achievement and interdependence are valued by parents (Baumrind, 1991). Actually, the process of maturation begins outwardly and turns increasingly inward until it is complete. If all goes well, this usually occurs between ages 18-22 years (Florham Park Counseling NJ, 2006).

Parenting adolescents requires major adaptations on the part of parents. Parenting philosophies have shifted from rigid rules of discipline to permissive rules. As a child grows older, new developmental tasks arise that are associated with family decision-making. It becomes parents' responsibility to help their children getting successful growth and development (Henrickson & Roker, 2002; Hildebrand, 1994; Holmbeck, Paikof, & Brooks-Gunn, 1995). The major task of parents of adolescents is to foster their independent and self-reliance while balancing freedom with responsibility (Duvall, 1977; Friedman et al., 2002; Robert, 1994). Especially, healthy adolescent development is facilitated by a strong parent-child relationship (Regents of the University of Minnesota, 2002, 2005). Parents should practice focused on family attachment, especially the communication processes that enhance attachment through this phase, avoid blame and criticism, explore mutual needs, and solve problems constructively (Toumborou & Gregg, 2001). In particular, effective communication is a rite of passage for parents and families with early adolescents (Jacobson, 1999; Riesch et al., 1993). It can resolve conflicts between parents and adolescents (Susan et al., 1993). Further, the connectedness of adolescents and parents and family is very

important and necessary for promoting adolescent health behaviors (Resnick et al., 1997).

Simpson (2001) presents five basics of parenting adolescents based on a synthesis of research from the Harvard School of Public Health Center for Health Communication, which consist of: (1) loving and connecting, which refer to parents need to maintain a supportive and accepting relationship with their adolescents while encouraging the adolescent's growing independence, (2) monitoring and observing, which means parents need to be aware of their activities, including school, work, extracurricular activities, peer relationships, and recreational time; and parents need to let adolescents know that they are aware. This comes less through direct supervision and more through communication and observation. (3) Guiding and limiting, parents should guide and limit their children, which mean that parents should uphold a clear, yet evolving set of boundaries, maintaining important family rules and values while encouraging independence and maturity. (4) Modeling and consulting, parents should model and consult, which means that parents have to provide ongoing information and support around decision-making, values, skills, goals, and interpreting and navigating the larger world, teaching by example, and ongoing dialogue. Last (5), providing and advocating, parents should provide and advocate, which means that parents should make own selves available not for only adequate nutrition, clothing, shelter, and health care, but also a supportive home environment and a network of caring adults. Congruently with WHO (2007) emphasizes that parental roles can be organized into five dimensions, each of which has specific influences on adolescent health outcomes: first, connection-love; second, behavioral control-limit; third, respect for individually-respect; fourth, modeling of appropriate behavior-model; and fifth, provision and protection-provide.

From the literature review, it was found that only three studies from both the western and eastern context can describe how parents raise their adolescents in some parts. First, Jacobson (1999) has used the qualitative method to explore parents' parenting processes of adolescents who exhibited academic achievement in higher education. The findings illustrate three themes of process of positive parenting of adolescents: (1) clarity and continuity through which their children experience and maintain connectedness, (2) parenting guidance, and (3) maintaining family integrity. However, this finding does not explain parenting process that parents perform in rearing and educating a child to become healthy adolescents specifically. Because of the criteria of child's academic achievement can not apply to the healthy adolescent. It represents only one aspect of the child's developmental outcome.

Second, Paulson (1996) explored the actual patterns of parenting during adolescence. The results showed that mothers were more demanding and more responsive than fathers. However, these findings only described parental behaviors or styles during adolescence; they did not explain how parents raise their children to become healthy adolescents. Third, in the Eastern context, Lam (2003) studied parenting adolescents in terms of the parent-adolescent interaction in the Chinese context by using the qualitative method. The findings indicated that Chinese parental behaviors were dominant by "covert control behavior" that characterized by parental guidance, family teaching, coaching, and monitoring activities, and their adolescents were motivated by their sense of loyalty to their families. However, the study did not present information about how Chinese parents bring up their children from early to late adolescence, and it did not specify the adolescent's health status when conducting this research. In addition, the findings presented the concept of parenting in terms of

behavioral patterns, such as covert control, which do not explain parenting as a process or the purposive activities.

In conclusion, obviously, during adolescence, parents should adjust their parenting process, behaviors, and activities so that they are suited to the child's developmental stage, and then these children can be promoted to being healthy adults. This notion is strongly supported by experts and research evidence, especially, WHO. However, the existing evidence on parenting adolescents that can explain how parents bring up their children to become healthy adolescents, especially during adolescence in actual settings, is less both in the Western and Eastern context. Even though there is some evidence that can describe the parenting of adolescents in terms of patterns and behaviors. However, they could not use to gain insight into this phenomenon as the real meaning of the parenting concept. Further, it is also more difficult to apply for understanding to parenting adolescents in the Thai context because, indeed, parenting is different based on determinant factors, especially in social and cultural aspects. Hence, Thai parenting adolescents can have specific characteristics and may be different from other contexts in the world.

### **2.2.1 Thai Parenting Adolescents**

Thailand, officially the Kingdom of Thailand, is a country in Southeast Asia, bordering Laos and Cambodia to the east, the Gulf of Thailand and Malaysia to the south, and the Andaman Sea and Myanmar to the west. Thailand is divided into 75 provinces (changwat), which are gathered into 5 groups of provinces by location. There are also 2 special governed districts: the capital Bangkok and Pattaya, of which Bangkok is also at a province level, while Pattaya is part of Chon Buri Province. Thus

the total number of provinces is 76 (Solarnavigator.net, 2006). In part of Thai population that is dominated by ethnic Thai and Lao, the latter concentrated in the north-eastern I-san region and making up around one third of the population. There is also a large community of Thai Chinese, who have historically played a disproportionately significant role in the economy (Ninnart, 2003).

Thai family is hierarchical, with the parents at the top of it. One of the principles that family and parents emphasize is that the family is a “hierarchical order.” Children learn how to pay respect to people with higher status; in the family this is the grandparents, parents, or older relatives; outside the family it is the teachers, adults or elders, monks, government officers (Limanonda, 1995; Thaiworldview, 2007). This respect pattern has an impact on family structure and relationships. Children are expected to be obedient and take responsibility for either financially supporting or taking care of their parents (Limanonda, 1995). In particular, children are educated to always honor their parents and to thank them for the time and money spent for education or parenting (Thaiairline.com, 2007).

Traditional Thai culture accepted, of course, the existence of a double standard, or a fundamental inequity in matters of gender. While it is assumed that men would dominate in the world at large and command their womenfolk at home, it also taken for granted that all mothers expect an emotional compensation—the greater affection of their children. It was this polarity of role and attitude that mandated patterns of behavior and instilled the common values which form the bedrock of Thai culture. The Thai home is meant to be a microcosm of the total Thai universe, with all its structures of power, range of character, tensions, and harmonies present and complete. There is a masculine force which is autocratic, benevolent, carefree, and distant, and a feminine presence, close, compassionate, and patient (Redmond, 1998). Thus, the Thai family or

home is the most important social structure that can influence children's and adolescents' development and health outcome, depending on the parenting beliefs, behaviors, and practices of their parents who bring them up in their everyday lives.

In terms of Thai Parenting; the dominant Thai culture, accordingly, including the value system, set of norms, beliefs, and behavioral patterns, are derived from Buddhist doctrine, which encompasses Thai parenting practices and behaviors. Concerning Buddhist doctrine, the Buddha provides principles of "Karma" which are presented in the book of Pra Pannapadipo (1998) and Bhikkhu (2000). Karma is "action-influence" and intentional action through body and speech or mind (Pra Pannapadipo, 1998). There are three principles of Karma: first, "Pubbakamma" means to wholesome deeds in the previous existence; second, "Paccubannakamma" means to wholesome deeds in the present time; and third, "Anagatakamma" means to wholesome deeds in future time (Bhikkhu, 2000).

The three principles of Karma are able to influence Thai parenting differently based on individual understanding. Pra Pannapadipo (1998) states that people who trust the principle of Karma, he/she usually believes in the principle of 'nature and nurture' and 'action-influence.' This Karma principle refers to all outcomes resulting from the nature and action of the individual, which include socialization or interaction processes between the person and the environment surrounding him or her, and they can affect one's action and one's outcome. The Buddhist idea of Karma and parenting practices can be seen from the statements of a wise monk named Bhikkhu (2000, p. 187), who wrote a book entitled "Love the child in the right way." He states that over and above the heart and soul of a father or mother wishes a bright future for his or her child. Therefore, parents, who always teach and train their child in the right way, the child will be a good person and have a bright future life. While as some parents follow an old Thai



saying that relates to Karma such as “let fate lead the way of their children.” It can imply to the meanings of future of children depended on good or bad merit in the previous life of children (Bhikkhu, 2000). These parents may not do anything for raising their children which like as a lazier fair pattern of parenting. Then, their children may be not good enough in their future lives.

Thai parents who are high expectation to future lives of their children. They are involved and control their children for achieving their goals. The results of their children will be not successful in adulthood due to the inappropriate methods of parenting. Thus, parents should have the responsibility to be good fathers or mothers of their children. They should create good enough parenting practices and behaviors for their children. The children will receive positive results, e.g. happiness and good health (Bhikkhu, 2000).

From the perspective of traditional Thai parenting beliefs and values, there is an old Thai saying: “Love your cattle, tie them: Love young children, spank them or beat them” (Redmond, 1998; Bhikkhu, 2000). This saying means that parents should love their children appropriately, e.g. socializing and punishing them as required. Parents should not spoil or overprotect them when they need a bright future (Bhikkhu, 2000). However some parents misunderstand this saying and they may parent their children by using too much power; then their children will experience high tension and conflicts with their parents, resulting in negative outcomes on the part of the children. In addition, one statement of old epithet in Thailand: “Look Keo Look Kwan,” which means that “my child, my heart, and soul.” It indicates that the responsibility of parents is to provide effective care for their children (Bhikkhu, 2000). However parents that misinterpret this epithet may parent their children by being too permissive and with an overprotective approach; then negative results in the child’s development and health can

occur. Hence, the principles of Karma, the old epithets, and the old sayings in Thai culture can influence parents' parenting practices and behaviors. Thus, parenting practices and behaviors can vary based on parents' perceptions, beliefs, values and the environment that surrounds them.

According to globalization in today's Thai society has many changes in its socioeconomic and culture aspects that can affect Thai parenting practices and behaviors, and this in turn will affect the child's and adolescent's developmental outcomes. However, there is no prominent evidence that reflects how Thai parents raised their children in the past or today. Hence, it is difficult to be definite about Thai parenting values and beliefs, which includes parenting practices and behaviors in contemporary Thai society. However, there are some studies that can be applied to the understanding of Thai parenting patterns and behaviors. For example, Suvannathat (1998) has presented the idea that in the past, Thai families inculcated in their children certain significant values; namely, nonaggression, honesty, generosity, respect for authority and seniority, and propriety of etiquette. The child rearing pattern was considered to be widely permissive. At the present time, the Thai child rearing pattern is still permissive. In terms of parents' expectations, they want their children to be self-sufficient and to have language ability and pre-academic skills. However, these findings and suggestions are only demonstrated the Thai parenting expectations and styles in young children age 0-6 year. Hence, they can not be applied to describe parenting process, practices and behaviors of all child aged groups that include the adolescent children.

In term of the parenting adolescents in the Thai context, actually, over four decades, many experts from several disciplines such as sociology, education, psychology, population health have usually studied parenting in terms of child rearing,

and have mostly focused on parenting of young children age 0-6 years. For example, Bhanthumnavin et al. (1985) found five patterns of child rearing practices: love and support, giving reasons, controlling, psychological punishment, and early independence or premature autonomy. Amornvivat et al. (1991) showed ten ways of child rearing practices in four regions of Thailand in an ethnographic study, for example, freedom with restriction, controlling with neglect, acceptance without overt expression of love or emotions, modeling, use of power, inconsistency child rearing practices, etc. However Thai parenting patterns with young children and the principle of child development or child rearing are difficult to definite because in an actual situation, parents will use several parenting patterns and methods depending on the differences in family life situations and contexts.

Khemmani (1993) proposes the model of child rearing practices in Thai ways in terms of cultural principles of child development. She states that the major principles should consist of eight dimensions such as rearing child with love, care, kindness and protection, fostering the good relationship among family members and relatives, training child to be generous, dignified, well-manners, and mind in accordance with the Nobles' qualifications, promoting the qualities of good children (good manners, tactfulness, diligence, honesty, unselfishness), being taught children to appreciate to Thai cultural heritage (costume, arts, music) etc. However these principles of child development or child rearing dose not reflect to the parental practice in real setting in Thai context.

Actually, the study that focused on Thai parenting adolescents is less evidence. There are few studies that are related to parenting adolescents presented from a general view. For example, a study by Nanthamonkolchai et al. (2004) explored parenting in terms of child rearing undertaken by parents or major caregivers who nurtured

adolescents aged 13-18 years in four parts of Thailand. The findings displayed several methods of child rearing which aimed at achieving parents' expectations, particularly, saving their earnings in order to support their children's future education, training children to be industrious students, teaching children to be obedient and respectful of seniors. However, they were less overt expression of love and emotions with their adolescents. Generally, parents taught boys to be gentlemen and girls to be ladies, but they provided little sexual information for their children. A project conducted by Toonkul (2000) explored parenting behaviors from the perceptions of adolescents aged 13-18 who lived in the Wat Makok community in Bangkok and found that major parenting behavior was authoritative pattern 52.2%. Indulgent and authoritarian styles were found to be 30.4% and 17.4%, respectively. However, these findings cannot explain parenting in terms of the processes and purposive activities that could raise a child to become a healthy adolescent.

A recent study of Ruanpan (2006) explored parenting skills and process during the advent of early adolescent among couples in the Rajathewee district of Bangkok, Thailand. The findings presented the fact that mothers played the most significant part in the parenting of early adolescents. In nuclear families, the adolescents, who had to take care of themselves, were more than those in the extended families, where the relatives could help with some parts of the parenting roles. In terms of the parenting of early adolescents, the author indicated that it was a process of joint parenting between father and mother beginning with a discussion between them. In the process of discussion, the related knowledge of each party was revised and applied until suitable guidelines for a specific situation in their families was obtained. The parenting practice in each family varied due to the restrictive conditions of each family and the differences in each couple's knowledge of parenting practice. However, these results explained only

the parenting process of parents of early adolescents. In particular, they could not show how parents raised their adolescents from early to late adolescence and only presented parenting in terms of the discussion process among fathers and mothers, practice and knowledge.

As evidence on the Thai parenting adolescents presented above is limited in insights that can provide understanding of the specific knowledge of parenting adolescents, especially parenting process during adolescence. Most findings are presented in terms of the general view of parenting adolescents, such as parenting styles, practices and behaviors, parental expectations, parenting activities and the skills of parents and major caregivers. There is a distinct lack of explicit studies and findings that focus on how parents raise their children from early to late adolescence in actual settings. In addition, the existing evidence of parenting adolescents cannot explain the process of parenting of adolescents that are healthy. Thus, the substantive knowledge of parenting adolescents is needed in order to generate in the natural setting of the Thai context, which can benefit health care providers, especially nurses, who play a major role and are responsible for helping adolescents and for promoting family health in the area of health promotion.

### **2.3 The Role of the Nurse in Promoting Effective Parenting of Adolescents**

The family and parents are critical for both promoting adolescent health and for preventing adolescent health problems. Especially, effective parenting is the most powerful way to reduce adolescent behavioral problems (Kumpfer & Alvarado, 2003). Therefore, WHO (2007, p, 6) provides the framework cites “home” as the first intervention setting and “family” as key players for intervention delivery. The

importance of the family environment is clearly affirmed as central to healthy adolescent development and to the prevention and treatment of health problems. These important strategies are congruent with health care providers, including nurses that have traditionally focused on the health and well-being of families and individuals and within families (Allender & Spradley, 2005; Jame & Ashwill, 2002; Johnson, 1995; Killeen, 1995).

The period of adolescence is much more difficult on parents than it is on adolescents. As adolescents develop in their physiological and psychosocial aspects, they begin to challenge their parents; thus, parents as well as adolescents need support and guidance in understanding and facilitating health promoting behaviors. Therefore, parents and adolescents are important population groups that nurses should emphasize in the health promotion (Allender & Spradley, 2005) in various settings, such as family and community settings, especially in the primary care unit. Nurses can assist adolescents and their families in the areas of health promotion, disease prevention, and management of common problems by using effective communication strategies, knowledge of normal growth and development, anticipatory guidance, and early identification of potential problems (Clark, 2008; James, & et al., 2002). In addition, Joronen & Astedt-Kurki (2005) suggest that the primary implication is related to health care professionals working with families with adolescents, such as school health nurses and family nursing professionals. Health care providers, particular nurses, can encourage caregivers and parents to refocus on positive aspects while encouraging follow-up with appropriate resources for help when parents need it. By being respectful, consistent, and caring, parents can facilitate a positive transition through the adolescent period. Then nurses that have access to families in a variety of settings have the

opportunity to help parents learn about their children's competencies and special needs and effective parenting strategies.

In terms of promoting effective parenting, there are four priorities that nurses should focus on: first, promoting positive feelings about parenting abilities; second, becoming involved with parents in problem solving; third, helping families to develop skills to deal with the current situation; and fourth, facilitating learning of new parenting skills. These important strategies are congruent with nurses that have traditionally focused on the health and well-being of families and individuals within families (Killeen, 1995). Therefore, nursing interventions can emphasize promoting communication and problem-solving skills for family members, particularly parents and children (Leifer, 2003). Through careful screening and assessment, the nurses, especially community and family health nurses, can identify parents or caregivers in need of improved parenting skills and help them to gain access to parenting education resources. The nurse can also work to reinforce positive parenting behaviors and monitor the development of parenting skills (Mandleco, 2003).

There are many ways and strategies that nurses can use to work with parents in order to promote adolescents' health. For example, Eldridge (2002) guide that health care providers should implement and promote in primary health care setting related to parenting adolescents; parents should be concerned about setting limits, driving, and sexuality; by trying to build their child's sense of confidence and security. In order to maintain trust, teens need clear boundaries and limits. Thus, health care providers should encourage and support parents' efforts to monitor their child's activities and to set reasonable limits. For driving, parents should also place limits on adolescent opportunities to ride with other teen drivers. In term of sexuality, effective sexuality counseling should be tailored to the developmental level of the adolescent. Parents have

a variety of levels of comfort and skills at discussing sexuality with their children' therefore, strengthening family functions and communication serves to protect the adolescent from risk and harm. For example, a study by Riesch et al., (1993) found that young adolescents, mothers, and fathers who are trained in communication skills reported increased satisfaction with the family process and open communication immediately and six months after training.

Therefore, parental training has been suggested as one way to enhance parents' sensitivity to children and adolescents' needs and security of attachment. For example, Susan et al. (1993) created an intervention research project concerning the effects of communication training on parents and young adolescents for children aged 11-14 years and their families. The results indicated that young adolescents, mothers, and fathers reported increased satisfaction with the family system and with open communication. In contrast, young adolescents that were not trained became increasingly dissatisfied with the family system. The authors concluded that communication skill training should be a necessary passage for families with young adolescents. In addition, Ary et al. (1999) suggested, based on research evidence, which a parenting training program should focus on improving parenting practices and increasing parental monitoring in parenting adolescents.

In Thai context, actually, there is little evidence related to nursing intervention which emphasizes helping parents to perform parenting effectively with their adolescents. For example, first, Phuphaibul (2005) created a project that used a participatory approach and an empowering process for improving parenting involvement in adolescent health promotion. The author concluded that this model had the benefit of empowering parents by using a participatory learning process. Especially,



the participatory learning process, the parents that participated in the group process would share their experiences and learn from each other.

Second, Virasiri et al. (2003) conducted a project promoting parents' capabilities in parenting adolescents based on existing knowledge synthesized from both the Western and Eastern context, including some experts' opinions from the Thai context. However, the outcomes of this project were only increased parenting knowledge; attitudes and practices, however, were not significantly changed. In addition, information from focused group interviews, all parents still have high concerns about adolescent health problems and how they can deal with this issue, especially how they can raise their adolescents to be healthy in contemporary Thai society.

In summary, as can be seen in the evidence presented, there are many nursing interventions that focus on promoting effective parenting of adolescents, especially in the Western context. Nurses can play a major role in developing parents' ability to parent children appropriately during adolescence in several areas of practice, especially in family and community health nursing. However, in part of concept or framework used for conducting these parental education implementations are not specifically defined. It looks as though nurses took them from the existing evidence and knowledge from various disciplines, such as psychology, sociology, education, and behavioral science related to adolescent development and essential strategies of raising adolescents, especially regarding effective communication. Therefore, nursing interventions for promoting parenting adolescents today require specific knowledge and evidence in relation to how parents raise their children appropriately from early to late adolescence, and this can help children to become healthy adolescents, including preventing adolescent health risk problems.

However, in Thai context, according to the evidence in relation to parenting adolescents is limited in terms of insights that can provide an understanding of the process of parenting adolescents. There is distinct lack of explicit studies and findings that can explain how Thai parents raise their children from early to late adolescence. Thus, further study is needed so that this specific knowledge can be generated in the Thai context by exploring the parenting adolescents issue with parents that have experience in parenting adolescents themselves. In addition, the parenting means to process and activities of rearing and educating a child which aim at developing a child's growth, development and health. It is an individual experience where socioeconomic and cultural influences powerfully shape development across the life span. Thus, the researcher should select an appropriate methodology that deeply explores the parenting phenomenon in a natural setting and which is grounded on theory.

#### **2.4 Grounded Theory Methodology**

Parenting, actually, refers to the process that consists of activities aiming at promoting a child's growth, development and health on the part of a person that acts as a parent. It results from the complex situations of individual experience and a context where cultural plays a powerful role. Combining what is known about parenting adolescents in the Thai context, grounded theory is deemed to be the best way to examine ways of thinking about parents' parenting actual experiences to give the researcher a better understanding, from the parents' verbal accounts and observations, of the non-verbal behaviors concerning their feelings and thoughts, including process of social interaction.

### **2.4.1 Roots of Grounded Theory Method**

Grounded theory methodology was collaboratively developed by two sociologists, Barney Glaser and Anselm Strauss, in the early 1960s (Glaser & Strauss, 1967), both of whom were at that time members of the Chicago School of Sociology. They came from quite different backgrounds. Glaser was trained in quantitative research methodology and theory generation at Columbia University. His thinking concerning research was influenced by Paul Lazarsfeld, known as an innovator of quantitative methods. On the other hand, Strauss was a symbolic interactionist from the Chicago school of qualitative research (Glaser, 1998, p.21-23). Both of them were collaborative in developing a qualitative research methodology which is regarded as a systematic inquiry to develop substantive theory or formal theory data. Its essence is to counterbalance the heavy emphasis on hypothesis testing research and quantitative methods (Glaser & Strauss, 1967).

They developed both a new philosophical approach and method to identify basic social processes within the context in which these processes occurred (Morse & Field, 1996). It is a qualitative research method based on the systematic generation of theory from data (Glaser, 1978; 1998). The main purpose of the grounded theory approach is to explore social processes with the goal of developing new substantive theory or conceptual propositions (Hardy & Mulhall, 1994; Streubert & Carpenter, 2003). The most important application of utilizing the grounded theory technique is to examine the study areas where little study has been done, and it is particularly helpful in conceptualizing behavior in complex situations and in understanding social problems (Chenitz & Swanson, 1986).

The grounded theory approach has become an influence on knowledge generation in nursing since the 1960s and expanded over the next two decades through the scholar nurse community (Benoliel, 1996). It can be used to explore the social processes of people living through a variety of health-related life conditions and has contributed to the development of middle-range theories in nursing (Benoliel, 1996; Polit et al, 2004; Streubert & Carpenter, 2003). Currently, grounded theory is increasingly apparent in the nursing disciplines (Miler & Federicks, 1999). It can help nurses to better understand people in transition and in complex social situations. Therefore, nurses are able to assess what is happening in the interested area and then plan interventions to improve the quality of nursing care (Hutchison, 1993).

#### **2.4.2 Philosophical and Theoretical Perspective**

Grounded theory methodology was collaboratively developed by two sociologists, Barney Glaser and Anselm Strauss, in the 1960s (Glaser & Strauss, 1967). Grounded theorists believe that there is a socially constructed reality and that truth emerges from interpretation and analysis (Strauss & Corbin, 1998). Grounded theory was developed with the inspiration from the philosophical and sociological paradigms of American Pragmatism and Symbolic Interactionism (Glaser & Strauss, 1967).

Pragmatism as a philosophical view of problem investigation and communication interpretation was first developed by Charles Sander Peirce in the 1870s (Rorty, 1982). Pragmatism views human beings as acting organisms that construct social action. Each meaningful statement is connected to a specific action that leads to a defined outcome. Thus, the pragmatists' truth and meaning are consequences of purposeful action (James, 1998).

Pragmatist ideologies are used to inform the philosophical epistemology of symbolic interaction in which grounded theory methodology is embedded. Symbolic interaction is a theory of human action and a way to study human group life from a sociological viewpoint (Strauss, 1987). This approach is primarily derived from the intention to understand social interaction, social processes, and social changes by way of understanding the actor's views. It is a researcher's aim to explore the symbolic meanings, objects, signs, situations, and words people have as they interact within their group life (Cutcliffe, 2000).

Symbolic interaction is a sociological perspective based on the work of Cooley, James, Mead, and Blumer (Crooks, 2001). Symbolic Interactionism views any human society as a group of human beings that are engaging in actions with an ongoing process of fitting together the activities of its members. The important principle of symbolic interaction is "social interaction." Social interaction maintains that every empirical pattern of human society consists of humans relating to one another (Blumer, 1969, p. 7; Charon, 2004). Relying on the work of Mead, one is able to become an object to oneself through the words "I" and "Me" (Bowers, 1988). The "Me" component is conceptualized as the object of self-reflection (self as object). In particular, the "Me" component is the self's experiences of doing, thinking, acting, interacting, and being in multiple social contexts from the time of birth. The "I" component is active, interactive, and dynamic, interpreting social cues from the environment and attempting to understand how others view the "Me" of himself. This is done through an ability to imagine oneself in other social roles, to take the role of the other and to have an interaction dialogue with ourselves (Walker, 1996). Human behaviors can be viewed as a series of initiation of acts by the "I" and acting-back-upon the act by the "Me."

Stemming from the idealist tradition in which “reality” exists only in the form of how an individual views the world or through the human experience of daily living, symbolic interactionists believe that human beings indicate or refer to things as they see them from their perspectives (Blumer, 1969, p.27). Blumer (1969) points out three basic premises of symbolic interaction: (a) human beings act toward things (objects, human being, institutions, activities of others, and situations, or a combination of these) on the basis of the cultural meanings that these things have for them; (b) the meanings of such things are the results of the social interaction that one has with others; and (c) each person makes and modifies meanings through interpretative processes when dealing with such things. From this point of view, it is necessary for researchers that employ symbolic interaction methods to explore the phenomenon from an actor’s perception, investigate what the actor takes into account in the phenomenon, and describe how the actor interprets the phenomenon which results in particular actions. Chenitz & Swanson (1986, p.7) suggest that in order to achieve this point, researchers must “take the role of the other” being both as a participant and as a bystander of the world. In this way, a researcher can come to know about their inquiry by having his or her data and interpretation emerge from, and remain grounded in, the empirical life of the people under study (Denzin, 1992). The tenet of symbolic interactionism, to seek exploratory theory that is interpreted, grounded, and emergent from the data, has contributed profoundly to the methodology of grounded theory.

#### **2.4.3 Grounded Theory Method**

Grounded theory is derived from the study of the phenomenon it represents (Glaser & Strauss, 1967). Two types of theories, substantive and formal, can be

produced using grounded methodology. Substantive theories concentrate on a specific social process and are derived for a narrower empirical area of study. Substantive theories can be used to generate or re-formulate existing formal theories. Substantive theories are relevant to the people concerned and are readily modifiable (Glaser, 1978). In contrast, formal theories are more general and deal with a conceptual area of inquiry (Strauss & Corbin, 1990) that can be related to a range of substantive areas.

Grounded theory is a qualitative research method based on the systematic generation of theory from data (Glaser, 1978; 1998). It focuses on theorizing, which is the act of constructing from data an explanatory scheme that systematically integrates various concepts through statements of relationship (Strauss & Corbin, 1998, p.25). The main purpose of the grounded theory approach is to explore social processes with the goal of developing a new substantive theory or conceptual propositions (Hardy & Mulhall, 1994; Streubert & Carpenter, 2003). In addition, the most important application of the grounded theory technique is to examine the study areas where little study has been carried out; particularly it is helpful to conceptualize behavior in complex situations and to understand social problems (Chenitz & Swanson, 1986).

The main features of grounded theory include theoretical sampling, the constant comparative method, coding and categorizing, memo writing, and theory generation, all of which occur simultaneously throughout the entire project in order to develop a substantive or formal theory about the phenomenon (Glaser, 1978; Glaser & Strauss, 1967; Strauss & Corbin, 1990). In this method the emergent theory is closely related to data collection and to the data analysis process. The researcher allows the theory to emerge from the data. Thus, the researcher generally starts an inquiry without a pre-set hypothesis in mind (Strauss & Corbin, 1998). Cutchiffe (2000) suggests that

preoccupation with theory may influence a researcher's attempts to hear and to listen to what is being said in the study.

Grounded theory methodology involves all reasoning techniques, including induction, deduction, and verification. The theory induced from the grounded theory procedure is conceptually dense, which refers to the richness of the concept development and concept relationships embedded in great representative with, and repeated checking of, the associated data. Grounded theories, therefore, must be traceable to the data that gave rise to them (Strauss, 1987). In particular, Glaser (1978) and Strauss (1987) suggest that a researcher that is taking a grounded theory approach must practice "theoretical sensitivity." This involves thinking about the data in terms of theory and applying theoretical insight to the work. Constant comparison and awareness of the data, as well as open-mindedness to the concepts that evolve from data-making and analysis, provide tools for developing theory.

#### **2.4.3.1 Theoretical sensitivity**

According to Glaser & Strauss (1967), theoretical sensitivity is developed in the researcher over a period of time and they claim that it has two major characteristics: "first, it involves his personal temperamental bent. Second, it involves the sociologist's ability to have theoretical insight into his/her area of researcher, combines with an ability to make something of his/her insights (p.46). Strauss & Corbin (1990) elaborate further that theoretical sensitivity refers to "the attribute of having insight, the ability to give meaning to the data, the capacity to understand, and capability to separate the pertinent from that which isn't" (p.42).



Glaser & Strauss (1967) suggest that the virtual process of completing a grounded theory study increases the researcher's theoretical sensitivity. However, this process may be hampered if the researcher focuses on a preconceived theory and can no longer "see around" (p.46) a "pet" theory (p.46), thus becoming insensitive or defensive of questions that cast doubt on their preconceived theory. Strauss & Corbin (1990, p. 76) further support this notion, claiming that "we have to challenge our assumption, delve beneath our experience, and look beyond the literature if we are to uncover phenomena and arrive at new theoretical formulation."

#### **2.4.3.2 Literature review**

There are methodological reasons for conducting a literature review. Glaser (1978, 1998) and Strauss and Corbin (1998) suggest that reading related and unrelated technical and popular literature is a good way to expand one's ideas about the matters under study and to help to promote theoretical sensitivity. Schreiber (2001) believes that a researcher can bring to a study an existing background familiarity, gained through reading of professional or popular literature. Few researchers approach a topic without past experience or continued interest in it. The researcher, however, cannot unlearn what is already known; therefore, the risk in conducting a literature review is that the researcher might superimpose his or her preconceived ideas onto the data (Hutchinson & Wilson, 2001). By conducting a formal literature review, the researcher can fully explicate many of her or his existing conceptualizations and sensitizing concepts of the phenomenon of study and subject them to the challenge of ongoing comparison with data. Thus, the researcher uses constant comparison to scrutinize the literature for its fit

with emerging concepts and theory to better ensure the rigor of the findings (Hutchinson & Wilson, 2001; Schreiber, 2001, p.58).

Therefore, the literature can act as the foundation for developing general theory. There are various approaches for conducting a literature review in a grounded theory study. Glaser (1978, 1998) suggests that the researcher should not read literature in the substantive area beforehand for fear of derailing the process with unrecognized assumptions. When theory is sufficiently grounded in the core variable, then the researcher can go to the literature. The type of literature that should be reviewed is both professional (related & non-related to substantive area) and non-professional (popular, descriptive, etc.). Supplementary materials (e.g. data from other studies, ethnographic descriptions, etc.) can be used for data to constantly compare and generate categories. In addition, the accuracy and authenticity of these are not an issue, because of, since they are considered data in a perspective.

#### **2.4.3.3 Data gathering method**

Grounded theory calls for an open approach to collection rather than adherence to structured procedures. The objective of data is to obtain data as broadly as possible in order to capture data that pertain to the phenomenon of interest (Glaser & Strauss, 1967; Strauss & Corbin, 1990). Streubert & Carpenter (2003) suggest that data for a grounded theory can be collected from an open-ended interview alone or through a combination of observations and documents. The gathering of data is not completed until the end of a research because ideas, concepts and new questions continually arise that guides a researcher to new data sources. A researcher collects data from initial interviews or observations and takes their cues from the first emerging idea to develop further

interviews and observations. This means that the collection of data becomes more focused and specific as the process develops (Holloway & Wheeler, 2003). Data collection ceases when no new information or evidence is forthcoming about a category or group. This is the stage known as “theoretical saturation” (Cowley, 1991; Hardy & Mulhall, 1994).

#### **2.4.3.4 Theoretical sampling**

Theoretical sampling can be defined as “the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges” (Glaser, 1978, p.36; Glaser & Strauss, 1967, p.45). The aim of theoretical sampling is to maximize the number of opportunities to compare events and incidents to determine how a category varies in terms of its properties and dimensions (Strauss & Corbin, 1998). It is driven by the researcher’s need to ground developing theory in the empirical data. Thus, theoretical sampling is an integral part of the constant comparative method of data collection and analysis (Jeon, 2004). Theoretical sampling is used until each category reaches theoretical saturation, indicated by dense description of the category occurring along with variation and process, by having no new data added into the category, and by finding that the relationships between categories are integrated and validated (Strauss & Corbin, 1990).

The general procedure of theoretical sampling is to elicit codes from raw data from the start of data collection through constant comparative analysis as the data pour in. Then codes are used to direct further data collection, from which the codes are further theoretically developed with respect to their various properties and their

connections with other codes until saturated. Theoretical sampling of any codes ceases when they are saturated, elaborated and integrated into the emerging theory (Glaser, 1978, p.36).

Glaser (1978, p.44) indicates that the initial decisions in theoretical sampling are based only a general sociological perspective about a substantive area within a population, not on a preconceived problem or hypothesis. The researcher within the first days in the field already begins to generate codes, to create hypotheses and to integrate them. It requires the analyst to engage in many other operations while accomplishing the latter along multiple lines and directions, and while going back and forth between data and concept as one generates theory.

Theoretical sampling is used as a way of checking the emerging conceptual framework rather than being used for the verification of preconceived hypotheses. Comparisons are made continually between kinds of information to generate qualifying conditions, not disprove hypotheses. While in the field, the researcher continually asks questions as to fit, relevance and workability about the emerging categories and relationships between them (Glaser, 1978, p.39).

#### **2.4.3.5 Data Analysis**

Data analysis is carried out using the constant comparative method, which consists of data collection, analysis, verification and development of theoretical explanations conducted concurrently until a core category or basic social process emerges. A hallmark of the grounded theory method is that the researcher must maintain theoretical sensitivity in every step of the research process. The constant comparative method is fundamental in the stimulation of thinking about incidents,

concepts, categories, and their properties—enhancing theoretical sensitivity—and the provision of a direction for theoretical sampling (Glaser, 1978; Strauss & Corbin, 1998). This is intended to promote the identification of properties of categories and also of the links and relationships between categories (Chamberlain, 1999). Constant comparative analysis involves the use of explicit coding and analytic procedure (Glaser & Strauss, 1967).

There are four stages of constant comparative analysis: (1) comparing incidents applicable to each category, (2) integrating conceptual categories and properties, (3) delimiting the theory, and (4) writing the theory. These processes are implemented sequentially from the earlier analysis process until the analysis is finished (Glaser & Strauss, 1967, p.105). The makings of constant comparisons during data analysis and collection, and in theoretical sampling, occur simultaneously in order to ensure that one can actually construct a theory that is grounded in the data (Jeon, 2004). Although these processes are implemented sequentially from the earlier to the next stage, a researcher keeps conducting the earlier stage of analysis while performing the later analysis process until the analysis is finished (Glaser & Strauss, 1967).

Two steps are basic to the constant comparative method of coding. First, phenomena must be continually compared for similarities and differences and when concepts emerge this process must be repeated (Strauss & Corbin, 1990). The second step undertaken by the researcher is to decide continually which category or property of category the phenomena being analyzed belongs to, and then name this category. These two steps ensure the generation of categories and their properties from data (Glaser, 1992). Chenitz & Swenson (1986) claim that by using this method of analysis it is possible for the researcher to “progressively focus the research as data becomes

clearer.” The result is a theory which describes the core category that characterizes the behaviors of the group.

In terms of bracketing researcher bias, the most importance of qualitative study is the researcher’s emphasis on open mindedness and curiosity (Chenail, 2000). However, Sword (1999, p.270) indicated that some qualitative researchers “do not acknowledge how, among other things, their own background, gender, social class, ethnicity, values, and beliefs affect the emergent construction of reality.” In addition, Rose & Webb (1998, p. 559) emphasized that “not only the research process” but also the researcher’s effect on the research process and vice versa is relevant.

#### **2.4.3.5.1 Coding**

The code is of central importance in the generation of theory. It is used throughout the data analysis process in the grounded theory approach. The use of coding helps the researcher to identify, categorize, and conceptualize the phenomenon by naming and grouping similar events or activities under a common heading (Strauss & Corbin, 1998). The coding process is aimed at reordering the data into a conceptual paradigm grounded in the raw data. The gerund “ing” is used to capture the dynamic moving process. When coding, the researcher needs to look for a core category (variable) that is central to other categories in order to able to generate theory that explains changes and dimensions of “behavioral patterns” (Glaser, 1978). Only through the coding process is it possible for raw data and theory to be connected to each other so that the theory generated has explanatory power. Hence, in discovering grounded theory, the conceptual codes serve as “the building blocks of theory” (Glaser, 1978, p.55).

There are basically two types of codes to generate: substantive and theoretical coding. First, substantive codes conceptualize the empirical substance of the area of research. The substantive coding composes of open coding, selective coding, and detailing some of the process and mechanics of codes. Second, theoretical codes conceptualize how the substantive codes may relate to each other as hypotheses to be integrated into the theory (Glaser, 1978). The two types of coding most often go on simultaneously, and this should be brought out in memos. The analyst, however, will focus relatively more on substantive coding when discovering codes within the data, and more on theoretical coding when theoretically sorting and integrating his or her memos.

For substantive coding, in the process of open coding, the analyst should start line by line and code the data in every way possible. Coding different incidences is accomplished with as many categories as possible. During this process the researcher seeks the direction in which to take the theoretical sampling to ensure relevance. In the process of selective coding, the researcher also codes for the core variable and essential characteristics by determining the coding to core variable in significant ways. The core variable can guide the further data collection and theoretical sampling. During this process, the researcher looks for the conditions and consequences that are related to the core process. Finally, the mechanics coding is used to facilitate high sortibility and flexibility. The researcher sorts memos, the code, and the field notes for constant comparison of indicators or concepts. This process produces an integrated model, as it forces connections between categories and properties and generates a dense and complex theory (Glaser, 1978).

In part of “theoretical coding” in this process, the researcher analyzes the conceptual level in the concept and their interrelations (Glaser, 1978). The researcher

also analyzes how the substantive codes relate to each other and seeks the core category and validates the relationships through a theoretical sampling process until reaching theory saturation.

Open coding is the initial step of grounded theory analysis of the transcribed data, which leads to the discovery of categories and their properties (Glaser, 1992). This coding helps to built ideas inductively and keeps a focus on the data. Beginning with no pre-identified categories, the open coding method breaks down the data into codes representing the meaning of the phenomena (Charmaz, 2000).

Using open coding, several hundred codes can be generated during data analysis for a study. These codes are mainly descriptive in character (Glaser, 1978) and are referred to as in-vivo or substantive codes (Hutchison, 1986). According to Glaser (1992), this stage of data analysis should be used to identify the category or property of a category to which the data being analyzed belong. Data are broken down into phenomena and these phenomena are closely examined for differences and similarities. Using the constant comparative method, comparisons of phenomena, phenomena to concept and the formation of categories and their properties are completed (Glaser, 1992; Strauss & Corbin, 1990).

The theoretical coding; this is the next stage in the analysis process. The theoretical coding is commenced concurrently as the open coding of data continues. While open coding splits data into concepts and categories, theoretical coding brings those data back together and makes new connections between categories and sub-categories (Pandit, 1996). This stage of the coding process conceptualizes how substantive codes (and categories) relate to each as hypotheses to be integrated into a theory. According to Glaser & Strauss (1967, p.40) “in the beginning, one’s hypotheses may seem unrelated, but as categories and properties emerge, develop in abstraction,



and become related, their accumulating interrelations form an integrated central theoretical framework- *the core of the emerging theory.*”

Glaser (1978) describes a number of families of theoretical codes that guide data analysis and theory development. The eighteen families of theoretical codes are made up of, for example, the Six Cs-causes, contexts, contingencies, consequences, covariances and conditions; process-stage, staging, phases and progression; the degree family-limit, range, intensity, extent, amount, level and the like; the dimension family-dimensions, elements, divisions, properties of, aspects, section, etc. These families of theoretical codes can direct the types of questions during analysis for a study. These questions direct further data collection strategies and hypothesis testing. Theoretical sampling is then employed to verify the evolving theory. Through this process categories are elevated to a more abstract level and the relationships between categories are integrated.

The selective coding; once the core category emerges, the analysis shifts to the identification of the relationship of this category to all other categories. Selective coding is then used to systematically link all other categories to the core category. This process may uncover and clarify additional categories and may also lead to further data collection through theoretical sampling techniques (Hutchinson & Wilson, 2001).

The discovery of a core variable is an essential requirement for a grounded theory. Continuous reference to the data, combined with rigorous analytic thinking, will eventually yield such a variable. The researcher undertakes the quest for this essential element of theory, which illuminates the “main theme” of the actors in the setting and explicates “what is going on in the data” (Glaser, 1978, p.94). The core variable has six essential characteristics (Strauss, 1987, p.36): (1) it must be central to and related to as many other categories and their properties as possible; and (2) it occurs frequently in the

data. By occurring frequently it becomes a stable pattern and therefore is frequently related to other categories; (3) it relates easily to other categories and the connections are frequent and can be clearly identified; (4) a core category in a substantive theory has implications for the development of a more formal theory; (5) as the details of the core category are analytically expanded the theory moves forward in development; and (6) the core category allows the researcher to build maximum variations from the analysis of data and to identify, for example, dimensions, properties, conditions, consequences, and strategies which relate to different sub-patterns of the phenomenon referenced by the core category.

Hutchinson & Wilson (2001, p.222) suggest six characteristics of the core category: (1) it recurs frequently in the data, (2) it links the various data together, (3) since it is central, it explains much of the variation in the data, (4) it has implications for a more general or formal theory, (5) as it becomes more detailed, the theory moves forward, and (6) it permits maximum variation in analysis (Strauss, 1987, 9.36). Therefore, the core variable becomes the basis for the generation of the theory. The categories, properties, phases, and dimensions of the theory are inextricably related to the core variable. The integration and density of the theory are dependent on the discovery of a significant core variable.

Basic social psychological processes (BSPs) are core variables that illustrate social processes as they continue over time, regardless of varying conditions (Glaser, 1978, 1992). Another kind of core variable is called a basic social structural process (BSSP) (Glaser, 1978; Glaser & Strauss, 1967). Most commonly, grounded theory studies are either one or the other. Once a BSP or BSSP emerges, the researcher selectively codes only those data that relate to it. The BSP becomes a guide for further data collection and analysis. With selective coding, many codes emerge either as

separate categories or as conditions, strategies, or phases of categories (Hutchison & Wilson, 2001). Hence, several steps precede the identification of the BSP. These steps include different levels of coding, memoing, theoretical sampling, sorting, etc. **Table 1** helps set the theory generation process into a linear pattern.

**Table 1.** Grounded theory: Process and product

Process	Product
Primary literature review	Discovery of sensitizing concepts, gaps in knowledge
Data collection: interviews, observations, field notes, etc.	Masses of narrative data
Coding: coding paradigm, constant comparative method	Open coding—called in vivo or substantive Theoretical coding—called categories Selective coding—called core category and theoretical constructs
Memoing	Theoretical and methodological ideas
Theoretical sampling	Dense data that lead to illumination and expansion of theoretical constructs
Sorting	Basic social psychological problem and/or process (BSP)—a central theme and/or Basic social structural process (BSSP)—a central theme
Selective coding based on BSP, BSSP	Theory delimited to a few theoretical constructs, their categories, and properties
Saturation of codes, categories, and constructs	A dense, parsimonious theory covering behavioral variation; a sense of closure
Secondary review (comparing with existing theories)	Discovery of the literature that supports, illuminates, or extends proposed theory
Writing theory	A piece of publishable research

Source: Modified from Hutchison & Wilson (2001: 224)

#### **2.4.3.5.2 Memoing**

During the coding and categorizing process, Glaser (1978) notes that researchers often have a cognitive conflict when they find themselves trying to concentrate on both forming the theoretical notions and determining alternative ways to code and compare the next incident. This constant comparison of incidents will generate theoretical properties of the category. As this point, Glaser & Strauss (1967, p.107) suggest that “memoing” is an immediate illustration of the researcher’s analytical thought. Memos can be the notes pertinent to coding, theoretical links or procedural subjects. A systemic memoing is necessary throughout the analysis process because it provides the suggestions for integration of concepts and eventually forms the basis for writing the theory by driving researchers to move from working with the data for conceptualizing ideas (Strauss & Corbin, 1998).

#### **2.4.3.5.3 Theoretical sorting**

The object of theoretical sorting is to put the fractured data together into a coherent and workable whole (Glaser, 1978). Sorting the memos facilitates the generation of a theoretical outline that integrates the main ideas. The mechanics of sorting require the researcher to separate all memos by code, delineating the causes, conditions, contexts, strategies, and dimensions of his or her theoretical constructs. As the codes become saturated, their boundaries are defined (Hutchison & Wilson, 2001, p.232). The relation among these individual codes and their collective relation to the basic social psychological process become the framework of the theory. The researcher strives for a “parsimonious set of integrated concepts” (Glaser, 1978, p.120).

#### **2.4.3.5.4 Theoretical saturation**

Morse (1995, p.147) defines theoretical saturation as “data adequacy.” Glaser & Strauss (1967) view saturation as occurring when no additional data are collected that enable the researcher to develop properties of the category (p.61). Thus, saturation refers to the completeness of all levels of codes when no new conceptual information is available to indicate the need for new codes or the expansion of existing ones. When all data fit into the established categories, interaction and organizational patterns are visible, behavioral variation is described, and behavior can be predicted. The researcher, by repeatedly checking and asking questions of the data, ultimately achieves a sense of closure (Hutchison & Wilson, 2001, p.233).

#### **2.4.3.5.5 Comparison with existing theories**

The final stage of data analysis consists of comparing the findings of the study with related or relevant existing theories already reported in the scientific literature. When using grounded theory, this comparison with existing literature is done at the end rather than the beginning of the research process (Glaser, 1978). This approach minimizes the risk of the imposition of preconceived ideas on the data analysis. In addition, literature that illuminates, supports, or extends the proposed theory is interwoven with the empirical data. Through its correspondence with the real world, literature establishes an essential connection between theory and reality (Hutchinson & Wilson, 2001, p.233).

#### **2.4.3.6 Writing the grounded theory**

After the theoretical sorting and saturation, the researcher begins writing the conceptualization of the substantive theory, with the BSP as its central focus. The phases of the BSP (or any other theoretical coding family) serve as subheadings for the explanation of the categories (Hutchinson & Wilson, 2001, p.233). At this point, the theory “freezes the on-going for the moment” in a “fixed conceptual description” (Glaser, 1978, p.129). Both during and after the initial writing, the researcher continues to write memos and to re-conceptualize parts of the theory. Through constant dialogue with the data, the theory emerges, complete with properties, conditions, strategies, and consequences. During the reworking of the draft, relevant literature is incorporated into the theory (Hutchinson & Wilson, 2001, p. 234).

The result of research using grounded theory is a new or refined middle-range substantive theory or theoretical model (Creswell, 1998; Morse & Richards, 2002; Streubert & Carpenter, 2003). Description of the theory should include identification of the phenomenon of interest, description of the causal world within which the process resides, the strategies that affect the process, and the consequences resulting from the particular causal world (Creswell, 1998). In presenting the results of research, it is important to make sure that the concepts are clear: grounded in the data and having clear relationships. Tentative explanations concerning the generation of and relationships between categories help to explain the path of development of categories and theory from the data (Creswell, 1998; Schram, 2003). The final theory or explanatory model can be presented as a picture, a set of hypotheses or as a narrative (Creswell, 1998).

Fernandez, Lehmann, & Underwood (2002, p.113-114) summarize the grounded theory method that consists of the following phases and activities:

(A) Most elementary building blocks are individual incidents, also referred to as “*slices of data*.” Including any element of data pertaining to the topic of the research, they are constantly compared with each other to identify commonalities in a process referred to as “*open coding*.” The commonalities are called “categories” and are described in terms of their “properties.”

(B) This is then followed by a process of “theoretical coding,” where “relations” are established, for example, conceptualized interpretations of how the ‘categories’ interact with each other.

(C) New data sources, incidents and other “*slices of data*” are added to the study until the categories, relations, and concepts are “theoretical saturated,” for example, when no additional data are found, and this can develop further properties of the category. In order to distinguish this from representative sampling, this section is called “*theoretical sampling*.”

(D) The first set of concept is then “*densities*” into a coherent theory about the interactions and relationships between “categories.” Using the theory, the data are often re-assembled and any stories are re-told to see if the nascent theory “*works*.” The result is then a “*substantive theory*,” which is applicable to the particular area of empirical enquiry from where it emerged. Classified as “middle-range” theories, between “minor working hypotheses” and “grand-theories,” they carry inherent relevance only within the environment concerned but can be readily enhanced, extended and/or modified.

#### **2.4.3.7 Trustworthiness of grounded theory**

Establishing trustworthiness or rigor is an essential step in qualitative research, including grounded theory study. According to the grounded theory approach, “theory

comes from the data... [and] at no time does the investigator attempt to impose a theory from another study onto the data” (Stern, 1985, p.150). Therefore, researcher must show that the study is rigorous by establishing trustworthiness (Sandelowski, 1986).

In the literature surveyed, there has been an accumulation of material targeted at explaining what trustworthiness means in qualitative research and at increasing researcher accountability for research practices during the course of qualitative inquiry (Morse et al., 2002), which includes grounded theory study. Many scholars have proposed and debated numerous standards of trustworthiness for qualitative research, such as Sandelowski (1986, 1993), Guba & Lincoln (1989), Beck (1993), Lincoln (1995), and Glaser & Strauss (1967).

Glaser & Strauss (1967) and Glaser (1998) present the idea that the fundamental sources of trust in grounded theory are four criteria for both judging and doing grounded theory. First, “*fit*” is another word for *validity*, which asks whether the concept represents the pattern of data it purports to denote. This is the beginning of the functional requirement of relating theory to data, which also refers to the substantive area that is used in understandable by layman in that area. It is continually sharpened by constant comparison during the data analysis process. Fit can be enhanced by just going right to the data and generating concepts from it, while constantly adjusting the best word to denote the pattern as constant comparisons occur and the pattern emerges. What fits will emerge as the pattern gets named (Glaser, 1998, p.236). Second, *relevance* makes the research important because it deals with the main concerns of the participants involved. It is automatic that the emerged concepts will relate to the true issues of the participants in the substantive area. Grounded theory generates a theory of how what is really going is continually resolved. This is relevant.



The impact of fit and relevance leads to the next, third, *workability*, which means do the concepts and the way in which they relate to hypotheses sufficiently account for how the main concern of participants in the substantive area is continually resolved. With concepts that fit and are relevant, the grounded theorist starts to integrate a core category and sub-core category theory that account for most of the variation of behavior in the substantive area (Glaser, 1998, p.137). The grounded theorist starts to explain how the main concern of the participants is continually resolved. The concepts and their theoretical coding are tightly related to what is going on. They work, that can be understood and then be applied this theory about a substantive area (Glaser, 1998).

Especially, through the constant comparative method, an emergent theory can be constantly modified to fit and work with relevance of this theory. Then, the fourth criteria, *modifiability*, is very important. According to this emergent theory does not miss anything that cannot be readily incorporated into by modifying through constant comparison. It does not force the data and gets modified by it. Additionally, the literature review modifies this theory when appropriate (Glaser, 1998, p.237). Hence, the researcher and readers can evaluate the grounded theory based on the detailed elements of the actual strategies used for collecting, coding, analyzing, and presenting the data when generating a theory, and in the way in which people read the theory (Glaser & Strauss, 1967, p.224).

These four criteria of judging and doing grounded theory study can specify that the assurance of trustworthiness in grounded theory research depends on the level of “*credibility*,” not only of the research process itself but also of the theory grounded from the data. Thus, the theoretical sampling, coding, writing memos and sorting in the grounded theory procedure are very important to ensure the truth of the grounded theory (Glaser, 1978; Glaser & Strauss, 1967). In particular, Glaser & Strauss (1967) claim that

constant comparisons between and among data or groups of data strengthen the level of accuracy and diversity; additionally, the theoretical sampling provides a basis for the generalization of theory to contexts that share key features with the context from which the theory is developed.

Actually, in terms of credibility, that relates to ‘how vivid, and faithful the description of the phenomenon is’ (Beck, 1993, p.264). It refers to the believability, fit and applicability of findings to the phenomenon under study (Glaser & Stauss, 1967). It is similar to *internal validity* in conventional terms or in empirical research (Bowers, 1988). A qualitative study is credible when it presents such faithful descriptions or interpretations of human experience that the people having those experiences would immediately recognize them as their own from reading the descriptions or interpretations (Sandelowski, 1986).

In grounded theory, credibility is achieved from methodological techniques which include: (1) using the constant comparative method of analysis, where data are continuously validated by triangulating the information that is obtained from in-depth interviews, note-taking, and other documents; (2) the theoretical sampling is flexible in verifying information from multiple sources and informants; therefore, the relation between theoretical sampling and explanation is iterative and theoretically led. The theoretical sampling method also includes finding negative or “deviant” cases that add different dimensions of knowledge to the information on the emergent theory (May & Pope, 1996). In support of this claim, Strauss & Corbin (1998) state that the grounded theory methodology is an attempt to verify its resulting hypothesis through comparisons with incoming data. Consistent with Sandelowski (1986), who emphasizes that credibility is established through verifying the data. Further, Stern (1985) points out that grounded theory must be valid and look at the problem at hand since it is derived from

the data. Actually, there are various techniques that can be used to confirm the credibility of research findings and processes, such as prolonged involvement, persistent observation, triangulation, peer debriefing, negative case analysis, member checking, and referential adequacy (Lincoln & Guba, 1985; Holloway & Wheeler, 2003).

From an example of grounded theory study, Chiovitti & Piran (2003, p.430-432) established credibility based on the concept of Beck (1993), who focused on three main standards of enhancing the trustworthiness of qualitative study: credibility, auditability, and fittingness. These researchers suggest four techniques that can be used to enhance the '*credibility*' of a study: (1) let participants guide the inquiry process; (2) check the theoretical construction generated against participants' meanings of the phenomenon; (3) use participants' actual words in the theory; and (4) articulate the researcher's personal views and insights about the phenomenon explored by means of, first, post-comment interview sheets used as a tool; second, a personal journal; and third, monitoring how the literature was used. In part of establishing *auditability*, the researchers focused on 3 methods of: (1) specify the criteria built into the researcher's thinking, and (2) specify how and why participants in the study were selected. In addition, for enhancing *fittingness*, there are two techniques: (1) delineate the scope of the research in terms of the sample, setting, and the level of the theory generated, and (2) describe how the literature relates to each category that emerged in the theory.

This example indicates that when a researcher aims at establishing credibility that includes the auditability and fittingness of study, he/she should emphasize the adequacy of the research process and the empirical grounding of the emergent theory, which refers to target participants that are concordant with the interested phenomenon, the researcher's ability in bracketing or controlling his or her own bias which may occur

while performing this study, and especially the method of collecting and analyzing data throughout the research process of generating this theory.

## **2.5 Summary**

As the literature review, it can be concluded that the knowledge of the parenting of adolescents can be used to create specific interventions for promoting parenting of adolescents in the Thai context, and this has been not precisely shown either in the past or at the present time. Thus, this knowledge should be generated in the Thai context, particularly with reference to information about the parenting of healthy adolescents, which has not been specifically presented before. In particular, this study should explore the parents of healthy late adolescents, who are characterized by good maturation both in body and mind; this information can then be applied to consistent adolescent health status associated with appropriate parenting adolescents. Hence, it is necessary for this study to explore and generate substantive knowledge by using the grounded theory method, which has the potential to explore the process and construct a model of parenting adolescents on the part of Thai parents of healthy adolescents growing in late adolescence. In addition, the trustworthiness of the study should focus on establishing credibility, auditability, and fittingness throughout both the research process and the findings, which can enhance the validity of the emergent process and theory grounded from substantive data. Then, the truth of this substantive theory can be trusted and qualify for application in real settings.

## CHAPTER III

### RESEARCH METHPDODOLOGY

The purpose of this chapter is to outline the specific procedure and methods used to explore the parents' experiences of parenting adolescents in the Thai context. Issues regarding methodology are addressed in this chapter. The chapter begins with the research design. Next, the participants are described. The recruitment process, protection of human subjects, and the instrumentation are also presented. The process of data collection and data analysis are explained. Finally, the concept of trustworthiness is presented and discussed.

#### 3.1 Research Design

The research question of this study was “what is parenting process of parents whose adolescents are healthy?” The purpose was to explore the process of parenting adolescents on the part of Thai parents that have lived in Thailand. Therefore, grounded theory methodology provided a sound procedural method to respond to these research questions. The grounded theory method has the potential to discover new perspectives on the parenting of adolescents in the Thai context. Specifically, the grounded theory approach allowed the researcher to develop a substantive theory to explain the unique world of Thai parents of adolescents that are healthy.

The researcher was aware of the continuing debate concerning grounded theory methodology. This study was predominantly guided by the original method described by Glaser & Strauss (1967), and further expanded by Glaser (1978) and Strauss (1987).

Having first discovered grounded theory through the writing of Glaser and Strauss (1967), the researcher believed it was appropriate to continue to use this approach in the pursuit of generating a substantive theory of parenting adolescents in Thailand. The method allowed for the development of a substantive theory on parenting developed from the perspective of parents of healthy adolescents, which had meaning and relevance for them. The application is based on the researcher's interpretation of Glaser and Strauss's (Glaser & Strauss, 1967; Glaser, 1978) original descriptions of conducting grounded theory research. Hutchinson & Wilson (2001), and Morse and Richards (2002), also support the application of the grounded theory methodology used in this study. Particularly, Morse and Richards (2002, p.58) present using only one method can prevent researchers from modifying recommended procedures or developing new ways of combining them.

### **3.2 Participants**

The participants were the biological parents of healthy adolescents aged 18-20 years. These adolescents were free from heart disease, cancer, neurological problems, disability, violence, delinquency, addiction, smoking, alcohol abuse, sexually transmitted disease, premarital pregnancy, and depression or suicidal attempts. Each adolescent was assessed by asking their teachers or advisors, or their boss or friends who had known him/her for a long time. They could specify whether the adolescent boy or girl was healthy or not. Further, the researcher asked the adolescents to identify their own health state and their parents were also asked this question. All of the parents are of Thai nationality and have lived in several provinces of Thailand where the researcher could find and invite them to participate in this study. The participants had lived and

played a major role in parenting since their child's birth or at least from the preschool years until late adolescence. In particular, while collecting the data, their adolescents grew into the late adolescent phase, aged 18- 20 years.

The reason for selecting only parents of healthy late adolescents aged 18-20 years for this study was that these parents had direct and sufficient experience in parenting their adolescents from early to late adolescence on their own. As the literature review indicates, during the late adolescence phase, an adolescent is characterized by good growth and development, including health outcomes that are demonstrated in both body and mind (Florham Park Counseling NJ, 2006; Wong et al., 2001). In particular, the health outcomes of the late adolescent child can be applied to the consistent health outcomes of adolescents which associated with the parenting process during adolescence. The critical role of parents is acknowledged in virtually every psychological theory of child development and longitudinal research suggests that parents have a large impact on adolescent health behaviors (Regents of the University of Minnesota, 2002, 2005; Resnick et al., 1997; Shucsmith et al., 1995; Small, 1988). Particularly, parenting is very important for child and adolescent developmental and health outcomes (Choo, 2005; Hamner & Turner, 1996; Lerner et al, 1998; O'Conner, 2002). Effective or good parenting is the most powerful way to promote good health and can prevent and decrease adolescent health problems (Doyle & Moretti, 2000; Eldidge, 2002; Hoghughi, 1998; Isranurug et al, 2004; Kumpfer & Alvalado, 2003; Paterson et al, 2002; Sheck, 1999). On the other hand ineffective parenting is associated with adolescent health problems (Shucsmith et al., 1995; O'Conner & Dvoak, 2001; Hartos et al., 2002; Liu, 2003). This evidence can apply that the healthy adolescent can result from the effective or good parenting process and activities, which parents perform while raising their child throughout the adolescent period. Hence, the parents of the

healthy late adolescent had experience regarding good or effective parenting practices for adolescents. Therefore, they could narrate and explain their parenting process and activities that they performed for raising their children to become healthy adolescents to the researcher based on the actual perceptions and practices in their lives.

### **3.2.1 Characteristics of the participants**

The background characteristics of the participants, such as demographic information and data related to the parents and their adolescents, are described as follows (see Appendix A).

#### **3.2.1.1 Demographic data of the parents and family**

Nineteen biological parents (families) participated in this study. Their ages ranged from 36 to 59 years, with a mean age of 47.17 years (Median, 47 years and Mode, 48 years). The participants consisted of ten mothers, four fathers, and five consisting both father and mother. Therefore, the total number of the participants consisted of 15 mothers and 9 fathers (24 persons; 19 families). Concerning marital status, eighteen participants were married and living together. Only one mother was widow, and according to her husband died over ten years ago.

In terms of educational background, seven of the participants completed the junior and high school level, and seven finished primary education, five participants reached the certificate level, four participants got a bachelor degree, and one participant graduated with a master degree. Six of the participants had their own business. Five participants were employees in the private sector, and government offices (n=5),



workers (n=5), government officials (n=3), farmers (n=3), shopkeepers and some sold food (n=2). The family income per month ranged from 1,500 to 100,000 baht/month, and ten participants had a family income that ranged from 10,000 to 60,000 baht/month. There was one participant that received only 1,500 baht per month.

With regard to current residence and setting, the fourteen participants had lived in an urban area, and five participants have lived in a rural area. There were twelve participants living in Khon Kaen province, four families lived in Bangkok, and the rest of the participants resided in Nong Bua Lam Phu province (n=1), Nakhon Phanom province (n=1), and Suphan Buri province (n=1). In terms of the family type of the participants, there were 15 nuclear families and 4 extended families. The total number of children in the family, ten of the participants had two children, six of them had three children, two participants had one child, and one family had four children.

### **3.2.1.2 Demographic data of the adolescents**

There were eleven adolescent girls, and the rest eight adolescents were boys. The age of the adolescents ranged from 18 to 20 years with a mean age of 19.11 years (Mode=20, Median=19) consisting of adolescents aged 20 (n=8), 19 years (n=6), and 18 years (n=5). For education and working status, the fourteen adolescents were studying in university (n=11), college (n=2), and high school (n=1). Four adolescents were working (having own business, n=2, employee, n=2), and one adolescent was both studying and working. And one adolescent boy was unemployed. Regarding order number of the adolescents in the family, seven adolescents were the first child, and seven of them were the last child of the families. The rest five adolescents were the middle child. Eighteen adolescents were healthy, and one of them was unhealthy (being

a contrary case of the study: a truant, engaged in premarital sex, smoked, and drank alcohol).

### **3.3 Recruitment process**

The researcher first contacted adolescents that were introduced by his or her teacher (advisor) or boss, and that met the selection criteria of a healthy adolescent at Khon Kaen University, a vocational college, or shops in Khon Kaen province. The adolescent was asked for permission to contact his or her parents. Then the researcher invited their parents, who had lived in this province, to join this study through direct oral contact or by telephone, as was convenient. After the parents expressed their intention to participate in the study, the researcher made an appointment to collect data through in-depth interview at sites that the parents chose by themselves. If the parents lived in other provinces (not Khon Kaen province), the researcher went to meet them as per their request. Hence, these parents did not need to pay for a trip for this study.

The initial four participants were selected by asking their teachers and friends, who knew whether they were healthy adolescents. As the next participants, according to the grounded theory method, during data collection, the researcher had analyzed the data simultaneously. This data analysis then guided the researcher in terms of what data would be collected next, and where to find the next participants. This process consisted of a theoretical sampling technique that would guide further recruitment. This technique was used based on the data analysis conducted throughout the research process. Thus, during the analysis process, the researcher obtained categories or concepts that emerged from these data and that were used to conduct the theoretical sampling for the next participants, from the 5th until the last (19th) participant.

### **3.4 Protection of human subjects**

Prior to undertaking the study, this proposal, interview guide, and subject consent form were reviewed and approved by The Chulalongkorn University Ethical Committee (Appendix C). Careful consideration was also given to the ethical implications of the study, which incorporated the principles of beneficence and respect for human dignity and justice. Before collecting the data, the parents were asked if they might be interested in hearing more about the study. Once parents agreed to hear about the study, a complete explanation and a written description of the study and information about the protection of confidentiality were given individually to the parents that met the criteria for participation (Appendix E).

All parents were specifically informed that participation in the study was voluntary and that they were free to withdraw on their own from the study at any time without loss of benefits. Therefore, the individual parent was given opportunities to ask questions and to decline or agree to participate in the study. Those that agreed to participate were asked to sign a consent form and were provided with a copy (Appendix F). The participants were instructed that there were no known risks to participating in this study. They were told that they should feel free to discuss any questions or topics. During the interviews, participants could ask questions and stop the interview or cancel their participation in this study at any time.

Assurances of confidentiality were given to all parents that the names which were written on the consent forms were stored apart from the anonymous transcripts and were kept in the secure file cabinet. A number was used to identify each participant and the researcher was the only person that knew the parent's/parents' actual identity. All documents, including transcripts and participants' names and addresses, were to be

stored in the secure files in order to keep track of each participant's code number and will be erased after the data would be no longer used for the purpose of the study. All of the information was available only to the researcher. The findings of the study were reported as a group and did not include any personal information.

All audio-tape-recorded interviews were transcribed by the researcher into written form. The tapes containing the interview data were stored in a secure file cabinet and will be erased upon the completion of the study. During the data analysis, the data were sent to advisors by hard copy without the name of the participants in order to check and confirm the accuracy of the data analysis and findings.

### **3.5 Instrumentation**

The important instrument of the study was the researcher. According to, the researcher took a major role in the process of inquiry; the amount and quality of the data and the depth of the analysis depended upon the ability of the researcher. It is therefore important to present the researcher's qualifications in order to ensure that she had the ability to conduct this study.

The researcher was born in Kalasin province where locates in the northeastern part of Thailand. She fluently speaks and understands both in Thai and Thai I-Sarn language. The researcher graduated with a master's degree in family nursing and has worked as a registered nurse and instructor in a pediatric ward and family setting for more than twenty years. She provides counseling adolescents and parents in the area of health promotion for over fifteen years. She involved in a project of promoting parents' capabilities for parenting adolescents which was conducted through focus group interviews and semi-structured interviews and which included group processes with

parents and adolescents in the community setting. In addition, the researcher studied a qualitative research course for 3 credits in the Faculty of Nursing at Chulalongkorn University, which included practicing one qualitative study in a real setting, especially collecting data through the in-depth interviewing method.

From the researcher's experience working with adolescents, parents, and families, the researcher had the ability to establish rapport and gain trust on the part of the parents in this study in order to conduct in-depth interviews and observations within the context. In addition, the researcher was trained and mentored by an advisor who is an expert in this methodology and was able to supervise the researcher in conducting this qualitative inquiry. So, the researcher was able to achieve the state of "theoretical sensitivity" throughout the research process.

The assisting tools consisted of a demographic data form and an initial set of sample questions or interview guides (see in Appendix D) that were used to collect the data. These interview guides were applied as questions or focuses, places for the researcher to start. They were based on concepts derived from the literature and experiences related to the parenting and parenting adolescents. Particularly, the interview questions emerged from and evolved with the data. New questions were developed and added to the next interviews in order to clarify previous data and to elaborate on the emerging categories. By the last few interviews, the crucial substantive theory had been identified. Therefore, probe questions about how to reinforce connectedness, enhancing the adolescent maturity, and protecting the adolescent were continued until the theoretical saturation. In addition, the demographic data form and the interview guides were approved by dissertation advisors as to whether or not the interview topics matched the study's purpose.

### 3.6 Data collection

When the participants expressed their intention to join the study willingly, an appointment was made by the researcher to meet them for one-to-one and taped, in-depth interviews with note-taking. The participants selected the date, time, and place for the interview after they listened to the information statement and/or signed the consent form. The chosen place for the interview was also selected on mutual agreement between the researcher and the participants in order to assure the participants' confidentiality and to protect the researcher's safety.

The method for the data collection in this study was in-depth interviews, which were performed by using open-ended questions. The in-depth interviews were organized in Thai, and some in Thai I-Sarn language. Nineteen participants were interviewed; some only with the mother or father, but some interviews were with both the father and mother. These interviews were conducted in a private room at the selected sites. As a result, eight participants were conducted at the participants' home, 10 participants were interview at their work places, such as at an office at a university, school, hospital, or at the employee's house, and one parent was interviewed at the researcher's work place at a pre-arranged time that was convenience to them. The duration of the data collection was one year and five months, which began from January 2006 and lasted until May 2007. The length of the interviews varied from 65 to 100 minutes, with an average of eighty minutes. The amount of the data was composed of 26 hours.

Actually, the data collection process could be considered as two stages. Initially the data were collected from the participants that met the inclusion criteria and with questions following the interview guide (see Appendix D). A grand tour question was used to invite the participant to lead the researcher to the interview topic or issue. They

were asked broad, open-ended question in order to try to elicit the reasons under which they performed the parenting of their adolescent child. For example: please tell me “What has the experience of parenting an adolescent been like for you?” After using the grand tour question, then, the relevant probe questions and interview guides were asked of the participants. For instance: “How do you parent your adolescent in daily living?” “Why do you do like that?”

After the data analysis began, the next data collection and interviews were guided according to the emerging data, and theoretical sampling was applied. Seeking and collecting pertinent data in order to elaborate and refine the categories in the emerging theory were done continuously. For instance, after the twelve interviews, the researcher understood more clearly the phenomenon of Thai parenting of adolescents. Questioning each participant regarding his or her parental experience in reinforcing connectedness, enhancing maturity and protecting the adolescent, was employed. All participants were also asked a grand tour question and the relevant probe questions and interview guides were redesigned during the process as new categories emerged that needed to be explored with the next participants. This continuous process stopped when theoretical saturation had been reached.

Thus, the number of participants included in this study depended on what was needed to achieve saturation of the data. When in-depth interviews had been conducted with nineteen parents (families), the researcher determined that the data were saturated, which meant that there were no new emerging data in any category that included categories that were well-developed in terms of their properties and dimensions and where the relationships among categories were established and confirmed.

Besides the grand tour, the relevant probe, and the interview guides were used to explore parents’ experiences of parenting adolescents. And when the end of the

interview session was nearly reached, the researcher would ask about demographic data in relation to parental age, relationships with the adolescents, socioeconomic status, and information about adolescents, such as age, marital status, education, working status, and family income (Appendix D).

The researcher wrote notes taken both during the interview and as soon as possible after each interview ended. The interactions, observations, and events occurring during the interviews were recorded. These included the general appearance of the participants, the nonverbal behaviors that they used during the interview, e.g. facial expression, posture, gesture or tone of voice, location and circumstance, as well as the researcher's perceptions, opinions, and working hypotheses. Note taking was used to remind the researcher of the events, actions, and interactions, and to trigger thinking processes. For example:

Mother was talking about her son; she spoke with tears but smiled. She told that she feels proud, because; her son has been a good child since he was young until now. He has both good habits and academic achievement. (P13, March 23, 07)

While telling about his inappropriate behaviors, the mother was sad and crying. The researcher tried to support her by touching and keeping silent for a moment. (P 19, May 31, 07)

In addition, the interviewed data were transcribed verbatim in the Thai language in order to maintain the subtlety and meaning of the narratives of the parents of the adolescents as accurately as possible.

### **3.7 Data Analysis**

The data analysis was carried out using the constant comparative method, which consists of data collection, analysis, verification and the development of theoretical explanations conducted concurrently until a core category or basic social process



emerges. It was completed by the researcher with an audit trail of co-advisor throughout the research process. The analysis was conducted from Thai transcripts and only verbatim quotations present in the writing were translated into English by the researcher and cross-checked to ensure the accuracy of the meaning by a bilingual expert in English-Thai languages. For syntactical accuracy, the quotations were checked by an expert native English-speaking person.

### **3.7.1 Constant comparison analysis**

In the study, data were analyzed using the constant comparative method, wherein each line, phrase, sentence, and paragraph from the transcripts were read to decide what concepts the data reflected and to code the data. Each code was compared to all other codes. Comparisons of similarities, differences, and general patterns were made. This process assisted the researcher in gaining insight into the relationships of events and the concepts within and across the interviews. The making of comparisons was used throughout the research process until a core category with sufficient detail and abstraction was generated.

### **3.7.2 Coding process**

In this study, the coding process followed the grounded theory method guided by Glaser (1978). Two types of coding, substantive coding (open coding and selective coding) and theoretical coding, were applied during the data analysis.

#### **3.7.2.1 Open coding**

The open coding process aimed at generating an emergent set of concepts or categories from the raw data. Once an interview was transcribed, each line was analyzed by the researcher for as many codes as might fit the data. Beginning with no pre-identified categories, the open coding method had broken down the data into codes representing the meanings of the phenomenon. Code words were written on the transcribed interview on the wide margins provided on the printout. This process was completed with all transcribed interviews. During the coding process, memos assigned to these codes were written on separate code-cards that included the details, thoughts, questions or interpretations by the researcher of the data. The memo also identified whether the code was being used for the first time or if it had occurred previously in the data linked to another participant.

Using open coding, several hundred codes were generated during the data analysis for this study. These codes were mainly descriptive in character and were referred to as in-vivo or substantive codes. For example, “observing,” “limiting,” and “punishing with reasoning” were three codes that emerged from the data in this study. These codes were then compared and contrasted for similarities and differences in other parts of the interview and with interviews conducted with other participants. Then, similar events were grouped together to form the same name or category. This step meant that the concepts (categories) in this study were identified as well as the sub-categories were defined.

### **3.7.2.2 Theoretical coding**

Theoretical coding, the next stage in the analysis, was commenced concurrently as the open coding of the data continued. While open coding splits data into concepts and categories, theoretical coding brings those data back together and makes new connections between categories and sub-categories. This stage of the coding process conceptualized how substantive codes (categories) relate to each as hypotheses to be integrated into a theory. Through this process categories were elevated to a more abstract level and the relationships between categories were integrated.

According to Glaser, theoretical coding is a way to systematically link categories and to develop properties of categories. At this level, categories were related to each other by applying the theoretical codes from the 18 Coding Families to assist conceptualization of how those categories related to each other as hypotheses to be integrated into a theory. This stage was begun after the researcher applied some Families codes that fit to understand the linkage among those codes in order to integrate them to become a theory. These families of theoretical codes directed the types of questions asked of the data during the analysis for this study; for example, were there stages in the process? What caused this action?

After considering the emergent categories, the Six C's, the process-stage, and staging were applied to link categories of *recognizing child being adolescent*, *reinforcing connectedness*, *enhancing maturity*, *protecting*, and *believing child being adult* together as a core category. This was because after relating each category to each other as hypotheses to be integrated into the basic social process named as "Establishing integrity." It provided an explanation of the relationship among the categories, that recognizing child being an adolescent was the initial point that could drive the parents created and performed three major parenting activities simultaneously that consisted of "reinforcing connectedness," "enhancing maturity" and "protecting." Eventually,

believing child being an adult was the ending point of the process of parenting adolescents.

The strategy family, which refers to strategies, tactics, mechanisms, ways, manipulation, etc. (Glaser, 1978: 76), was another example of the theoretical codes used to develop sub categories of reinforcing the connectedness category. This application and analysis showed that the sub-categories of reinforcing connectedness consisted of *communicating love and caring, showing more respect, keeping close contact and decreasing conflicts*.

Through the theoretical coding process, the core category or core variable, which is the main theme or the main concern of the people in a setting (Glaser, 1978: 94), was identified and selected and the categories and properties were developed. The core category was broad in scope and was able to provide an explanation of the links to other categories that emerged. The substantive model was the final product of this theoretical coding process. The researcher began to produce theoretical sampling during the new interviews after the hypotheses in this study were formed and were to be validated.

The validation process was continually carried out by reviewing the data and though further exploration of the concepts with the participants (theoretical sampling). During this stage of the analysis, the data were perceived theoretically instead of descriptively, and the analysis involved a two-stage process: sorting and saturation. Firstly, the intent of the sorting was to weave the fractured story back together again. Secondly, the process of reaching saturation occurred when the delimiting of the features of the constant comparative method begins. This involves two stages: the theory “solidifies in the sense that major modifications become fewer and fewer, and

later modifications to clarify and elaborate on details of properties into the major outline of inter-related categories and most important-reduction.

### **3.7.2.3 Selective coding and theoretical saturation**

Selective coding was the action in which the researcher ceased open coding and selectively coded for a core category and delimited coding to those categories that were associated with the core category. Coding and writing memos at this level also aimed at integrating and refining the theory until it grew in depth and had explanatory power.

When saturation was reached and the basic social psychosocial process was identified, the process of documenting the framework of the parents' experience of parenting adolescents began. Data that had been broken down during open coding and developed through theoretical and selective coding, along with the many theoretical memos, were now documented as the emerging substantive concept.

### **3.7.3 Comparison with existing theories**

The final stage of data analysis consisted of comparing the findings of this study with related or relevant existing theories. When using grounded theory, this comparison with existing literature is carried out at the end rather than at the beginning of the research process (Glaser, 1978). This approach minimizes the risk of the imposition of preconceived ideas on the data analysis. Comparing the substantive knowledge developed in this study involved critically reviewing theories and concepts identified in the literature as having potential relevance to the newly-developed concept and theory, such as parent-child connectedness, attachment and bonding, monitoring and

supervising child's behaviors. Those that were found to be related to some of the categories or concepts identified in this study were considered in depth. This aspect of the study is fully described in chapter five.

Additionally, in conducting this study, a high proportion of direct quotes from participant interviews were included, thus providing "*thick descriptions*." Inclusion of these data assisted the researcher in explaining descriptively variations of concepts. The main advantage of using undiluted quotes is that it provided particular participants with a voice which had not been altered by researcher bias. Therefore, the words used by the participants have not been changed in any way.

### **3.8 Trustworthiness**

Establishing the trustworthiness of a grounded theory study is vital. The assurance of trust in this approach is specifically dependent upon the level of "credibility," not only of the research process itself, but also of the theory generated from the data. The theoretical sampling, coding, writing memos and sorting are very important to ensure the trust of the grounded theory (Glaser, 1978; Glaser & Strauss, 1967). Several interrelated approaches were used to ensuring the trustworthiness throughout this research process, especially during the analysis process and for the findings. The researcher enhanced the trustworthiness of the study by focusing on enhancing the credibility, auditability and fittingness through several methods, as follows.

#### **3.8.1 Credibility**

In this study, several strategies were adopted for enhancing the credibility of the findings, *first*, when the researcher selected appropriate participants to address several of the theoretical issues. They were Thai national parents who had healthy late adolescents aged 18- 20 years. The participants varied in terms of personal background, such as age, father or mother or both who took the major role of parenting their adolescent, marital status, occupation, education level, family income, family type, number of children, adolescents' background (gender, age, education and/or occupation, and order number of the adolescent in the family).

*Second*, the researcher established rapport through long engagement in the field for over one year in order to allow time to gain multiple realities and the truth value of parenting adolescents among Thai parents. All participants were willing to be interviewed and to reveal their experiences. *Third*, good and trustful relationships between the researcher and participants were established before conducting in-depth interviews related to their parenting experiences. Although the closeness of relationships can enhance credibility, it can also be a threat (Sandelowski, 1986). In order to prevent this threat of the researcher coming too close to the participants and having difficulty separating her personal experience from the participants' experience, memos about the behaviors and relationships of the researcher and the participants, and the influence of the researcher and the participants to each other were noted. Awareness of this issue was also brought up throughout analysis process.

*Fourth*, the credibility of the study, in particular, was enhanced when the researcher *concluded the findings based on empirical evidence*. The researcher collected adequate data and used the triangulation technique across data sources, the data setting, data collection, method, and analysis. The researcher used multiple methods of data collection that included in-depth interviews and semi-structured interviews with

guidelines with tape recordings and note taking of the behaviors of the participants during the interviewing process in order to determine the congruence of the results. The credibility of the study was also promoted through the process of theoretical sampling, which verified information from various sources and participants and which adds different dimensions of the substantive theory. In particular, the researcher used the participants' actual words in the categories and emerged concept, such as 'reinforcing connectedness,' 'enhancing maturity,' and 'protecting.'

In particular, member check, which was directed at a judgment of overall credibility, was established. Periodic checks during interviews were done in order to provide an opportunity to assess intention, to correct errors of fact, to challenge what was perceived to be an incorrect interpretation, and to stimulate the participants to recall additional details that were not mentioned the first time around. The researcher took the transcripts back to the participants to be checked. In addition, after analyzing the data, some of them were returned to some of the participants in order to discuss, and confirm or deny, the interpretation or codes of this information.

*The fifth* strategy, explaining the researcher's own constructions of the phenomenon and acknowledging how these affected the inquiry, was important for enhancing credibility (Locke et al., 1993 cited in Chinovitti and Piran, 2003). In the study, two tools were used to limit the influence of pre-existing constructions on participants: (a) a post-comment interview sheet was used as a medium for what was termed '*memo writing*;' and (b), monitoring how the literature review was used. In deed, the literature was reviewed before constructing the proposal in order to provide a rationale for the potential contribution of the study and to show that no identical inquiry had been conducted in the area of children and family health nursing or other disciplines. As the purpose of the study was to develop a substantive knowledge of



parenting adolescents in Thai context and not to test a pre-existing theory, a review of the literature on previous constructions of parenting adolescents was not conducted until the core category or concept emerged. This practice helped to limit the influence of previous theoretical constructions on concept development.

In addition, regarding the prevention of the researcher's bias, initially, the researcher compared the coding and the categories with the dissertation's advisors. Subsequent to that, the dissertation seminar groups among the doctoral students and the advisors assisted with confirming the categories that emerged.

### **3.8.2 Auditability**

The researcher maintained the audit trail through systematic and detail recording. Reporting of all of the decisions involved in the transformation of the data to the substantive theory was utilized to achieve auditability. Additionally, the auditability of the data elicited depended on the competency and ability of the researcher's interviewing skill and not the researcher's bias, as the interviewer/researcher is the data-gathering instrument. Therefore, the researcher developed more interviewing skills during the two interview sessions through the mentoring of the co-advisor, who is a nurse researcher experienced in pediatric nursing and qualitative study, especially in the grounded theory method. While auditing the verbatim transcripts, the coding and the memos from each round of interviews, the researcher analyzed the data, beginning with the transcriptions and ending with the substantive theory. Inter-subjective agreement between the researcher and these independent judges was achieved at each step of the data analysis process.

In using grounded theory methodology, it is necessary to delineate and specify the criteria used when approaching the transcribed interview data (Glaser, 1978; Strauss & Corbin, 1990). In the study, the criteria built into the researcher's thinking were specified by delineating the standard questions consistently, including asking from the transcribed interview data during the analysis process. These questions were: (1) what is happening in the data? (2) What do the actions in the data represent? (3) Is the conceptual label or code part of the participant's vocabulary? (4) In what context is the code/action used? (5) Is the code related to another code? (6) Is the code encompassed by a broader code? And (g) Are there codes that reflect similar patterns? These questions were derived from Glaser (1978), Strauss & Corbin (1990) and were asked in the identification, development, and refinement of all of the codes.

In developing a substantive knowledge using the grounded theory method, the number of participants recruited for the study was determined by the coming information from the previous participants (theoretical sampling). Initially, four participants were selected because there were no data from participants to direct what further information should be sought and explored. This meant that any participant that came forward and met the eligibility criteria was interviewed. Participants were recruited until theoretical saturation of data was achieved, which consisted of 19 participants.

### **3.8.3 Fittingness**

It is the criterion which evaluates the applicability of a qualitative study. A test of fittingness is passed when findings can "fit" into contexts outside the study situation and when the readers view the findings as meaningful and applicable in terms of their

own or familiar contexts. Moreover, when the form of the description, explanation, or theory “fits” the data, it means that the findings were well-grounded in the life experiences explored and reflected both their typical and atypical elements. In this study, the researcher selected appropriate participants to address several theoretical issues. The participants were Thai national parents who have healthy late adolescents aged 18-20 years. They varied in terms of personal background, such as age, father or mother or both who had taken the major role of parenting their adolescents, occupation, education level, family incomes, family types, number of children, adolescents background.

The findings of this study included enough “thick description” for readers to assess the potential fittingness and appropriateness for their own settings. The conceptual model, the data obtained, and the characteristics of the participants were explained in detail. This information was essential in helping the reader to visualize the context from which the theory and its specific categories were developed. Hence, providing details about the sample and setting characteristics are one way in which the researcher using grounded theory methodology allows readers to assess the fittingness of the findings. Every attempt was made to achieve the greatest possible range and variation through theoretical sampling.

In demonstrating the probability that the research findings have meaning to others in similar situations, the literature relating to each category in the theory was described. For example, it was discovered that “protecting” involved the substantive theory of Thai parenting adolescents. In accordance with grounded theory study, the literature was searched for findings that referred to a similar phenomenon. Additionally, in the discussion section, the researcher also suggested how applicable this study might be to other similar groups.

### 3.9 Summary

This qualitative study used grounded theory methodology to explore and investigate the parenting process of parents whose late adolescents were healthy in order to develop a substantive knowledge grounded in the perceptions and experiences of parents of healthy late adolescents. Nineteen participants were in-depth interview. A constant comparative analysis method was used, while data collection and data analysis were performed concurrently until no new data were obtained. The advisors were consulted for data collection and data analysis procedures throughout the study process. The emergent process namely “establishing integrity”: the parenting adolescents’ process was presented. The categories, sub-categories, codes and important quotations were validated for accuracy by two bilingual experts both in the Thai and English language. The trustworthiness of the study focused on enhancing credibility, auditability and fittingness.



ศูนย์วิทยุทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## CHAPTER IV

### FINDINGS

The purpose of the current study was to explain the parenting process that Thai parents performed for raising their children, especially, from early to late adolescence. Grounded theory methodology was used in this effort to analyze interview data from 19 Thai participants (parent/parents). In this chapter, the findings from the study are presented.

This chapter begins with an overview of the findings; focusing on the emergent process of parenting adolescents entitled “establishing integrity.” The next section provides an in-depth explanation of three categories that consisted in the constructed model: reinforcing connectedness, enhancing maturity, and protecting. In discussing each category, direct quotations or statements of the participants from the interview data have been included in order to assist in illustrating the emergent process and model.

#### 4.1 Overview of the Finding

The substantive knowledge that emerged from this study concerned the parenting of adolescents. The “Establishing integrity” (*Karn Saang Serm Kwam Mun Kong*) is the core category that refers to the basic social process that the parents performed for rearing and educating their child from early to late adolescence in Thai context. This emergent process consisted of three major categories: (a) reinforcing connectedness, (b) enhancing maturity, and (c) protecting. The complete conceptual model is illustrated in **Figure 1**.

The establishing integrity process occurred when the parents recognized their child as being an adolescent. They had known that he/she was growing up and developing at the adolescent stage. The parents could notice the child's changes in both biological and psychosocial aspects such as body growth, having breasts and menarche in the female and a breaking voice in male adolescents, gaining more interest in the opposite sex, having many friends and being attached to peers. The parents were aware that their adolescent had potential growth and development, while he/she was just a young person who had less experience in human life skills. Thus, the parents attempted to create and perform the process of "establishing integrity", which consisted of three categories: first, reinforcing connectedness; second, enhancing maturity; and third, protecting. They had conducted these parenting activities simultaneously throughout the adolescent period as follow.

First, "Reinforcing connectedness"; it is a parenting activity that the parents did when recognizing their child being an adolescent that was experiencing many changes, especially being more independent and more distant from his/her parents and family. Hence, the parents attempted to reinforce the connectedness with their adolescent through three common parenting strategies of communicating love and caring, showing more respect, keeping close contact, and decreasing conflicts. It could help the parents to connect, keep close and approach the adolescent boy or girl continuously. In particular, the strong connections among parents and adolescent would assist the parents in performing two essential parenting activities of enhancing maturity and protecting their child throughout the adolescent period.

Second, "Enhancing maturity"; it means the parenting activity that the parents practiced for developing the child's maturity during adolescence. They perform the parenting activity toward their adolescent due to concern about his/her integrity in the

future both in career and life. So, they intended to increase the child's maturity in several facets such as independence and responsibility, ability to reason, and appropriate values and manners. The data reflected that the parents enhanced the adolescent maturity by using four parenting strategies of allowing more freedom, increasing self-responsibility, fostering ability to reason, and instilling social values and manners. These parenting strategies could develop the adolescent into becoming an adult who can demonstrate his/her maturity in terms of much self-responsibility, appropriate decision making, and presenting social acceptable values and manners.

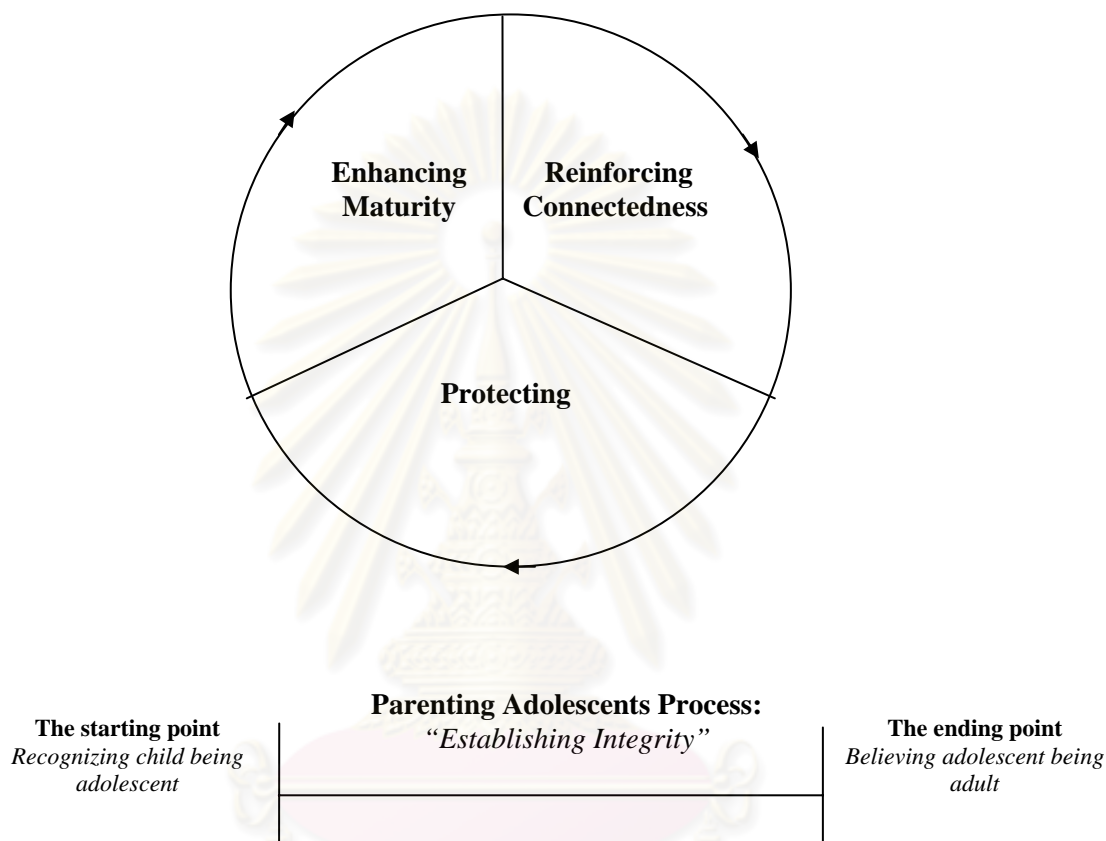
Third, "protecting" that is the parenting activity undertaken by the parents that aimed at protecting their adolescent boy or girl from risks and harms, which surround him/her in the today's society. The parents intended to protect their adolescent, because they thought that he/she had less experience in human life skills, which might make him/her engage in risky behaviors or bad things. Thus, they protected the adolescent through four common strategies of limiting freedom, providing good environment, monitoring, and showing disapproval. These protecting strategies could prevent the adolescent boy or girl from involving in health risk problems.

Eventually, the parenting adolescents' process of "establishing integrity" ended when the parents trusted and believed that their adolescent was an adult. They could notice his/her integrity both his/her maturity and well-being, especially, being free from any health risk behaviors.

Overall, this study aimed at explaining how parents raise their adolescents. The parents performed the parenting process of "establishing integrity" toward their children from early to late adolescence. It began when the parents recognized their child as being an adolescent. Then, the three major parenting activities were undertaken simultaneously, which comprised of reinforcing connectedness, enhancing maturity, and

protecting. This parenting adolescents process ended when the parents believed that their adolescent was being a healthy adult.

**Figure 1:** Establishing Integrity: Parenting Adolescents Model



#### 4.2 Establishing Integrity: Parenting Adolescents Process

“Establishing integrity” is the core category that emerged from the constant comparative analysis process of the current study. It is a basic social process undertaken by the parents that focused on promoting the child’s integrity from early to late adolescence. This process occurred when the parents recognized the child being an adolescent, and then, the parents created and simultaneously conducted the three major parenting activities, which comprised of “reinforcing connectedness,” “enhancing



maturity,” and “protecting.” These parenting activities could promote the adolescent to a better maturity and health, especially, free from any health risk problems.

The parents, in deed, were able to notice their child’s changes from both physiological and psychosocial aspects since in early adolescence such as rapid growth spurts, changes in body structure and shape, and an inconsistent and breaking voice in the male adolescent and menarche in the female adolescent. They also noticed his/her unfamiliar behaviors and manners; such as being more irritable, secretive, closer to friends, and interest in the opposite sex. These changes stimulated the parental awareness of both potential growth and risks of their adolescent boy or girl. They also thought that he/she was growing out of the previous developmental stage. The parents, however, understood that their child’s changes represented normal development.

The parents were aware that the adolescent period is a critical time in their child’s development. Their children were still young people and had not reached full maturity, which might cause him/her to become involved with health risk problems. Especially when Thai parents faced some negative behaviors regarding the child’s changes in early to middle adolescence, such as being closer to and going around with friends, being excited about computer games, interest in having boyfriend or girlfriend, and more concern with appearance in a modern style and other aspects of materialism. These behaviors on the part of the children made the parents worry about some of the adolescent behavioral problems. For example, one of the mothers of an adolescent girl (P.6) said the following: “Studying in grade 7-9, I could notice her unfamiliar behaviors. She liked to go shopping and having parties with friends. I felt more concerned at that time, because I thought that she might become involved with bad things and friends.”

The data indicated that the parents could recognize the child being an adolescent depended on two conditions: first, the parents were triggered by the general

characteristics of adolescents. Second, they compared their child's changes with their own past experience of being adolescents. From these two conditions, the parents could understand and accept the child's changes as the normal growth period of adolescence. However, they also thought that adolescence is a critical period of child development where he/she might engage in risky behaviors, and then he/she might get into trouble in his or her future life. Therefore, when the parents recognized the child being an adolescent, they attempted to create and carry on the parenting process of "establishing integrity," which focused on increasing the child's maturity and healthy behaviors. The parents established integrity in the adolescent through three key parenting activities of: (1) reinforcing connectedness; (2) enhancing maturity; and (3) protecting, which were done concurrently toward their children from early to late adolescence.

#### **4.2.1 Reinforcing Connectedness**

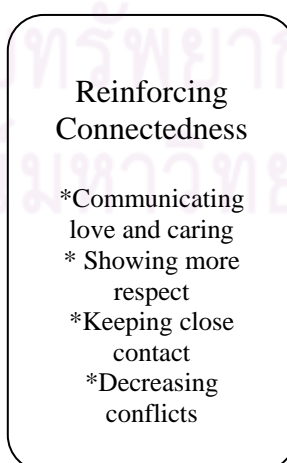
"Reinforcing connectedness" is the first category in the parenting adolescents model. It is a parenting activity undertaken by the parents toward their child that aims at increasing good relationships and strong connections, especially love and closeness between the parents, the adolescent, and the family. The parents believed that the strong connectedness among the family would promote their adolescent to have awareness of parental love. And then he/she would regulate his/her self to become a good and healthy person during the adolescent period and into their future life.

All parents in this study had enhanced the connectedness with their adolescent, because they recognized that their child being an adolescent, who was growing older, was experiencing many changes, especially psychosocial aspect such as being closer to friends and doing more activities outside home. Particularly from the middle to late

adolescent period, many adolescents had to move from their home in order to study at a higher level (junior and senior high school level) in other schools that were located in different parts of the city or in other provinces, especially in the big cities of Thailand (e.g. Bangkok, Khon Kaen). On the other hand, some adolescents were out of school in order to earn money, and this included making money to support their families' economic status. The parents also felt that their adolescents became more interested in their own peer group and had been more distant from their own parents and families. Therefore, they intended to carry out the parenting activity of reinforcing connectedness, which could assist them in connecting more smoothly and consistently with their adolescent boy or girl from early to late adolescence.

As the data showed, the parents had enhanced the connectedness between the parents and adolescent and family-adolescent continuously, by using four parenting strategies (Figure 2): (1) communicating love and caring, (2) showing more respect, (3) keeping close contact, and (4) decreasing conflicts.

Figure 2: Reinforcing Connectedness: Parenting adolescents strategies



#### 4.2.1.1 Communicating love and caring

“Communicating love and caring” is a sub-category of the reinforcing connectedness that refers to the parenting strategy and method used by the parents for communicating parental love, affection, and care for their child during adolescence. They thought that parental love is very crucial for their adolescent mind. When the parents communicated their love and caring toward their adolescent in daily living, the parents believed that it could help him/her to know about parental love and caring. Their adolescent boy or girl would connect and close continuously with his/her parents and family the same as in their childhood years.

The parents commonly communicated love and caring with their adolescent through the traditional approaches, which were used effectively during childhood years such as hugging, kissing, playing together, taking care and verbalizing. However, when they noticed and felt that their child did not prefer to their old manners of expressing love and caring. They would create and adjust their practice with the new approaches, which depended on the nature of the adolescent boy and girl that included his/her responses to the parental practices and manners. For an example the fifth participant (father of adolescent girl): when the father kissed or hugged his adolescent girl, she would object to this parental manner by showing her unhappiness feeling such as avoiding and complaining. Then the father tried to express his love and care through the ways that child preferred such as less body contact and giving things she liked and telling of his parental love and concerns directly. The data showed that the parents communicated their love and caring toward their adolescent in daily living by using two methods of meeting needs and verbalizing love and cares.

#### 4.2.1.1.1 Meeting needs

“Meeting needs” is a parenting method used by the parents for communicating their love and caring toward their adolescent in daily living. They tried to do whatever to meet the child’s needs and satisfactions, especially meeting the adolescent’s psychological needs. This parenting method was performed based on parental recognition of their child being an adolescent who was growing and had specific needs. So, the parents intended to do and *provide things* that met his/her needs and requirements such as providing favorite foods or things based on the adolescent’s requests and demands. The parents wanted to make their child know and be satisfied with their love and caring.

I still prepared his favorite food for him. I also give him much money for buying something such as clothes and mobile phone. Before giving any things, I would ask him first, because I want to make him to be happy and satisfied. (Mother, P 14)

Narrative of the parents indicated that they also *provided support*, which depended on their awareness and concerns regarding his/her life and work in everyday events. They thought that during adolescence, their adolescent might be more troubled or stressed from his/her study, life or work. So, they had given support consistently, even though, the adolescent did not request it.

I usually lived with her on the night for taking cares her closely. I noticed that she had much home work during studying in grade 10-12. I could not help her; however, I am able to provide comforts for her such as giving her some snack and talking with her for relaxing from strain. (Father, P 12)

He works hard for earning money for the family. I have much concern about his health, so, I intend to give the best caring for him so that he can relax and be comfortable. (Mother, P14)

In terms of emotional support, the parents would perform this parenting method that depended on the adolescent's needs and troubles in daily life events. When they noticed his/her unhappy manners or feelings, they would support his/her mind in early.

She frequently complained about inappropriate habits of her close friends that made her troubled. I knew and understood her feelings and try to talk and share ideas with her for decreasing stress. (Mother, P 6)

I'm concerned about her having to study very hard all this time, so, I usually encourage her to express her troubles or stress, such which go ahead and let it out. And, I often say that; please feel free to tell dad, I can help her with anything as she want. (Father, P 15)

Additionally, the parents had met the adolescent's needs for all dimensions of his/her life that included the spiritual aspect. This parenting practice was performed based on parental love and care, so, they had met his/her spiritual need through the method of *providing help and encouragement* when the adolescent required or was troubled. They encouraged and helped him/her for increasing his/her confidence and security in both work and life.

Before taking examination, she always calls for taking blesses from mom and dad. I say with her that; Dad and mom pray for your success; good luck and please do the best as you can, and then everything will be ok. (Father and mother, P 11)

I feel concern about his life, especially during living in abroad for studying in USA. I always bless him "Please have a good study and good luck." Well! He likes to ask for my blessing, especially, before taking examination or leaving abroad for his study (Father and mother, P 13)

In short, the "meeting needs" is one common parenting approach that the parents did consistently for communicating love and caring with their child during adolescence. They intended to meet his/her needs based on parental awareness, love and concerns that included the adolescent's needs and requirements. They thought that this parenting strategy could provide the favorite and essential things for their adolescent. The parents

believed that this parenting practice could assist them to maintain love, warmth and closeness with their child throughout the adolescent period.

#### 4.2.1.1.2 Verbalizing love and care

“Verbalizing love and cares” is the second parenting method used by the parents for communicating love and caring toward their adolescents. It was done based on parental awareness of their child being an adolescent who could understand the meaning of what the parent/parents said or acted. They verbalized their love and care toward their adolescent through common technique of telling of their love and care directly, for example:

I talk with her everyday. Sometime, I tell her about my concerns. I frequently say with her that I need her feel happy and comfort. I can do whatever for her. If she feels troubles, I will help and support her forever, because she is my heart. (Father, P 15)

I say that he is my oldest son who is my heart and soul. I want him to know that I ever concern about his life. And, I want to do and provide whatever for him as I can. (Father, P 18)

The data suggested that the parents had also used the technique of *open and good conversations* in daily living that could make him/her to know about their love and cares. Because they thought that their adolescent boy or girl grew enough and was able to understand the meanings of what they had done or said with him/her. Thus, they tried to be careful when talking or saying whatever with their adolescent boy or girl in daily living.

I talk with her by using nice and cheerful words, speaking gently, asking and not forcing her to do as my ways. Doing this, I hope that she will know how I feel and care about her. (Mother and father, P 5)

I try to speak with soft voice, good asking and talking and not scolding him. As this way, I can make him known about my love. I thought that the good speaking with him is very important method used for expressing my love when he is growing older and older. (Mother, P 14)

In summary, the “verbalizing love and care” is one crucial parenting method that the parents used for communicating love and cares toward their child during adolescence. These parents told of their love and care directly with the adolescent boy or girl, including saying or talking with open and good conversations with him/her in daily living. They hoped that this parenting method could make the adolescent know of their parental love and care. And, then he/she would also love and connect with their parents continuously during adolescence.

#### **4.2.1.2 Showing more respect**

“Showing more respect” is the parenting method that the parents performed for reinforcing connectedness with their adolescent. The parents intended to show more respect toward their adolescent boy or girl, because they recognized their adolescent as older child who was more growing up. They thought that this parenting measure could help them to keep closeness with their child. When the parents showed more respect toward him/her, it could promote good relationships among them. Then, the strong connectedness among the parents-adolescent was maintained and enhanced.

All parents of the study believed that this parenting method is very important to nurture the adolescent boy or girl. Because he/she had much growth and maturity when developing during the adolescent stage, so, the parents should show their respect toward him/her like an older child, which could promote the good connections and relationships



among them. The finding reflected that the parents showed more respect toward their adolescent through several techniques, especially, *treating the child as friend*.

I feel that she is like both my child and friend; so, I talk and share opinions with her all matters and admiring when doing good things. Sometime, I felt that she is my close friend, so, I frequently tell her about my work and troubles. (Mother, P 4)

I relate with her like my close friend, because she looks like an adult person. So, I, sometime, consult and get good ideas from her too. (Mother, P 6)

The parents also demonstrated more respect toward the adolescent boy and girl by using the method of *encouraging discussion, avoiding punishment, and accepting the child's decision*.

I treat him as older child who is sensible and able to understand and use reasons. So, I usually listen and share opinions with him for all matters and avoiding blaming or spanking, including unsuspecting him. (Father and mother, P 2)

I usually share ideas with him. And I let him make decision for own study or work and follow to his ways and planning. (Father and mother, P 13)

Particularly, the parents narrated that when they treated the adolescent like an older person; good relationships and closeness among them were maintained and enhanced throughout the adolescence.

I have no problem with him. I did not force, but interact with him like an older child and friend. So, he was ever close and share all things with me. (Father, P 18)

I open my mind, especially, more listening whatever and accepting her ideas. I think that this way could help me sharing opinions with her for all matters, and having good relationships with her. (Mother, P 6)

In summary, “showing more respect” is one crucial parenting method that the parents did for communicating love and care toward their child during adolescence. It could help these parents to maintain a good relationship and strong connection with their adolescent boy or girl consistently.

### 4.2.1.3 Keeping close contact

“Keeping close contact” is a common parenting strategy that the parents practice for connecting with their child during the adolescent period. According to child’s changes when being adolescent such as more closeness with peer groups, being engaged in activities outside the home, keeping secrets or talking with parents less. In particular, from middle to late adolescence, many children had to live far from home due to changing school to study at higher levels such as in high school and university. Thus, the parents tried to keep the connection with their adolescent consistently, which helped to maintain good relationship and connectedness among parents-adolescent that included family-adolescent. This parenting strategy could also assist parents expressing their love and cares toward their child during adolescence.

The finding showed that the parents had kept close contact with their adolescent through several approaches such as *regular talking* with their adolescent both in and out of the family unit. The parents usually talked with their adolescent boy or girl regarding to his/her living, studying and working each day.

He, indeed, is growing older than the previous years, but I have just talked with him everyday, asking about his works and activities and his trouble. He tells me all things both good and bad matters such as his boss, work, friends and his duty in daily living. (Mother, P 14)

I usually ask and talk with him; especially, during driving, dining and watching TV. He shares all matters with me. We enjoy talking together everyday. (Father, P 18)

In cases of the parents whose adolescent lived far from home for studying or working, they maintained closeness by using phone for regular talking together, including, *visiting* the adolescent boy or girl consistently.

She is studying in the university, so, we make a promise that I will call her around 9 p.m. every day. I and my daughter can talk together, even though she lives far from home. (Mother, P 1)

My daughter lives far from home for working and studying, so, I use telephone for talking with her everyday. I can also teach and advise her via phone, including expressing my caring continuously. (Mother and father, P 5)

She is studying in the university in Bangkok, so, my husband visits her every week, on Wednesday; eating and talking together. For me, I visit her monthly and talking with her via phone everyday. (Mother, P 6)

The researcher found that another way the parent tried to keep close contact with their adolescent was through the method of *sharing activities*. They had shared activities, including spending time together with their adolescent constantly, because the parents felt that their adolescent boy or girl was distancing themselves from parents and family. He/she was closer with their own peer group and doing activities outside home with friends and other people. Hence, the parents tried to keep connection with their adolescent boy or girl by having recreation and doing activities together.

I and my daughter like to do house chores together once a week. Sometime, we go outside for shopping things or books in a holiday. (Mother, P 1)

I always set aside some time, at least once a week, especially, in a holiday; for living and doing activity together. We, sometime, have dinner at the restaurant on a holiday as our kids prefers. (Father and mother, P 2)

The parents commonly managed the shared activities based on the adolescent's available time and conditions such as on school holiday, special days or vacation.

I set day and time for family being together, especially, on New Year day and school holidays, which my children can join together. This way, I and my family could join together as the same. (Mother, P 16)

The data indicated that the mother usually played the key role of creating and managing the shared activity in the family unit. She dedicated her own time for co-

operating each family member to participate with the shared activity consistently and then the connections among family members were maintained.

I tried to organize family for doing shared activity and recreations regularly. Very difficult, however, it is very important for our family, because, it can help my family to enjoy together as same as when my kids were young. (Mother, P 16)

The parents also narrated that their adolescent boy or girl had also preferred to share activities with their parents that included his/her siblings at home.

My family likes to do activities at home, eating, playing, and sharing house chores. My sons love and enjoy talking and playing together at home during school holiday or the end of semester more than going around with friends. (Father and mother, P 13)

Thus, the “keeping close contact” is a necessary parenting strategy used for reinforcing the strong connections among the parents and children, including families during the adolescent period. They had kept close contact with their adolescent through the method of regular talking, visiting and maintaining shared activities. This parenting strategy could reinforce the connectedness among the parents-adolescent, including their families.

#### **4.2.1.4 Decreasing conflicts**

“Decreasing conflicts” is a parenting strategy that parents practiced for preventing and reducing conflicts that occurred among parents-adolescents, including siblings and adolescent. This parenting strategy was done based on the child’s changes during adolescence, especially in early to middle adolescence such as being easily irritable and needing much autonomy. These adolescent changing behaviors could drive conflicts between parent-adolescent and adolescent-family members more frequently than in the childhood period. The evidence of conflict was supported by an example of

the 9th participant: The mother of an adolescent girl stated “She frequently argued with her younger sister, especially when her sister did not follow her directions and commands. I felt so bad when my kids had quarrels.” Another example, from the 18th participant: The father of an adolescent boy narrated that “During teenage years, my wife argued frequently with my son. The general issue was about sharing house chores which my son usually did not follow to his mother’s satisfaction. He liked to say: “Please wait, I will do it later. My wife was so angry, and then, she complained and scolded him.”

Indeed, the parents of adolescent understood and accepted the child’s changes during adolescence, so, they tried to adjust their behaviors, especially, their manners of suiting the child’s developmental stage and needs, which could prevent and decrease conflicts among them in daily living in the family unit. The parents used two common parenting methods for both preventing and reducing conflicts that consisted of less involvement and having good conversation.

In terms of less involvement, the parents performed this parenting method based on adjusting both their feelings and manners, especially, by more listening with an open mind and less directing their adolescent regarding his/her activities in everyday life events.

I know her habit; more curiosity and self directing. So, I’m usually careful about my manners during interacting with her so as not to be controlling, and also more listening to her opinions or ideas, and avoiding arguments with her for all matters.  
(Mother, P 4)

During the teenage years, she was more silent girl; speaking less and staying in her room more. I understood her habit because she is growing up as an older child. So, I try to not interfere with her privacy. (Mother, P 16)

As a part of having good conversation, accepting the nature of adolescent boys or girls who were growing older than the childhood years, so, the parents had shown

their recognition through the parenting method of having good conversation in daily living. By preventing and reducing the conflicts among parents and adolescents, the parents usually had good conversation with their child throughout the adolescent period. They demonstrated the positive manners of good sender and receiver of communication practice, particularly, warm-hearted speaking and soft speaking, not forceful, being patient, and being an open-minded listener.

We always talk with her in a kindly manner, being patient and soft speaking. For instance, when she came back home, we usually asked about her activities. If, supposing, she asked for some money, I would say what will you buy? Is it enough? Yes, we never scold her. If we did like that, argument might occur suddenly. (Mother and father, P 5)

I'm very carefully when talking with him; not scolding him or making him fear, good speaking, and being patient with his manner. Sometime, I thought that if I'm a cruel mom, he may run away from me due to growing up enough to be able to get a job himself and might hate me like a bad mom. (Mother, P 14)

The narrative also indicated that the parents attempted to decrease conflicts among parents and adolescent by the strategy of adjusting the parental mind. They tried to understand the nature of their adolescent boy or girl. They adjusted their mind by using the reasoning of '*Tum Jai*' (ทำใจ) for both understanding and accepting the adolescent's unfamiliar manners and habits, which could prevent and reduce conflicts among them.

I indeed, must change myself especially, to not involve myself with her activities; however, I am frequently troubled with her habits that are so different from during her childhood years. So, I try to adjust myself and tell myself that I must understand and accept her; (*Tum Jai*: ทำใจ)' because I love her and do not want to quarrel with her. (Mother, P 4)

In addition, the researcher found the data in relation to how parents adjusted their manners that could decrease parent-adolescent conflicts. Commonly, the parents would consult their couple as a primary person who was able to provide both

suggestions and evaluations for each other when interaction with their adolescent was negative or involved inappropriate manners. Then, the mother (wife) or father (husband) would adjust their own manners for good interaction with their adolescent. That could prevent and decrease the conflicts among them.

He is more irritable when he is interrupted, especially during studying at high school level. My wife and I discussed this event, and then we agreed that we should not get more involved or interrupt him. We must modify our practices for approaching him appropriately. (Father and mother, P 10)

I mostly look after my kid alone, however, when I get in a quarrel with him frequently due to my over involvement. I usually talk with my husband and ask for his help. And then, he assists me caring for our son better now than in his childhood years. (Mother, P 17)

As the evidence presented above shows, the parenting strategy of decreasing conflicts is very important for raising children during the adolescent period. The parents attempted to decrease conflicts through the method of less involvement and having good conversations. When the parents and their adolescent had less conflict, strong connectedness among the parents and adolescent was enhanced.

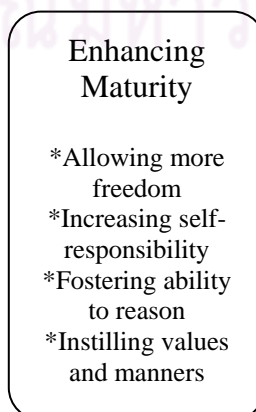
In conclusion, the “reinforcing connectedness” is the first important parenting activity that Thai parents performed for maintaining love, warmth, closeness, and connections among parents and adolescents, including families. It occurred based on parental recognizing the child being an adolescent who had many changes that made him/her distanced from parents and family. Therefore, the parents attempted to reinforce connectedness through the strategy of communicating love and caring, showing more respect, keeping close contact, and decreasing conflicts. These parenting strategies could promote the adolescents to connect with parents and families continuously. Therefore, the reinforcing connectedness could assist the parents approaching their adolescent smoothly throughout the adolescent period.

### 4.2.2 Enhancing Maturity

“Enhancing maturity” is the second category that consisted of establishing integrity: parenting adolescents model. It is the parenting activity that the parents performed for developing the child becoming an adolescent who demonstrated the characteristics of maturity such as self-responsibility, critical thinking skill, including presenting social acceptable values and manners. This parenting activity was practiced when the parents recognized their child being an adolescent who faced both potential growth and risks. He/she had just not grown enough and might get involved with bad things that would affect on his/her future life. Hence, the parents focused on enhancing the child’s maturity which included instilling social values and manners, especially, being a moral person, etiquettes, respecting elders, polite manners and gratitude toward others those were consistent with Thai values and culture.

As the narrative, the parents enhanced the child’s maturity from early to late adolescence through four strategies: allowing more freedom, increasing responsibility, fostering ability to reason, and instilling values and manners (Figure 3).

**Figure 3:** Enhancing Maturity: Parenting Adolescents Strategies





#### 4.2.2.1 Allowing more freedom

“Allowing more freedom” is the first parenting strategy that the parents had done for promoting the child’s maturity during adolescence. It was practiced when the parents recognized the child as being an adolescent who was growing up and more independent. So, they attempted to use their power and influence appropriately when interacting with him/her in daily living in the family unit. The parents thought that this parenting strategy could promote the adolescent’s maturity, especially, in more self confidence and independence.

The researcher found that the parents allowed more freedom for their adolescent boy or girl by using the method of *decreasing controls* along with *increasing independence* in relations to his/her life and activities. The parents would give permission to their adolescent to make decisions and do activity as he/she preferred, for example:

I let her choose things as she likes. Sometime, she asked me for going and doing activities with friends, because she could look after her own. (Mother, P 6)

I am less involved with her matters. I encourage her to manage her duty in daily living as she wants. Well! She has done appropriately both study and other matters. (Mother, P 7)

The parents thought and felt that their adolescent was older than the previous developmental stage. So, they *provided opportunities* for planning his/her goal of life. They let him/her do and make decisions as independently regarding field of study and occupation, including earning for family.

I let him plan for his own study and job in his future life. Even though, I wished him work as government officer, but I did not force him to follow my expectations. I think that he should plan his future life by himself. (Father and mother, P 2)

My daughter and her older sister have planned to make money for studying in higher education. I am pleased and allow her to do as she wants. I tell her that; please do the best for her life as she needs. (Mother and father, P 5)

He stopped to study after finishing grade 9, because he wants to support our family economy by self working. I agree with him, and let him do and plan for his own future life. (Mother, P 14)

From the data, the parents had given permission their adolescent boy or girl based on conditions that included nature of an adolescent (habits, gender, and events). They would consider carefully before allowing him/her doing something for making sure about appropriate activities, especially, free from any risky situations.

I let her to join party with friends. Because I know all her friends those are good girls and be excellent in their study. My daughter is also good kid. They like to have party at one's home after finishing their examination or on the special day such as new year day or birth day. (Mother, P 6)

Indeed, the parents would allow their adolescent having more freedom based on his/her gender and situations in daily living. Particularly, they were stricter or not give permission to adolescent girls going around with adolescent boys or male friends. For example:

Sometime, I let her to have party at home. Because I thought that I was able to look after her and friends so closely, especially in adolescent boy friends. (Father, P 8)

I have more concerned about risk of bad guy. So, I never let her going around with any adolescent boys. But, I allow her going with good girl friends. And, I do not let her to do inappropriate activities both inside and outside home. (Father, P 12)

In short, allowing more freedom is an essential parental action that the parents did for increasing the child's maturity during adolescence. The parents performed this parenting approach through the technique of decreasing controls along with increasing the child's independence, including providing opportunities that depended on gender

of the adolescent and conditions in daily living. Through these ways, they thought that the adolescent was more increased his/her maturity, including much more independence.

#### **4.2.2.2 Increasing responsibility**

“Increasing responsibility” is the second parenting strategy that the parents used for enhancing the child’s maturity regarding to his/her self-responsibility during adolescence. In deed, all parents had laid a foundation of responsibility since childhood years through several parenting approaches, especially, assigning some household chores and letting the child learn some duties during preschool years. For example of the 1st participant (mother of adolescent girl): “I let her do own duty since being a young child such as preparing things for going to kindergarten school, eating and bathing by her self.” And, the 2nd participant (father and mother of adolescent boy) said that “I trained him to take care of himself since he was young. I also took him with me for selling milk, which I did for increasing our family income. So, my son knows how to earn a living. He had been able to earn some money on his own since he was in grade 10.”

The narrative of the parents demonstrated that during adolescence, they put more emphasize on increasing the child’s self-responsibility due to recognizing the child being an adolescent who was older than the previous years. The parents expected that the adolescent boy or girl should take more responsible for their own duties, including the family task. They also believed that the characteristic of self responsibility is very important for child life, especially in adolescent years. Therefore, the parents intended to promote the adolescent’s self-responsibility through family functions and roles that

took place continuously in the family unit. They had *assigned much and complex domestic work* when their child was an adolescent, especially, more sharing of household chores such as cooking, washing clothes, including, taking care for younger siblings.

When she was studying in grade 7, I tell her to do much house chores; cleaning clothes for me and her older brother. She can help me to look after our home so much. (Mother, P 7)

My work is busy, so, I tell him that; please look after his younger bother for me too. Well! He follows my request and can do the best with both his own duties and for our family. (Father, P 18)

While as the data showed that the parents would assign household chores based on the gender of the adolescent.

I do not put my son to clean my clothes, but I do with my daughter. I think that some house work, especially, cleansing clothes and dishes are not suitable for boys, but for girls. (Mother, P 7)

In case the adolescent who did not follow to parental assignment, the parent would try to persuade or induce their adolescent boy or girl to do by having good conversation. And they also let their adolescent select types of house works and manage them as he/she preferred. For example:

My son sometime did not follow to my assignment of sharing house works such as washing clothes. So, I let him choose and help other types of house chores and manage time to do them by own self. (Father and mother, P 10)

In term of *training money management*, that is a common parenting method that the parents practiced for enhancing the adolescent's self-responsibility, especially the ability of self management.

I let him take care of him, especially, managing his own money since studying at grade 7. I gave weekly allowance, and then monthly when he was in high school. He can manage his own money appropriately. (Father and mother, P 2)

I let her plan and do whatever by her self. She is so cute and be able to taking care of her self appropriately. And, she could create and did a small business during studying grade 10-12, which help her to get some money from this job. (Mother, P 4)

According to the parents trusting in the influence of *parental modeling* on the child's developmental outcome, thus, they demonstrated a good model in relations to self-responsibility toward their adolescent consistently.

I always do house chores by my self. My daughter follow me to make her duty such as making her room, cleansing clothes, and cooking since childhood years. Now, she can do house work for me when I was more busy or left from home. (Mother, P 1)

My husband always helps me to do house works when he came back from his office and having a free time. And my son could assist me like as his dad too. (Mother, P 3)

As the evidences, the “increasing responsibility” is an essential parenting strategy that the parents performed for developing the child's maturity, especially self responsibility during adolescence. They promoted the adolescent's self responsibility through common methods of assigning more and complex household chores, training money management, including role modeling in daily living. In these ways, the parents thought that their adolescent were more increased more characteristics of maturity, especially high responsibility in study, work and living.

#### 4.2.2.3 Fostering ability to reason

“Fostering ability to reason” refers to the parenting strategy that the parents practiced for increasing the adolescent's maturity, especially, the critical thinking ability. The parents performed this parenting strategy during adolescence, because they thought that even though their child was growing up, he/she had not reached full

maturity. So, he/she needed to develop his/her ability to reason when faced with various events that might make him/her troubled due to being unable to cope with appropriate logical reasoning, especially, effective decision making with good reasoning. In addition, the parents recognized their adolescent as an older child who should have good reasoning skills, which are very necessary for his/her life.

The narrative data indicated that the parents commonly fostered the child's ability to reason through the method of *training solving skill* in daily living. They allowed the adolescent to solve his/her problems independently.

My husband frequently pushes her to think whatever for solving her own problems. For instance, when doing her home work, he would induce her to do by her own self, and not provide help or guidance if she could not solve by her own first. (Mother, P 1)

The parents had used the technique of *providing more reason* that could promote his/her critical thinking ability, including decision making skills.

I guide him to consider whatever based on good enough reasons. For example, one day he told me about his business plan, so, I asked him to tell me about his actual plan, what dose he want? And why he plans like that. I want him to have good consideration before making decision for whatever. (Father and mother, P 2)

When the adolescent did make some mistakes, the parents did not punish him/her. They had avoided directly blaming, scolding or spanking, but they tried to induce their adolescent with more reasoning for making him/her to consider own mistakes.

He was growing as older child, so, I never spank him without reason. I would induce him with good reasoning. And then he could correct his behaviors by his own self. (Father and mother, P 2)

I never scold her without reason. If she did make a mistake, I would tell her directly and explain why I was unsatisfied with her behavior. And, I let her explain why she did like that. Well! She could give enough reasons that made me to understand her too. (Mother, P 7)

The parents also fostered their adolescent to develop his/her ability to reason through the technique of *sharing ideas* with him/her during doing activities together in daily living such as watching TVs.

I and my son usually discuss things during watching news on TV; both debating and sharing ideas based on situations. He, sometimes, could provide good opinions and make me follow his thinking too. (Father and mother, P 13)

In short, all parents fostered the child's ability to reason that is necessary for developing adolescent maturity. They performed this parenting strategy through the methods of training solving skills and providing more reasoning and sharing ideas based on conditions that they dealt with him/her in daily living. Eventually, the parents thought and felt that their adolescent had the ability of reason and problems solve that included good decision making.

#### **4.2.2.3 Instilling values and manners**

“Instilling values and manners” is the last sub-category of enhancing the child's maturity. It is the parenting strategy that the parents had done for transmitting and cultivating socially acceptable values and manners necessary for the adolescent both in the present time and in future life. The parents intended to instill social values and manners for their adolescents, because they believed that when the adolescent had good social values and manners, he/she would be accepted by people that associated with him/her in various situations.

The parents, actually, had instilled the social values and manners since childhood years. However, during adolescence, these parents put more emphasis on *cultivating* essential values and manners that were of benefit for their adolescent when living and interacting with people in various situations, especially, social activities. They performed this parenting activity based on recognizing their child being an adolescent who had not reached full maturity. So, they intended to develop him/her to behave in appropriate ways and manners. This evidence is confirmed by the example of the first participant (mother of adolescent girl) who said that “My daughter is growing up into an older child; however, I felt that she still looks like a young child, because her manners were not as mature as her age. So, I try to guide and warn her about appropriate manners and habits when relating with people.”

The narrative data showed that all parents had cultivated the values and manners for their adolescent in relation to career, education, and life, including family life. They intended to cultivate their adolescent boy or girl in several issues. They emphasized the topic of human relationships, especially respecting senior and elderly people, politeness, being humble or modest, preserving one’s honor, and refraining from showing anger.

I remind her on respecting seniors or adult persons; teaching and demonstrating about good manners in our Thai culture, including, having a good mind and self-control, both suppressing and controlling negative feelings, and showing good etiquette. (Mother, P 1)

I usually remind her about being a good person; entrusting, and behaving by appropriate manners; gentle and polite with older persons, and other adults. (Father, P 8)

The parents also transmitted the values that were consistent with Thai culture and gender of the adolescent. They focused on cultivating the essential issue regarding to human sexuality such as abstinence in adolescent girls and sexual morality in adolescent boys, including behaving as a good man and lady, for example:



I instruct her about sexual abstinence, because being a virgin is very important for woman. She should not have sexual relations before the suitable time. (Mother and father, P 5)

I have taught her since before studying in junior secondary level and more focused during her becoming a teen. I tell her about how to be a good lady who is able to do house work: cooking, cleaning, and especially, not being involved in any drugs or bad guys. (Father and mother, P 11)

I warn him that if he does not love his girlfriend, he must not cause her trouble and get her pregnant. He should have awareness in this point, because his younger sister is also a young teen girl that may face this risk problem, if she may meet any bad guy. (Mother, P 17)

The parents narrated that they provided *anticipating guidance* for the adolescent boy or girl in relations to sexual risk problems, because they were more concerned that he/she might engage in them. Thus, they frequently warned and guided their adolescent boys or girls by increasing his/her values and awareness regarding safe sex.

I frequently tell and warn her that she should have good consideration and be careful about nature of any guys who do not protect their own selves when having sexual relationships. Thus, if she relate with him, she may get infection from him too.” (Mother, P 1)

I warn him about AIDS since studying in the high school level, especially, using condom for protecting own self. I tell him that, “Should not forget it for your safety.” (Father and mother, P 2)

I frequently tell him about bad girls who may not really love him, but only want his money. So, I warn him that “Be careful if he want to associate with them. (Mother, P 14)

I remind her about the harm of any guys who might abuse her without love, but for only sexual desire. I say that she should take care of her own self and avoid these bad guys; especially, don't go around or treat him like he's your boyfriend. (Father, P 12)

Because of concern about the child's bright future, the parents had emphasized on instilling the values of good education and career. They hoped that this parenting practice would motivate their adolescent to develop his/her self for achieving their own

bright future such as studying to the highest level, selecting a good and sustainable career, for example:

I frequently talk with my son about good occupations, especially, working as a government officer which could help him to have sustainability in future life, especially, economic status. (Father and mother, P 2)

I tell her that she should consider and choose the best thing for her own future life, especially studying to the highest level she can. And then, she will be able to choose a good job for a bright future life. (Father, P 15)

All parents frequently cultivated social values toward their adolescent boys or girls by using the method of telling parental expectations. They thought that in this way, the adolescent would have awareness of self regulation and becoming a good child who can develop his/her self to become a good and successful adolescent and beyond to adulthood stage. The parents told their expectations toward their adolescents regarding to being a good person, having a good career, studying to the highest level, and having good a family life in the future.

I said that I only wish her being good person, not because of her mom and dad but for her own, so, she should do her best, especially, study to the highest level for her own good future life. (Father and mother, P 5)

I talked about his future life. I wish him to choose a good girl who could promote and encourage him to success in both work and family life; happiness and sustainability of life. (Father and mother, P 13)

I ask him to follow my dream; please enter the priesthood before getting married. I think that when he is 20 years old, he should be ordain first, and then make more money and then get married with a good woman. (Mother, P 14)

The parents also narrated that they frequently instilled the value of relations to the characters of good person those were thrift, endurance and industrial, and behaving

in positive ways, not getting involved with bad things, especially, addictions, having a good mind, trusting in Dharma, including, not crazy in modernization and materialism.

I emphasis to her about being good a person that has high responsibility, thrift, endurance and industrial, not obsess with modernization and materialism, and having self sufficiency. (Mother and father, P 5)

I tell her that she should be a good child, especially, not involve with bad things, and be careful when associating with friends, having good mind, believing and following Dharma of Buddhist and making merit consistency. (Father, P 12)

The parents also attempted to transmit Thai values and manners through the technique of *providing good experiences* that included the positive environment. They believed that this parenting method was able to cultivate their adolescent to have the proper social values and manners. So, they provided positive or good experiences in both activities and people in daily life events consistently.

My family, regularly, go to a temple for making merits on Sunday. I believe that it could make her being good mind. I also select only good TV lists, books and magazines for providing good things and examples for her. (Mother, P 4)

I frequently take her to join with good adults who are of good mind and morals. And, I guide her to take the role model from them which could make her to become a lovely girl. Sometime, I let her have parties with friends at home. Because I think that it is the best place that could save more money and teach her and friends to do and behave appropriate activities and manners. (Father, P 8)

The parents believed in the influence of parental modeling for the adolescent's values and behaviors, so, they transmitted social values and manners through the technique of *role modeling* consistently since childhood years through the adolescent period. They had focused on demonstrating a good model of being thrifty, loving Thai culture, making merits, and being more industrious in work.

My family; my wife, grandmother, my daughter and I usually go to the temple for making merits on Sunday or specially day. I believe that my action could make my kid to be of good mind and love Thai tradition. (Father, P 8)

I frequently make merit by giving food for monks, especially, on the Buddhist day of worship. My daughter also prefers to do this with me, and when she lives far from home, she continues to do this activity regularly. (Father, P 11)

I and my wife have to wake up early each morning for doing work. I think that my daughter can see and know about my hardships, industry and patient that I always do the best for her and our family. (Father, P 15)

The parents had shown good role modeling of socially acceptable values and manners toward their adolescent that depended on parental beliefs regarding old Thai sayings and the principles of Karma and Buddhism (good deeds can result in good things), which they were instilled from their own parents (grandparents) in the past since childhood years:

I heard elderly people and my own parents' sayings in the past: "A *chip off the old block*" (เป็นตามต้นตามตอ); "A child won't be much different from their parents" (ลูกไม้หล่นไม่ไกลต้น). So, I do not drink alcohol or smoke tobacco. Because I thought that my children might follow these bad models. (Father and mother, P 11)

I believe in the effect of doing good deeds in my life. So, I and my children usually make merit such as giving food for monks and going to the temple on special days. And when I was young, I had earned and worked hard for supporting my older sister's study. Now, she gives money for supporting my kids' study. I told my kids that my good deeds can help both my life and kids to be happy. (Mother and father, P 5)

I trust in the Karma principle. So, I take my child for making merit consistently. I believe that good actions can make good things happen and protect me and our children from all bad things. (Mother and father, P 12)

The finding also indicated that the parents had instilled values and manners for their adolescent through the method of *showing by examples*. The parents would present

either the positive and negative events or cases that aimed at teaching the specific social value or manner for their adolescent. They also discussed or shared opinions in relation to example for cultivating values or manners.

I frequently talk and share opinions with her about inappropriate values of our neighborhoods who like to celebrate their birthday. I and my family do not prefer this life style, because, it's not Thai culture being lavish man. For my family, on this special day, I only make merits and giving greeting card for each other. (Mother, P 1)

As the evidence presented above was applied, the parents had instilled social acceptable values and manners for their child during the adolescent period. They focused on transmitting and cultivating values and manners for the adolescent boy or girl regarding both career and life. It was performed through several methods such as teaching, guiding and warning, discussing, providing good experiences and environment, showing examples and modeling. In addition, they practiced this parenting activity based on their beliefs, especially old Thai sayings, and the principle of Karma and Buddhism.

In conclusion, “enhancing maturity” is a crucial parenting activity that parents had done for developing the child’s maturity during adolescence. The parents conducted this parenting activity through four strategies of allowing more freedom, increasing responsibility, fostering ability to reason, and instilling values and manners. They thought that these parenting strategies could promote the adolescent into developing his/her maturity that could be seen from the characteristics of self-responsibility, appropriate decision making, self controlling, including presenting social acceptable values and manners.

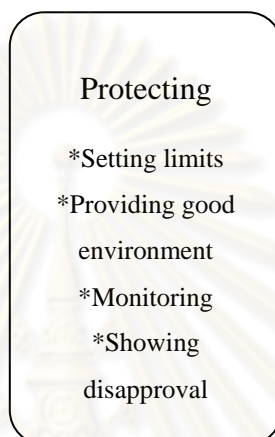
### 4.2.3 Protecting

“Protecting” is the last category consisting in the parenting adolescents’ model. It is the parenting activity undertaken by parents for preventing the child from participating in inappropriate events and risk problems. The parents intended to protect their child during adolescence, because they recognized the adolescent period is a critical time of child development that might lead him/her to engage in health risk behaviors; such as delinquency, addictions, smoking, alcohol drinking and sexual risk problems. The parents also thought that their adolescents were just young and had not reached full maturity. Particularly, the adolescents had less experience and fewer life skills for protecting themselves. Hence, they attempted to protect him/her from these health risk problems throughout the adolescent period. The evidence is confirmed by an example of the 15th participant (father of adolescent girl): “At this time, I act like I am her guard. I had more concern about her safety, because she is so young and has not grown enough. I try to keep her from bad things, especially, bad guys and bad friends.”

All parents, actually, perceived that they had protected their child by using the parenting strategy of ‘controlling’ and ‘supervising’ during childhood years in order to elicit the proper behavior and to protect them from any harms, especially accidents. However, during adolescence, there were many changes in the child, especially more self-centeredness, loving freedom, and not wanting to be interfered with by parents and others. So, the parents tried to protect their adolescent through adjusted approaches and manners that were different from traditional practice, but which were suited for the nature of their adolescent. In particular, the activity of “protecting” was done continuously both in and out of the family unit from early to late adolescence.

As the narrative, the parents had protected their adolescent by using the four common parenting strategies (Figure 4): Setting limits, providing a good environment, monitoring, and showing disapproval.

**Figure 4:** Protecting: Parenting adolescents strategies



#### 4.2.3.1 Setting limits

“Setting limits” is the first parenting strategy that parents used for protecting their children from risks and harm during adolescence. It was done based on parents recognizing their child being an adolescent and having awareness of potential risks and growth of their adolescent who might engage in risky behaviors. However, they had known about the nature of adolescents who were more independence and did not prefer to be more involved. Thus, the parents tried to adjust their behaviors as a positive approach which did not make an adolescent troubled from this parenting practice.

Thai parents narrated that they had set limits for controlling their adolescent’s negative or risky behaviors through four strategies: setting rules, making contract, and involving with activities and peers.

First, *setting rules*; it is the first parenting strategy that parents used for controlling the adolescent's inappropriate or risky behaviors. It was done based on parental reorganizing their adolescent being older; so, they tried to adjust the controlling method in a positive way that was more suitable for the adolescent's age. The data showed that the parents set clear rules that related to the adolescent's health risk behaviors, especially, addictions, delinquency, and sexual risk behaviors. They would tell specific rules to their adolescent, they thought that these clear rules could prevent him/her from getting involved with bad things or events such as smoking and drinking alcohol, stealing, including having boy or girl friends.

I warned him since before becoming teen; should not do any things that could make our family troubled; especially, stealing, and using amphetamine". I also command that; should not borrow anything from others, including own sibling, because, it may turn into inappropriate habit, or may be a thief in the future. (Father and mother, P 2)

I talk with her about having boyfriends during studying that is unsuitable time and may impact to her future life. I forbid her having boyfriends, because it's unsuitable time. (Mother, P 7)

I tell him that he should not get involved with unknown or bad woman. Because of he may get infection and loss much money to her. (Mother, P 14)

Second, *making contract*; it is a method that parents use for controlling the child's risky behaviors. The parents would make a contract with their adolescent boy or girl when they noticed inappropriate behaviors such as playing computer games, talking and going out with friends of the opposite, including going around with friends. They thought that this parenting method was able to control and decrease his/her inappropriate or risky behaviors, especially not involving with bad things or events (addictions, stealing, and having a boy or girl friend).



He was crazy about computer games during studying in grade 7 to 9, after knowing this event, his dad punished and then making contract with him that was not involving with this bad thing anymore. Now he is a good boy. (Mother, P 3)

After knowing about her boyfriend, then; I talked with her seriously and asked for her promise. I want her to study in higher level. I asked her that; could she make a contract. Should study and associate with this guy as a friend, can't she? (Mother, P 7)

I usually ask him for behaving in good ways, especially, not involving with bad things. He promises that; please trust him, he will do as mom and dad prefer and need. (Mother, P 14)

Third, *getting involved with activities and peer*; the parents had set limits for protecting their adolescent boy or girl from risks and harm through the method of becoming involved with the child's activities and peers. This parenting method was done due to parental awareness of potential risks during the adolescent period, especially, negative peer pressure on adolescent's behaviors during unsupervised time. Thus, the parents attempted to get involved with the child's activities and peers for preventing their child from engaging in risky behaviors. They thought that in this way, they also were able to limit the negative behaviors along with cultivating positive behaviors for their adolescent and his/her friends.

I frequently persuade her to do activities at home such as having parties during school holidays that could help me to look after her and friends closely and not using much money for the party. I also guide her and friends doing only good things. Sometime, I joined with them and tried to teach about good manners, especially, speaking politely. (Father, P 8)

I know all his closed friends. I also talked with his friends to know about their activities and guided them to do only good things, especially paying more attention in own study. (Mother, P 17)

In short, the strategy of setting limits is very crucial for parenting the child from early to late adolescence. It could assist parents to protect the adolescent boy or girl from any health risk problems. This parenting strategy was practiced through four

methods of setting rules, making contracts, and getting involved with activities and peers. In these ways, the parents hoped that the adolescents would have awareness and try to regulate their own selves and being good children who freed from any health risk behaviors.

#### **4.2.3.1 Providing good environment**

“Providing good environment” is a parenting strategy that parents used for protecting their child from risks and harm during adolescence. Accordingly parents believe in the influences of good environment on the child’s behavior, so, they intended to organize and manipulate environment both in and out of family unit for preventing him/her from negative events or risky problems.

Indeed, the parents had provided good environment both people and place since childhood years, especially selecting good school and friends. They also taught their child about good friends and place, especially not associating or playing with bad friends. And when they noticed an abnormal or inappropriate events or things occurring with their child, they would change their child to another place (school) and peer.

During school years, I managed him to study in the the best school. However, during studying around grade 6-7, I found that he associated with bad friends who did more play computer game and not go to school. So, I changed him to study in another school that I could also separate him from these bad boys. (Mother, P 3)

I taught her about not playing with bad children both in school and our village. When she would study in junior high school level, I changed her to another school. Because I believed that it’s better for her both studying and friends. (Father, P 12)

The finding indicated that during adolescence, the parents had more focused on providing a good environment both in people and places that could assist their

adolescent to have safety. They recognized that good places and people were able to both prevent and promote the child's thinking, values, and behaviors in only good ways. So, they tried to contact with good people and places that could prevent their adolescent from bad things and events. The parents usually performed this parenting strategy through the method of *selecting school and friends*.

While studying in grade 7 to 9, my son was more playing computer games due to associating with bad friends. So, my husband and I changed him to a new school that could separate him from bad friends. Now, he can change and get good score, no truancy, and being a good son. He and his new friends are good boys who are more industries in both duty and study. (Mother, P 3)

My son became close with friends who liked to go around and come back home so late. So, I tried to separate him from his peer group. And, I also changed him to another school for increasing his study score too. (Mother, P 17)

As the narrative data, all parents trusted in the influence of good people on the adolescent's behaviors. So, they intended to protect their adolescent from bad people by using the parenting technique of *manipulation* the adolescent boy or girl to join with good people, especially adults, for example:

I let her have a party with friends at home. Because I think that it is the best place for her in both environment and safety. Sometime, I took her to my work place for joining with my colleagues who are polite and good manners. (Father, P 8)

In addition, the parents had concern about the effect of home environment on the adolescent's health, especially, his/her psychosocial aspect. So, they tried to *maintain a good home atmosphere*, especially good marital relationships that could make him/her feel happy with their own family and parents. The parents were more careful about marital conflicts. They would not quarrel in front of their adolescent. Because they feared that he/she might be trouble and feel inferior with this negative event in the family unit, and might become involved with risk behaviors.

I'm more careful about marital relationships, especially conflicts among couples. I and my husband never quarrel in front of our kids, because, it's bad event and model, especially during teenage years, it could make our child feel trouble. If my daughter may be unhappy, she may run away from home and then may become involved with bad things and friends. (Father and mother, P 5)

In sum, “providing good environment” is an essential parenting strategy that parents performed for protecting their child from risks and harm during adolescence. The parents had provided a positive environment for their adolescent in both people and places. They performed this parenting strategy by using three common methods of selecting friends and school, taking them to join with good adults and maintaining a good home atmosphere. The parents hoped that a good environment could promote the adolescent boy or girl to develop appropriate behaviors, as well as protecting the adolescent from any risks and harm.

#### **4.2.3.2 Monitoring**

“Monitoring” is the most common parenting strategy that parents used for protecting the adolescent from risks and harm in the today's society. The parents monitored the adolescent's behaviors continuously, because, they thought and were more concerned about health risk problems. They feared that he/she might engage in them during development in the adolescent period. So, the parents attempted to monitor his/her behaviors consistently in daily living both in and out of the family unit. This parenting strategy could help the parents know about their adolescent's activities, friends, and problems continuously. And, if their adolescent demonstrated inappropriate and risky behaviors, the parents would correct or modify these negative behaviors early on.

All parents of the study were more careful when monitored the adolescent, especially their monitoring manner. Because the parents thought that he/she was growing up and being sensible more than in the previous developmental stage. So, they attempted to monitor their adolescent in positive ways, which did not make him/her troubled and not treat him/her in a suspecting way. There were four common methods that the parents used for monitoring the child's behaviors in everyday events: observing, asking, inspecting child's belongings, and getting information from others.

First, *observing*; the parents intended to observe the adolescent's behaviors and manners in everyday events. They focused on noticing his/her behaviors, activities, and friends, including unfamiliar manners. This parenting method could help the parents detect inappropriate and risky behaviors early.

One day, I saw her dressing and making up more beautiful like a young woman. I thought that she might have a boyfriend. So, I made a joke by saying that; dose she have a boyfriend. She laughed and showed a shy smile. (Mother, P 7)

I take her for extra-learning and sometimes I would wait until she finished. Because I want to know about her activities and others, especially, of the opposite sex. (Father, P 8)

When he played computer game, I frequently noticed his playing for detecting inappropriate things. I wanted to know about what are his favorite games, and whether they were appropriate for him or not. I also keep watching about internet chatting that I believe it risk for him too. (Father and mother, P 10)

Second, *asking*; the parents had monitored their adolescent's behaviors and activities through the method of both indirect and direct asking based on the conditions in the family unit. In term of *indirect asking*, the parents would ask and talk with their adolescent boy or girl in relations to general matters; schooling and studying, friends, and activities. With this method, the parents could know about his/her lives and behaviors consistently.

I talk with her about her friends and activities in her daily life. In fact, I never suspect her due to looking after her closely since childhood years. However, talking with her could help me know about her activities and friends continuously. (Father and mother, P 11)

The parents frequently asked him/her indirectly during shared activities in the family unit. They practiced by talking during dinner and doing household chores together. This parenting method could assist the parents in knowing about his/her life in daily living continuously.

I talk with my son every day while having dinner or watching TV thinking at that could help me to know about his activities, especially his friends and works. (Father and mother, P 2)

While doing house chores together, I talk with her about her studies, friends and others. She tells me everything. So, I feel sure about her good behavior, especially not involving with any guy. (Father, P 12)

During driving for going home, I like to talk with him about his work and general matters. I could know about his life and troubles continuously. (Father, P 18)

During adolescence, many adolescents engaged in more activities outside the home, which included living far from home for his/her study at a higher level. Hence, parents usually monitor the child's activities and behaviors by talking with the adolescent boy or girl by phone.

She went to an extra class every evening, and she came back in the night. I felt high concern about risks and harm. So, I frequently called her by using a mobile phone so that I can be sure about her safety and behaviors. (Mother, P 6)

I worry when she goes outside the home, especially accident from driving a motorcycle. I frequently call and talk with her via phone for making sure about her safety and not going around with friends. (Mother, P 9)

In terms of *asking directly*, the narrative data reflected that when the parents knew about unfamiliar or irregular behaviors, things or events that related with their

adolescent, they would ask him/her for about these inappropriate behaviors. They would ask in a careful manner and without suspecting him/her, because they were concerned that their adolescent's suspicious manners might make him/her troubled and feel inferior.

One day, I noticed that he had much money and bought many things back home. I asked him immediately. He told me that he has a small business and could earn some money. In fact, I did not suspect him, but asked him to be sure about his money. Yes, I only asked him with good conversation, and not scold him. (Father and mother, P 2)

My son told me that his younger sister was talking with a man in front of our village. When my daughter came back home, I talked with her in early. I asked what about association with this guy. She told me that he is only a close friend. (Mother, P 7)

Third, *inspecting the child's belongings*, the narrative data also suggested that the parents monitored their adolescent's behaviors by inspecting his/her belongings. They thought that it could help them to detect his/her inappropriate behaviors and activities early. They would check the child's belonging such as his/her school bag and his/her diary, which could assist the parents know about the child's thoughts and feelings. They would practice this parenting method when he/she did not stay at home. And, they did not tell their adolescent before inspecting his/her belongings, because they feared that it might make him/her felt inferior and troubled.

In deed, I did not suspect him, but sometime, I examined his school bag for making sure about addiction and substance uses. (Father and mother, P 2)

One day, I found her diary on her table, so, I read it so I could know about her activities and troubles that occurred in daily living both in study and others, especially with friends. (Mother, P 6)

Fourth, *getting information from others*; the parents monitored their adolescents' behaviors and activities, especially during unsupervised time, by seeking information from others both in and out of the family unit, especially older and younger siblings,

grandparents, teachers and his/her close friends. The parents would try to seek much information when they knew or noticed his/her inappropriate or risky behavior. They would ask person who closed to their adolescent such as relatives, siblings, close friends, and teachers. With this approach, the parents could know more details regarding to his/her negative behaviors or conditions.

While studying in grade 10 to 12, I wondered why he had more money. So, I went to his school and asked his teacher who told me that “Don’t worry, he is a good boy; he could make money on his own, not stealing. The teacher and my son made money together.” (Father and mother, P 2)

My grandfather helps me to look after my son, especially observing his inappropriate behaviors, particularly smoking and other substance use. He was sure that my son did not smoke because he could not smell tobacco or other suspicious things in his room and school bag. (Mother, P 3)

When I knew that he did not go to school, I tried to detect this problem from his younger sister and close friends those could help me to understand my son and correct this problem early on. (Mother, P 17)

As the evidences presented above shows the parents used the parenting strategy of monitoring the child’s behaviors to protect him/her from risks and harm. It could help the parents knowing about the child’s behaviors, activities and events in daily living continuously, especially during unsupervised time. They monitored their adolescent boy or girl through the methods of observing, asking, inspecting the child’s belonging and getting information from others. When the parents knew about the adolescent’s inappropriate or risky behavior, they would correct him/her and promote his/her appropriate and healthy behaviors early on.

#### **4.2.3.3 Showing disapproval**



“Showing disapproval” is the parenting strategy that parents practiced for preventing their adolescent from engaging in risky behaviors, including correcting the child’s inappropriate behaviors. They would show disapproval toward their adolescent when noticing his/her undesired behaviors such as playing computer games, going around with friends, talking and going with boyfriends/girlfriends. This parenting strategy could make the adolescent known about definite undesired characteristics or behaviors, especially inappropriate and risky behaviors. It was able to encourage the adolescent to develop and demonstrate the appropriate behaviors during adolescence.

The finding suggested that the parents showed their disapproval toward the adolescent’s inappropriate or risky behaviors based on parents recognizing that he/she was an adolescent boy or girl who did not like to be interfered with by their parents. Therefore, they attempted to practice this parenting strategy in positive ways and less trouble for him/her. Generally, Thai parents showed their disapproval toward their adolescent through the two methods of warning and inducing.

First, *warning*; the parents used the method of warning for showing disapproval toward the adolescent boy or girl that would raise his/her awareness regarding to the inappropriate or risky behaviors. The parents hoped that he/she would try to regulate their own selves and demonstrate only appropriate behaviors, especially free from risky behaviors.

My son liked to borrow things from others, especially from his friends, so I reprimanded and made him realize it early. Then, he stopped doing that anymore. (Father and mother, P 2)

I warned her about inappropriate dressing, and then my daughter always dresses with a long skirt or trousers when going out of home. (Father, P 12)

When I knew that he did not go to school, I talked with him and asked him early; I warned him to think more about his future life. So, he should study to the highest level that could help him to achieve his own bright future. (Mother, P 17)

Second, *inducing*; when the parents usually disapproved of a child's inappropriate behavior, they used the method of inducing. According to the parents, they respected their adolescent as an older person, so, they avoided punishing him/her with negative or harsh methods (blaming, scolding and spanking) when noticing the adolescent's inappropriate behavior. They would reflect him/her directly regarding to this negative behavior. And then they tried to induce him/her with good enough reasons that could make the adolescent understand and stop doing the behavior anymore.

When seeing his bad behavior, I did not spank him because I thought that he was becoming older. So, when he made some mistakes, I would “*verbally spank him* (ตีด้วยปาก)” instead. I usually persuade him by giving reasons which could make him understand and adjust his own self to be a good boy. (Father and mother, P 2)

After knowing she had a boyfriend, I talked with her, I warned her about the negative effect of this condition. I forced her to stop this behavior, because it might cause her a bad future life, especially for her studies. (Mother, P 7)

When I knew that he did not go to school, I talked to him and asked him early; I did not scold or blame him, but I tried to explain and guide him thinking more about his future life. (Mother, P 17)

The data showed that the parents were able to detect the child's inappropriate behaviors in early to middle adolescence, because they had monitored the child's behaviors consistently. Therefore, they could correct the child's inappropriate behaviors and could help him/her develop positive behaviors, especially during late adolescence.

Around grade 7 to 9, he loved to play computer games with friends and not go to school. Sometimes, he stole my money. So, my husband spanked and forced him to stop early on. Now, he is a good boy; he studies well, helps me to sell goods and shares house chores. (Mother, P 3)

I knew that she had a boyfriend while studying in grade 8. So, I talked to her and forced her. Then, she understood my wish and stopped associating with this guy. Now, she is more interested in her studies and behaving in good ways. (Mother, P 7)

In addition, the finding indicated that when the parents faced problems in relations to the adolescent's inappropriate or risky behaviors, they commonly tried to solve them by talking and consulting together as a couple for seeking appropriate approaches.

Since grade 8 to 9, my son did not go to school, and played computer games. It was my bad time and trouble; therefore, I told my husband about this and consulted him early. He then tried to help me to solve this problem. He could help me so much. (Mother, P 3)

After knowing about his bad behavior, I tried to talk with my husband and asked him to solve this trouble. He understood and attempted to help me, and then my son became a good boy who is more industrious in his study. (Mother, P 17)

As the evidences presented above show, the parenting method of “the showing disapproval” is an important strategy that the parents used for protecting their child from risks and harm during the adolescent period. It could help the parents to correct the adolescent's inappropriate or risky behavior at an early stage, including preventing severe health risk behaviors.

Overall, the finding indicated that during adolescence, all parents attempted to raise their child to become a healthy adolescent. The parents performed the process of “Establishing integrity” (*Karn Saang Serm Kwam Mun Kong*), which comprised of three major parenting activities: reinforcing connectedness, enhancing maturity, and protecting. These three activities were carried on simultaneously from early to late adolescence and were aimed at promoting the adolescents' integrity, especially, his/her maturity and wellbeing. The parents thought that at the late adolescent stage, their child was a good adolescent and free from any health risk behaviors. The parents narrated that people frequently called them “*Good parents*” who could raise their adolescent children successfully. In particular, their late adolescents had presented healthy and good

behaviors such as high self-responsibility, more industry both in their study and work, gratitude to parents, and showing good etiquette and not engaging in risky behavior.

Eventually, this parenting process ended when the parents believed their adolescent was becoming an adult. They thought that their child was a healthy late adolescent and looked like an adult person. They had seen their late adolescent boy or girl demonstrating his/her integrity, especially positive developmental characteristics and healthy behaviors, such as honesty, being more responsible and industrious in their study and working to earn a living. Their adolescent boys or girls did not become involved in risky behaviors such as addiction and substance use, and no sexually active behaviors. In addition, the data demonstrated that the parents were proud their late adolescent that presented his/her integrity regarding to maturity and healthy behaviors.

#### **4.4 Summary**

As the current study, the finding showed that the major task of the parents of healthy adolescents was addressing the process of parenting adolescents named as “Establishing integrity” (*Karn Saang Serm Kwam Mun Kong*). The parents attempted to perform this parenting process for raising their adolescent to become healthy. The major story was about the parenting activities that the parents performed toward their children during adolescence in Thai context. The parenting adolescents model was illustrated the process of “establishing integrity” that occurred when the parents recognizing the child was an adolescent. Then, three major parenting activities were performed simultaneously that consisted of reinforcing connectedness, enhancing maturity, and protecting. This parenting adolescent’s process ended when the parents believed the

adolescent boy or girl was an adult who had demonstrated his/her integrity regarding to maturity and well-being, especially not engaging in health risk behavior.



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## CHAPTER V

### CONCLUSIONS, DISCUSSIONS, AND RECOMMENDATIONS

The goal of this final chapter is to summarize the findings and relate them to the existing literature and research, including logical explanations in order to highlight the contributions this study makes. It will start with summary of the findings. Next, the substantive knowledge of parenting adolescents namely “Establishing integrity” will be discussed. Following by the discussion of three major categories: (a) reinforcing connectedness, (b) enhancing maturity, and (c) protecting those comprised in the constructed model, which will be presented. Finally, the strengths and limitations of the study, the implications for nursing practice and education, and future research will be proposed.

#### 5.1 Conclusions

The finding of this study is the emergent process namely “Establishing integrity” (*Karn Saang Serm Kwam Mun Kong*). It is the parenting process undertaken by Thai parents, which is aimed at promoting their adolescent’s integrity. The parents who conducted this parenting process had recognized the child as an adolescent. They tried to create and carry on the three major parenting activities of: (a) reinforcing connectedness, (b) enhancing maturity, and (c) protecting those were done simultaneously in everyday live events from early to late adolescence. Eventually, this parenting adolescent process ended when the parents believed the adolescent boy or girl was being an adult. They could notice their late adolescent demonstrating his/her

integrity regarding maturity and well-being, especially freeing from any health risk behaviors.

## **5.2 Discussions**

Adolescence is a stage in a continuing process of growth from infancy to adulthood. It represents a period of growth and change in nearly all aspects of the child's physical, mental, social, and emotional life. Especially, it is period of transition (Arnett, 1994; Blum & Nelson-Mmari, 2004; Lloyd & Chuchom, 1985; Santrock, 2001) when adolescents must contend with physical changes, pressure to conform to current social trend and peer behaviors, and increased expectations from family members, teachers and other adults. They also must deal with some conflicting messages from parents, peers, or the media. They also struggle with an increasing need to feel as if they belong (Allison & Schultz, 2004; The National Clearinghouse on Family & Youth, 1996; Wong et al., 2001). Parenting adolescents, therefore, demands a shift in the parenting principles and activities, including parental behaviors that can be summed up as a need to promote the adolescents to become successful and healthy adults (Ary, et al, 1999; Win & Kywe, 2004; Robert, 1994; Susan, 1993).

Many experts in area of parenting adolescents from both the western and eastern contexts suggest that during adolescence, parents should practice the effective parenting activities and behaviors, which could develop adolescent boys or girls to be healthy young people (Killeen, 1995; Kumpfer & Alvarado, 2003; Macaulay et al., 2005; Susan, 1993; Trungkasombat, 2004). For example: Toubourou & Gregg (2001) suggest that parents should focus on family attachment, especially effective communication process that could promote adolescent health and development. Chen & Kennedy (2004)

presented that adequate behavioral controlling and structured parenting could help to regulate children's healthy behaviors. Shucksmith & Hendry & Glendinning (1995) showed that the authoritative parenting style could enhance adolescents' school integration and mental well-being. And, WHO (2007) emphasizes that parenting with parental bond and love could enhance adolescents' wellbeing.

In Thailand, according to theories and principles of rearing (parenting), especially in early childhood year are mostly adopted from the west. Thailand does not have its own theories and principles on parenting based on its social and cultural context (Khemmani, 1994:197). Hence, this study was aimed at exploring the substantive knowledge and concept in relations to what is the parenting process and model, which Thai parents performed for promoting their children to become healthy adolescents. Thus, the researcher tried to explore from the participants that truly experienced in parenting of adolescents in real setting in Thai context, especially, from only the parents whose late adolescents were healthy.

As the constant comparative analysis process could help the researcher find the substantive knowledge of parenting adolescents process named as "Establishing integrity" (*Karn Saang Serm Kwam Mun Kong: การสร้างเสริมความมั่นคง*) that was derived from the actual word of the participants in Thai context. This finding could explain the parenting process and activities undertaken by Thai parents who had healthy late adolescents (boys and girls) aged 18-20 years old. It could explain the parenting phenomenon regarding to how the parents had raised their children to become healthy adolescents. This current finding, therefore, may apply that these parents had performed an appropriate or good parenting process for promoting the adolescent's integrity (maturity and well-being).



According to the research design, this emergent process was explored from 19 Thai parents who had raised their young people from early to late adolescence. All adolescents were healthy, especially, not engaging in health risk behaviors. Thus, this finding can be recognized as an appropriate or good parenting process and activities that the parents performed to nurture and educate their children to become healthy adolescents. Explicitly, all participants of the current study reported that their adolescents were admired as good persons by those who had known and associated with them such as teachers, friends, neighborhoods, parents' colleagues, and employers. And, these parents were also recognized as "good parents" by people who had known them and their adolescents' behaviors and achievement in study and work.

From the Oxford dictionary, the term of 'good' means to *better, high quality, satisfactory, acceptable standard*, and the term 'effective' means to *having and effect, producing intended result, actual or existing* (Cowie, 1989; Wehmeire, 2000). Thus, the good parenting adolescents may be identified as "the better and acceptable standard parenting process and activities that can produce the intended and actual outcomes regarding adolescents' development and health outcomes.

As the literature review, the good or effective parenting is essential for children and adolescents' growth, development and health (Jacobson, 1999; Killeen, 1995; Shucksmith & Hendry & Glendinning, 1995; Susan et al., 1993) that are consistent with previous notion and opinions from many experts in the parenting area. In deed, the concept of good parenting is first used by Winnicott (1965) that presented this concept named as "*good enough parenting.*" In doing so he recognized that it is unhelpful and unrealistic to demand perfection of parents, and to do so undermines the efforts of the vast majority of parents who are in all practical respects as good enough for meeting children's needs. Hoghughi & Speight (1998) propose that the component of good

parenting for all children age group which is defined as a process that adequately meets the child's needs, according to prevailing cultural standards which can change from generation. Of course all children need physical care, nutrition, and protection. Over and above these basics, the child's emotional needs can be regarded under the following three parenting aspects: (1) love, care, and commitment; (2) consistent limit setting; and (3) the facilitation of development.

It is vital to realize that the long term provision of all three aspects of parenting is essential to ensure that the child grows up into an emotionally secure, fully developed, and competent adult (Eldridge, 2001; Hamner & Turner, 1996; Hoghghi, 2004). In part of love, care, commitment, children need to feel that they are loved consistently and unconditionally, and attachment behavior is the natural consequence of this (Bhanthumnavin & Sucaromana, 1985; WHO, 2003). If a child is severely emotionally deprived throughout, especially, in early childhood, there is a risk of developing Bowlby's "affectionless psychopathy" with the entire social handicap that will result for both the individual and society. If the deprivation is partial, the child will at risk of developing insecure attachments with subsequent disturbance of social and emotional relationships (Hoghghi & Speight, 1998).

As the next good parenting component; that is the consistent limit setting or control. It is concerned with setting and enforcing boundaries to help the child in his/her dealing with the outside world. Good control requires the setting of reasonable boundaries which are enforced in a consistent yet loving way so that the child eventually accepts the reality of the boundaries and incorporates them in its actions. And, the last parenting aspect of facilitation of development that involves fostering the child's development to enable the child to fulfill his/her full potential. This involves every area of functioning, from the physical and intellectual to the moral, aesthetic, and

spiritual (Hoghughi & Long, 2004). In addition, Santrock (2002 cited by Cornell University Cooperative Extension, 2008) emphasizes the characteristics of effective parenting adolescents in terms of parent-child interactions, which should focus on monitoring and supervising. Because adolescents want parents to listen and try to understand, set good examples, offer guidance, therefore, a delicate balance of allowing an adolescent freedom while still exercising a level of parental control is vital for adolescent achieving independence and disciplinary (Bigner, 1989; Dworkin & Gengler, 2002, 2005).

When comparing with the finding of the study, the process of parenting adolescents namely “establishing integrity,” which comprised of three parenting categories: (1) reinforcing connectedness, (2) enhancing maturity, and (3) protecting. These emergent categories may be applied to explain the characteristics of good or appropriate parenting adolescents model in Thai context, which akin to the good parenting components as Hoghugi & Speight’s propose (1998), as follow.

*First*, the category of “reinforcing connectedness” may be applied to the parenting activity of providing love and care that was adjusted to suit the adolescent developmental stage. The term of connectedness means a positive, stable, emotional bond between parents and adolescents, which WHO (2007) emphasizes that is an important protective factor for adolescent health and development. Especially, it could promote positive adolescent health behaviors, including protecting adolescents from risks and harms (Blum, 2002; Resnick, & et al., 1997). The reinforcing connectedness that parents perform during adolescence can provide love and caring, including protecting a child and, then he/she will grow up and become a healthy adolescent and adult. Therefore, the category of reinforcing connectedness may be the first essential component of good parenting adolescents’ model in Thai context.

*Second*, the category entitled “enhancing maturity” that can represent to the parenting activity of facilitating child development. It is specifically for an adolescent who needs appropriate parenting regarding providing rich and varied stimulation or experiences and support throughout the adolescent years until adulthood is reached. Especially, this parenting activity can prepare and promote adolescents becoming competent and productive people in the adulthood phase (Perkin, 2008; Hamner & Turner, 1996). Parents can provide opportunities for their adolescent to develop the competencies necessary for adulthood, which could contribute to eventual income earning and/or civic functions. This parenting function is akin to creating social capital, enlisting the support of other caring adults, such as teachers, extended family members, village elders and coaches. Those people can supplement what parents provide in the way of support, guidance, information and opportunities that adolescents need to fulfill adult roles (WHO, 2007). Thus, the category of enhancing maturity may apply as an important component of the good parenting adolescents’ model that Thai parents are able to perform for raising their children to become healthy adolescents.

*Third*, the category of “protecting” which can be applied to the parental action of keeping child safe from risks and harms. Particularly, the parental protecting is more concerned with keeping/controlling/limiting and monitoring those things that could help an adolescent avoid engaging in risky or negative events that might make him/her troubled with their future life. This parenting activity can help adolescent children feel secure in dealing and adjusting to his/her own world during transition from early to late adolescence (Santrock, 2001; WHO, 2003). The parenting activity of protecting, therefore, may apply as a necessary component of good parenting adolescents’ model, which Thai parents are able to use for promoting adolescents’ development and health.

With the finding regarding these three categories, the researcher may conclude that the good parenting adolescents model comprises of three major parenting activities of: (1) reinforcing connectedness, especially, among parents and child, including family, (2) enhancing child's maturity that includes child's competency in the highest level of his/her developmental stage, and (3) protecting the child from risks and harms throughout the adolescent period. These three parenting activities are able to assist Thai parents promoting their adolescent's integrity, especially, maturity and well-being.

In terms of reinforcing connectedness, the parents of the study tried to enhance a good relationship and connection among parents and adolescent, including family during adolescence. They reinforced the connectedness with their adolescent through four common strategies of: (a) communicating love and caring, (b) showing more respect, (c) keeping close contact, and (d) decreasing conflicts. These vital strategies could assist the parents to approach and interact smoothly with their adolescent as same as when he/she was young. Especially, these ways helped the parents decrease conflicts among parents-adolescent that were more increased during adolescence. When the parents had good connections with their adolescent boy or girl, they could also continue the other purposive parenting activities, which focused on promoting the adolescents' maturity and protecting the adolescent from risks and harms.

From the literature review, many experts in the area of adolescents and family suggest that healthy adolescent development is facilitated by a strong parent-child relationship (Regents of the University of Minnesota, 2002, 2005; Rew, Taylor-Seehafer, Thomas, & Yockey, 2001). Particularly, during adolescence, effective parenting is needed. Parents should focus on family attachment and connectedness that can enhance a good relationship among parent-adolescent through this period (Toumborou & Gregg; 2001). Agreement with the finding, the emergent concept of

reinforcing connectedness is the crucial parenting activity that the parents performed throughout the adolescent phase. A positive, stable, emotional bond between parents and adolescents, including family and adolescents is a protective factor for adolescents' health and development (Resnick et al., 1997; Resnick, Bearman, Blum, & et al., 1997; Simpson, 2001). Especially, at a recent World Health Organization (WHO) meeting in Geneva, the family connectedness is identified as one of the top five protective factors related to adolescent well-being (ReCapp, 2002, 2003). It can protect an adolescent from the many challenges and risks facing them in today's world, especially tobacco use, depression, eating disorders, pregnancy, and HIV infection (Brown, 2006) that includes sexual risk-taking (Markham, Tortolero, Escobar-Chavez, Parcel, Harrist, & Addy, 2003).

The connectedness among parent-adolescent and family-adolescent can be defined as the degree of closeness/warmth experienced in the relationship that adolescents have with their parents (ReCAPP, 2002, 2003) and family (Resnick et al., 1997; WHO, 2007). It is a dimension of parent and family-adolescent relationship that is otherwise called warmth, affection, care, comfort, concern, nurturance, support or love. It is the highest degree of closeness, caring, and satisfaction with parental relationship...feeling understood, loved, wanted, and paid attention to by family member (Blum & Rinehart, 1997). Particularly, the parent-child connectedness is characterized by the quality of the emotional bond between parent and child and by the degree to which this bond is both mutual and sustained overtime (Lezin, Rolleri, Bean, & Taylor, 2004).

The narrative data of this study supported that the connectedness among the parent, family and an adolescent did not occur in the adolescent period. It had been established since the childhood years. Consistency with Pollack (2004), who presents

that the strongest adolescent-parent and family connections have their roots since in early childhood. When connectedness is high in a family, the emotional climate is one of affection, warmth, satisfaction, trust, and minimal conflict. Parents and children who share a high degree of connectedness enjoy spending time together, communicate freely and openly, support and respect one another, share similar values, and have a sense of optimism about the future (Lezin, et al., 2004). Many experts suggest that, in order to maintaining parent-child connectedness during adolescence, parents should continue to provide for basic physical needs, build and maintain trust, demonstrate love, care, and affection, share activities, prevent, negotiate and resolve family conflicts (Brown, 2007), including communicating effectively (Brown, 2007; Toumbourou & Gregg, 2001). Especially, parents should demonstrate openness by initiating conversations, being available, using welcoming and positive body language, being patient, inviting opinions, and valuing child's feelings and being open-minded (Brown, 2007).

Congruent with the current finding, all parents had reinforced the connectedness with their adolescent through four parenting strategies of: first, communicating love and caring; second, showing more respect; third, keeping close contact and forth, decreasing conflicts in everyday live events. Consequently, the parents of this study felt that their adolescents were still closed and bonded with them and family as during childhood years, and less closes with peers or other adults.

Some psychologists and educators suggest that peer group influences are usually stronger and family influences weaker during adolescent period. But, it dose not appear to be that strong in the Asian cultures (Lloyd & Chuchom, 1985) that includes Thailand, where family relations are very close, especially, in rural area (Limanonda, 1995; Daoruang, 2006). Thus, this parenting activity of reinforcing connectedness can assist Thai parents to keep the strong connection and closeness with their children throughout

the adolescent period. In addition, the data showed that all parents had maintained the connectedness with their adolescents based on adjusting parenting methods, behaviors and manners best suited to their adolescents. Because these parents recognized that during adolescence, their children experienced many changes of body and mind such as more independence and not like more parental involvement and controls. These changes motivated the parents modifying the parenting method of maintaining love and closeness with their adolescent through the new approaches. The data illustrated some adolescents resisted the traditional practices and manners of parents regarding to communicating love and caring of their parents, especially, hugging and kissing. Therefore, these parents had to adjust both their practices and manners suited for the child's needs and age that could help parents to continue the connection and closeness with their adolescent as same as the previous developmental stage.

In part of enhancing maturity; that is the second category consisting in the parenting adolescents model, which is focused on raising their child to become healthy and a successful adult who had appropriate competencies, values and manners. Especially, social values and manners those are compatible with the Thai culture such as moral person, etiquettes, respecting senior, polite manners and gratitude (ThaiWorldView.com, 2007). However, some of Thai adolescent's competencies are similar to the expected parenting outcomes of the western context in relations to three developmental outcomes of the adult success of American adolescents. These consist of receiving the high school and postsecondary degrees, the acquisition of employable skills and abilities, and the development of physical and mental health or healthy behavior (Fuligni & Hardway, 2008).

From the participants' narration, it suggested that the parenting activity of enhancing maturity had been conducted since young child for cultivating self discipline



and appropriate social values and manners, which were consistently with the expected children developmental outcomes of Thailand, especially in the aspect of the morality of Thai youth (Bhanthumnavin & Prachonpachanuk, 1976). And during adolescence, the parents had more emphasized on increasing the adolescent's independence and self responsibility, ability to reason, and appropriate social values and manners those are necessary for child living in actual situation of human life. They hoped that these values, manners and social skills would promote the child to get achievement in both career and life in the future, and beyond to adulthood phase. Because when the adolescent boys or girls presented the appropriate behaviors and manners, they would be recognized and admired by people who associated with them in various situations.

According to adolescents are in transition from the role of child to the role of adult. It is an evolving process, with many tasks to be mastered along the way as they prepare to leave the nest. The parenting goal is for them to develop a sense of competence, autonomy, and personal identity, separate and apart from the family that includes the parents (Vlazny, 2007). Thus, parents should teach their adolescent that rights and responsibilities go hand in hand, and give the child increasing responsibility for his or her personal well-being and that of the family. Provide the child opportunities to help around the house and to become involved in family decision-making discussions, which could enhance the adolescent maturity (the National Clearinghouse on family & youth, 1996; Wong, 2003).

Consistency with the finding of current study, during adolescence, the parents had more emphasis on increasing the character of self responsibility due to recognizing the child as older person who should have more self responsibility than the young child. They had cultivated the child's responsibility through family function and process that occurred continuously in the family unit. In general, the parents fostered the adolescent

responsibility through the strategy of allowing more freedom along with enhancing much self responsibility (increasing independence and decreasing controls) such as letting child manage own duty in daily living and assigning many and complicated household chores. They also showed the good modeling of self responsibility toward their adolescent in everyday live events such as working hard for own family (being industrious), sharing household chores, and acting as good father or mother, including good husband or wife. In these ways, the child was promoted and becoming an adolescent who has the character of more self responsibility.

In terms of fostering the adolescent's ability to reason, the data indicated that the parents of the study had used the *reason-oriented pattern* for increasing his/her ability of reasoning in daily living in the family unit. It had been performed through several methods such as training the child's solving skill, inducing and persuading him/her with good reasoning, not forcing or punishing without reasons, including showing good modeling of using good enough reasons. These parenting methods are consistent with the suggestion of Bhanthumnavin and Sucaromana (1985), who present that the reason-oriented pattern is a positive Thai child rearing practice for promoting the development of children. They suggest that parents should provide enough reasons in encouraging and preventing the adolescent from engaging in certain types of behaviors. It also encompasses appropriate and consistent amount of reward when child is doing the right thing, and punishing when the child is misbehaving. Thus, this parenting strategy and method could assist the parents enhanced the adolescent's maturity regarding the ability to reason effectively and suited with the adolescent developmental stage.

As the part of instilling social values and manners, the findings indicated that the parents of adolescents had focused on transmitting and cultivating appropriate social values and manners, especially respecting senior people that included parents,

grandparents, relatives and older siblings. They had instilled this social value since childhood years and had more emphasized this parenting activity during adolescence. This finding could confirm the phenomenon of Thai parenting and family that have the responsibility of socializing Thai value and tradition toward their children for all children aged groups. Especially, respect for elders is taught very early, however, and by the time a child walks he is aware of his position in the family hierarchy, a distinction that applies not only to the relationships between parents and children but also to that between siblings of various ages. This same delineation of roles also applies to the wider world outside the family and will remain deeply ingrained throughout life. It also explains the close bonds that continue to bind members of family even though they may be scattered far apart (The National Identity Board, 2000: 77-78).

The last category of “protecting” consisting in the model of parenting adolescents, which is the essential parenting activity undertaken by the parents who aimed at preventing their children from risks and harms during adolescence. The parents intend to protect their adolescent based on concern about his/her changes, including having ineffective self protecting skills, which might allow him/her involvement in negative activities or events. Hence, throughout the adolescence, the parents had carried on the protecting activity that could help the parents ensure the child’s safety and healthy behaviors. This protecting activity was conducted through the positive ways and manners of both controlling and supervising that suited for the nature of the adolescent boy or girl and did not hinder him/her. The parents protected their adolescent through the parenting method of setting limits, providing good environments, monitoring, and showing approval of those things were done with positively, carefully and suiting with the nature of their adolescent boy or girl.

These parenting practices are similar to the suggestions of the National Clearinghouse on family & youth (1996) and WHO (2007). They suggest that during adolescence, parents should use positive reinforcement for enhancing child's positive behavior and controlling inappropriate behaviors whenever possible, which can protect an adolescent from any health risk problems. It is far more effective than criticism or punishment for negative behavior. Words that belittle can hurt adolescent's self esteem. Particularly, the most useful measures in raising young people are love, compassion, sensitivity, praise, understanding, and communication.

In terms of monitoring the adolescent behaviors, the most widely accepted definition of parental monitoring, is the parental awareness of child's activities, and communication about what the parent is concerned about, and aware of, the child's activities (Dishision & McMahon, 1998). It can describe as parental efforts to influence adolescents' independent use of free time through the establishment of boundaries for appropriate behaviors and communications with adolescents about their activities when away from parents and home (Hayes, Smart, Toumbourou, & Sanson, 2004; Rew & Bowman, 2008). In addition, parental monitoring means establishing guidelines and limits for a child in order to keep track of what is going on his or her social world. It also means making expectations clear with the child about what to do in an emergency. But parental monitoring dose not mean demanding obedience attempting to control a child's choices and behavior, or imposing a parent's will on the child (DeBord, 2008; Diclemente, Hansen & Ponton, 1996).

The parents of this study monitored their adolescent through four parenting methods of observing, asking indirectly and directly, inspecting the child's belonging and getting information from others. The data also indicated that the parents monitored the adolescent's behaviors through *shared activities*, which are consistent with the

suggestion of Dr. Brown (2006) who states that parents should use shared activities that double as monitoring (e.g. completing homework together, down time discussions, transport teens to outside home and observing peers). Those could help parents protect their teens from many challenges and risks facing them in today's world, including substance use (Branstetter, 2001), depression, eating disorders, pregnancy, and HIV infection. And, Cookston (1999) states that parental supervision, which is a direct monitoring of adolescent activities, can act as a risk and a protective factor that depends on the level of supervision and monitoring. Low levels of parental supervision are related to higher levels of delinquency, whereas delinquency rates are found to be lowest in homes with high levels of supervision. Therefore, the parenting method of monitoring is crucial for protecting child from risks and harms during adolescence.

In part by showing disapproval, the narrative data suggested that the parents of the study would show disapproval manners when they noticed the adolescent's inappropriate or risky behavior. They practiced through technique of warning and inducing that could make the adolescent stop and change his/her behavior to the right or appropriate direction such as not having boyfriend and not much playing computer game. These evidences could confirm the result of a study of Chen & Thomson (2007), who found that adolescents who perceived their parents disapproving of premarital sex had a low risky sexual behavior.

The finding indicated that when the parents faced the problem of children's inappropriate or risky behaviors, they tried to correct their child's risky behaviors early on and also did spousal consulting seeking effective approaches. The data also strongly pointed to the importance of the couple relationships, which has been shown to be particularly influential in shaping parenting practice during adolescent period. And, most of the parents, especially, mothers usually consult their spouse (husband) when

facing problems of parenting their child during the transition period from early to late adolescence. They discussed with their spouse early on for correcting their adolescent's inappropriate behaviors. This finding may imply that good parenting adolescent practice resulted from an understanding and discussing among couple or mother and father (Ruanpan, 2006).

Explicitly, from the finding and literature review, the activity of protecting is an essential parenting activity, which could assist parents to prevent their adolescents from risks and harms. And then if parents notice child's inappropriate or risky behaviors, they can correct and modify to achieve appropriate behaviors early on. Eventually, a child will grow up and become healthy adolescent that frees from any health risk problems.

In terms of the initial point of parenting adolescent process, the data indicated that all parents of the study started to create and performed the process of establishing integrity toward their adolescent boy or girl when they recognized their child to be an adolescent. The parents realized that their child was growing and developing in the critical period that might make him/her to involve in risks and harms. However, they had thought that the adolescent developmental stage is normal in human life. Hence, this initial point of parental recognizing could motivate parents to alert, and then they tried to create and adjust appropriate parenting measures, strategies and behaviors that suited for the adolescent developmental stage and needs. Thus, the parental recognizing is crucially to motivate the parents sought the appropriate parenting activities and methods for rearing and educating their children to become healthy adolescents.

At the ending point of parenting adolescent process, the parents stopped to conduct the parenting adolescent process when they noticed and believed that their child was growing up and looked like a healthy adult who demonstrated good behaviors as parents desired or expected. However, according to parental love and connectedness

with their child with unlimited time and conditions, so, the parents had just concerned about the child's future life. They had planned to continue watching their late adolescent in daily living, including preparing assistance, support and resources for his/her needs or troubles. This phenomenon is so common in Thai culture due to the values and responsibility of Thai parents ever account for their parenting role and tasks through across of child life or own life. Even though, a child growing up as older person, the parents still provides care, love and support for their children with unconditional love and caring (Bhikkhu, 2000).

In addition, the data reflected that most parents narrated their parenting practices during adolescence were quite different from traditional parenting practices in childhood years. They had created and performed their parenting process and activities depending on the nature and needs of their adolescents, including the events and conditions in daily living in the family unit. This evidence is congruent with the suggestions of the Nemours Foundation (2008) who states that parents of adolescents should consider the adolescent years as a period of intense growth, not only physically and intellectually. It's understood that it's a time of confusion and upheaval for many children and families. Parents who know what's coming can cope and adjust with it better and the more parents know, the better parents can prepare their child becoming healthy and successful adolescent and beyond to adult (Duvall, 1977; Friedman et al., 2002; Santrock, 2004). In particular, many societies of the world expect the parenting adolescents as preparing the children for the transition to be successful and productive adults (Fuligni & Headway, 2008).

Interestingly, in terms of the nature of the adolescent that is the most important condition relating to the parenting adolescents process, which was performed toward the adolescents. This adolescent condition consisted of adolescent's habits, manners,

gender, and needs, which could stimulate the parents to perform their raising patterns and activities toward their child during adolescence. Frequently, the parents of the study, especially, the mothers felt that their adolescent looked like upon them as young children, because he or she had just liked to hug, kiss, and have fun with them, even though their child was growing up and becoming older child. This finding is congruent with the results of a previous study, for example: Sangsingkeo (1969) found that Asian adolescents that include Thai adolescents are still dependent on their parents, especially, their mothers. And, Hawker and his associates concluded that both boys and girls tended to rate their relationships with their mothers more favorably than similar relationships with their fathers (Hawkes, Burchinal & Gardner, 1957). However, in terms of gender of adolescent; the parenting adolescents' process could not explain the similarity or differences between two gender; female and male teen. So, it may be interesting to explore the parenting process based on gender of adolescent in Thai context.

Overall, this study focused on experiences of the parents regarding parenting their children from early to late adolescence in Thai context. The core process is "Establishing integrity" (*Karn Saang Serm Kwam Mun Kong*), which the parents carried on for promoting children to become healthy adolescents. They tried to do the parenting activities, methods, and behaviors suited for the adolescent developmental stage, which consisted of three major activities of: reinforcing connectedness, enhancing maturity, and protecting. Finally, the ending point, all parents trusted their adolescent as adult people due to his/her maturity and healthy characteristics. Therefore, the parents let their adolescents do as independent adults. As this finding, the emergent process of "establishing integrity" may be implied as good parenting adolescents' model. For confirming this hypothesis, a study of testing the relationships between the parenting



adolescents' model and adolescent's outcomes (development and health) in Thai context are interested.

### **5.3 Strength and Limitation of the study**

#### **5.3.1 Strength**

The strength of this study is that it was conducted in one ethnic group, Thai; with limited parents of late adolescents' age eighteen to twenty who were healthy. The findings provide a comprehensive understanding of what the parenting experience may have been like for Thai parents of adolescents and serve as a foundation for future studies on the phenomenon of parenting adolescents, especially parenting of healthy adolescents. These findings can also provide a basis for developing a measurement device or structured interview for Thai parents. These developed scales together with interviewing parents would be useful in assessing and promoting parents who may have challenges and troubles with their parenting tasks during adolescent period.

#### **5.3.2 Limitation**

Even though, the current study is significant as it provides insight into how parents bring up their children from early to late adolescence, and generates the substantive theory of parenting adolescents in Thai context. Several limitations should be considered when examining the findings from this study.

*First*, a limitation of this study was that even though this study incorporated various participants of both fathers and mothers in several provinces of Thailand. The

parents were interviewed all shared the responsibilities of parenting adolescents, communicated openly about parenting, adolescents, and seem to practice well with parenting challenges and troubles, which will not always be the case. From the literature, the view of parenting is a shared responsibility (Hamner & Turner, 1996; Helseth & Ulfst, 2005; Ruanpan, 2006), however, in this study; the analysis did not focus on differences between mothering and fathering, or how these responsibilities were shared, but rather on their experiences of parenting as a whole. Mothers and fathers assume unique roles in a family, and the gender of the adolescent may have impact on the family and parenting process specifically. Future studies of parenting adolescents should focus more on the different roles of mothers and fathers and how they share responsibilities and maintain the energy necessary to perform parenting process during adolescence. The challenge of being a motherhood or fatherhood in such a situation should also be emphasized of future research. In addition, larger studies are needed across populations to examine the similarities and differences of mothering and fathering of adolescents.

*Second*, according to the objective of this study also aimed at generating the substantive knowledge of parenting process among parents of healthy adolescents, hence, the researcher selected Thai parents of healthy late adolescents, because adolescents in that phase are characterized by good maturation both of body and mind (Florham Park Counseling NJ, 2006; Wong et al., 2001). The health and developmental outcomes of the late adolescent child could be applied to consistent adolescent health status and outcomes which associated with appropriate parenting processes during adolescence. However, from the accumulated experiences through the study process, the researcher gained insight to the characteristics of healthy Thai adolescents might be different from other contexts, especially, from the western context. Because of all

adolescents had just lived with their parents until finishing the highest education or be able to self earning in adulthood developmental stage. All parents of the study even though trusting child as adulthood in late adolescence, however, they had just thought and felt that their adolescent was a young child who should be parented until achieving success in the acquisition of employable skills and abilities, including demonstrating self protecting skills effectively in adulthood phase. It may apply that the healthy characteristic of late adolescent from the western context may not truly represent to the consistent characteristic of healthy Thai adolescent. Therefore, for future research, it should extend exploring from Thai parents of healthy adulthood age around 20-25 years or more.

Additionally, as the literature, parenting is a dynamic bi-directional process from parent to child (Bodman & Peterson, 1995). Thus, a child can get experience in relation to being parented by their parents. It would be better, if the researcher explored the parenting experience from the late adolescents. Then, the finding might explain the parenting process of healthy adolescents in holistic view in the Thai context and had much creditability of the study.

#### **5.4 Implementations for Nursing Practice and Education**

From this study, parents, nursing staff, health related professionals, and educators, as well as policy and structural material are needed to better support the effective implementation of promoting parenting ability and skills for parents of adolescent children in the Thai context.

Findings of the study have resulted in generating a concept of “Establishing integrity: The parenting process among parents of healthy adolescents” in the Thai

context. It might be transferable in a manner consistent with qualitative research and used to sensitize nurses and other health care providers about possible patterns of experience among parents (mothers and fathers) of healthy adolescents. Used in this way, the findings point to a number of potential considerations for applying them as follow.

5.4.1 For creating an appropriate program of promoting an effective parenting process for adolescents, the most necessary strategy of nurses and health care providers should start from parent recognizing their child as being an adolescent. Because, this initial point can motivate parents to have awareness of both potential growth and risks of an adolescent, and then parents will try to create and perform the good or effective parenting process that consists of three major activities of reinforcing connectedness, enhancing maturity, and protecting, which should be carried on simultaneously throughout the adolescent period. Particularly, the substantive knowledge regarding parenting adolescents' activities, strategies and methods that are derived from the study could be developed as "*Tips of parenting adolescents*" for Thai parents who take the parenting role for their adolescent. Nurses and other health care providers may use this substantive content for promoting to Thai parents of adolescents age 12-20 years to have good parenting knowledge and skills. Then Thai parents will use these skills to parent their adolescents appropriately, which can result in the positive adolescents' health outcomes.

5.4.2 In terms of reinforcing connectedness among parent-adolescent and family-adolescent, an important component consists of four sub categories or parenting strategies that are communicating love and caring, showing more respect, keeping close contact and decreasing conflicts. Therefore, nurses should focus on strengthening parental ability to perform these parenting strategies effectively, and encouraging

parents to seek and adjust both practices and behaviors for new parenting measures through a consulting process in and out of the family unit (spouse and expert people). Then, they can adjust their own parenting style for effectively performing the reinforcing connectedness activities toward their child during adolescence. Thus, a strong connectedness among parents and their adolescents will be maintained.

5.4.3 In the category of enhancing maturity, nurses should provide and anticipate guidance for parents to perform this parenting activity from childhood years, especially, the preschool period. The essential issues of raising adolescents to maturity should be strongly emphasized. These consist of ‘self responsibility’ ‘ability to reason’ and ‘socially acceptable values and manners’ which are consistent with the expectations of Thai society. Nurses should encourage parents to perform this parenting activity based on comprehending the child’s development in the adolescent phase, which can help parents create and perform positive parenting methods and behaviors such as allowing more freedom, increasing self responsibility, fostering a child’s ability to reason, and instilling acceptable social values and manners.

5.4.4 In the category of protecting a child from risks and harms is crucial for raising him/her during the adolescent period. It can make parents have more confidence regarding a child’s safety and appropriate or healthy behaviors. Because of this parenting activity, it can help parents to monitor a child’s behavior along with promoting appropriate behaviors. Nurses should encourage parents to protect their adolescent through positive ways, using the four common parenting strategies of setting limits, providing a good environment, monitoring, and showing disapproval. Especially, parents should protect an adolescent based on trusting and respecting him/her as an older person who does not like to be more involved. Through these approaches, parents will also maintain good relationships and have less conflict with their adolescent.

## 5.5 Recommendation for Future Research

A number of research recommendations have arisen from this study. The recommendations for future studies based on the finding of this study are varied from developing and expanding knowledge of parenting adolescents from Thai parents of healthy adolescents to related areas. The implications are discussed in detail as follows:

5.5.1. The emergent knowledge of “Establishing integrity: parenting process of healthy adolescents” should be refined with concept or theory-testing procedures with a large population. The relationships between concepts and model need to be extensively identified and examined. For example: the parenting adolescents model and the relationships between three categories of reinforcing connectedness, enhancing maturity, and protecting are recommended. In addition, the association among this parenting adolescent process and the adolescent health outcomes should be examined in real settings with a large population.

5.5.2. In order to test theory with quantitative methodology, the measurement of various concepts (categories) in this study should be developed such as “reinforcing connectedness,” “enhancing maturity,” “protecting.” Sub categories and codes of these concepts identified in this study could be used to guide the development of measurement.

5.5.3 Study is stills needed regarding parents and adolescents’ perspectives on the parenting during adolescence experiences. Further study to delineate more explicitly the components of the model process, especially “reinforcing connectedness,” “enhancing maturity,” and “protecting” are recommended. In particular, in term of good or effective parenting should explore the real meaning and attributes of this emergent

concept through the perception of both parents and healthy adolescents in natural setting in the Thai context furthermore.

5.5.4 In the study process, the mothers and fathers assume unique roles in a family, and the gender of the adolescent may have an impact on the family and parenting process specifically. Therefore, future studies of parenting adolescents should focus more on the different roles of mothers and fathers and how they share responsibilities and maintain the energy necessary to perform the parenting process during adolescence. The challenge of being a mother or father in such a situation should also be emphasized in a future study. In addition, larger studies are needed across populations to examine the similarities and differences of mothering and fathering.

## **5.6 Summary**

This research evidence could add to that understanding by providing greater details on understanding the parenting process of healthy adolescents in a Thai context. The substantive knowledge developed in this study was about the parenting process that the parents lived through in several provinces of Thailand, raising their children from the early to late adolescent period. The major task and hypothesis generated in the study was that parents were addressing parenting process that started with their recognizing the child as being an adolescent. Then the parents created and performed three major activities of reinforcing connectedness, enhancing maturity, and protecting. Eventually the parents believed their child by demonstrating his/her integrity (maturity and well-being), and in particular being free from any health risk behaviors, had reached adulthood. Explicitly, adolescence is a critical period and a challenge for parents. Parents need to create and adjust both parenting process and activities suited to their

children who have many changes and may engage in health risk behaviors more easily than other developmental stages. Parents need to be prepared and empowered to more effectively parent their adolescents. Nurses and related health care providers need greater understanding about parenting adolescents for creating more effective and appropriate interventions to achieve their nursing goals of healthy adolescents and families. Thus, research is still needed regarding testing the conceptual model in a large population, including developing a measurement device suited for the Thai context. In addition, although these findings need to be tested using a larger representative sample, they provide useful clues and tools for practicing in nursing and related health disciplines and hopefully serve as a springboard for further research and concept or theory development.



ศูนย์วิทยุพยาบาล  
จุฬาลงกรณ์มหาวิทยาลัย



## REFERENCES

- American Heritage. 2000. Dictionary of the English Language. 4th ed [Online].  
Available from <http://www.thefreedictionary.com> [2007, January 3]
- Allender, J.A., & Spradley, B.W. 2005. Community health nursing: promoting and protecting the public's health . 6th ed. Philadelphia: Lippincott Williams & Wilkins.
- Alison, B.N. 2000. Parent-adolescent conflict in early adolescence: research and implications for middle school program. Journal of Family and Consumer Science Education 18: 1-6.
- Allison, B.N., & Schultz, J.B. Parent-adolescent conflict in early adolescence. 2004. Adolescence 39: 101-119.
- Amornwiwat, S., Khamanee, T., Sirajit, W., & Sudphijit, U. 1991. Child rearing: Thai ways. Bangkok: Chulalongkorn University.
- Anderson, A.R. 1994. Family system characteristics and parental behaviors as predictors of adolescent substance use [Online]. Available from <http://www.findarticles.com/>[2004, December 4]
- Arnett, J.J. 1991. Adolescent storm and stress, reconsidered. American Psychologist 54: 317-326.
- Ary, D.V., Duncan, T.E., Duncan, S.C., & Hops, H. 1999. Adolescent problem behavior: The influence of parents and peers. Behavior Research and Therapy 37: 217-230.
- Baker, C., Wuest, J., & Stern, P.N. 1992. Method slurring the grounded theory-phenomenology example. Journal of Advanced Nursing 17(11):1355-1360.
- Bames, G.M., Reifman, A.S., Farrell, M.P., & Dintcheff, B.A. 2000. The effects of

- parenting on the development of adolescent alcohol misuse: a six-wave latent growth model. Journal of Marriage and Family 62: 175-183.
- Baumrind, D. 1991. The influence of parenting style on adolescent competence. Journal of Early Adolescence 11: 56-95.
- Beck, C.T. 1993. Teetering on the edge: A substantive theory of postpartum depression. Nursing Research 42: 42-48.
- Bell, R., & Chapman, M. 1986. Child effects in studies using experimental or brief longitudinal approaches to socialization. Developmental Psychology 22: 595-603.
- Belsky, J., Steinberg, L., & Draper, P. 1991. Childhood experience, interpersonal development, & reproductive strategy: An evolutionary theory of socialization. Child Development 62: 647-670.
- Benoliel, J.Q. 1996. Grounded theory and nursing knowledge. Qualitative Health Research 6(3): 406-428.
- Berg-Nielsen, T.S., & Holen, A. 2003. From clinical towards research interview: Parenting problems with troubled adolescents. Scandinavian Journal of Psychology 44: 319-329.
- Berns, R.M. 1993. Child, Family, Community: Socialization and support . 3rd ed. Fort Worth: Harcourt Brace College Publishers.
- Beyers, W., & Goossens, L. 1999. Emotional autonomy, psychosocial adjustment. In C.Suvannathat., D.Bhanthumnavin., L.Bhuapirom., & D.M.Keats. (eds). Handbook of Asian child development and child rearing practices. Bangkok: Behavioral Science Research Institute, Srinakharinwirot University, Prasanmitr.
- Bhanthumnavin, D., & Prachonpachanuk, P. 1976. Morality of Thai youth. Research

report No. 22. Bangkok: Behavioral Science Research Institute,  
Srinakharinwirot University, Prasanmitr [Online]. Available from  
<http://bsri.swu.ac.th/>[2007, April 11]

- Bhanthumnavin, D., & Sucaromana, A. 1985. Mental health and adjustment. In  
C.Suvannathat., D. Bhanthumnavin., L. Bhuapirom., & D. M. Keats. (eds).  
Handbook of Asian child development and child rearing practices. Bangkok:  
Behavioral Science Research Institute, Srinakharinwirot University,  
Prasanmitr.
- Bhikkhu, P. 2000. Love child the right way. Chaing Mai: Buddhankhom.
- Bigner, J.J. 1989. Parent-child relations: An introduction to parenting. 3rd ed. New  
York: Macmillan Publishing Company.
- Blum, R. W. (2002). Mothers' influence on teen sex: Connections that promote  
postponing sexual intercourse. Minneapolis, MN: Center for Adolescent  
Health and Development, University of Minnesota.
- Bodman, D.A., & Peterson, G.W. 1995. Parenting processes. In R.D.Day  
(ed). Research and Theory in Family Science. Pacific Grove: Brooks/Cole  
Publishing Company.
- Bogensneider, K., Wu, M., Raffaelli, M., & Tsay, J. 1998. Parent influences on  
adolescent peer orientation and substance use: The interface of parenting  
practices and values. Child Development 69: 1672-1688.
- Borawski, E.A., Ievers-Landis, C., Lovergreen, L.D., & Trapl, E.S. 2003. Parental  
monitoring, negotiated unsupervised time, and parental trust: the role of  
perceived parenting practices in adolescent health risk behaviors. Journal of  
Adolescent Health 33: 60-70.
- Bornstein, M.H. (ed). 1995. Handbook of parenting. Mahwah, NJ. Erlbaum.

- Bowling, A. 1997. Research methods in health: Investigating health and health service. Buckingham: Open University Press.
- Branstetter, S.A. 2001. Parental monitoring and adolescent drug use frequency, control problems, and adverse consequences [Online]. Available from <http://www.du.edu/>[2007, November4]
- Brook, J.B. 2001. Parenting. 3rd ed. London: Mayfield Publishing Company.
- Brown, N. L. 2006. Parent-child connectedness [Online]. Available from <http://www.healthline.com/>[2007, February 16]
- Buehler, C., & Gerard, J.M. 2002. Marital conflict, ineffective parenting, and children's and adolescents' maladjustment. Journal of Marriage and Family 64: 78-92.
- Chamberlain, K. 1999. Using grounded theory in health psychology: Practices, premises and potential. In M.Murray & K. Chamberlain (eds). Qualitative health psychology: Theories and methods (pp.183-199). London: Sage.
- Chantep, A. 2003. A study of the problem behaviors in adolescent students of the secondary Schools under the General Education Department in Khon Kaen province. Master's Thesis. Graduate School, Khon Kaen University.
- Charmamaz, K. 2000. Grounded theory: objectivist and constructivist methods. In N.K.Denzin & Y.S.Lincoln (eds). Handbook of qualitative research. 2ed. London: Sage Publication. 145-161.
- Chen, Jyu-Lin, & Kennedy, C. 2004. Family functioning, parenting style, and Chinese Children's weight status. Journal of Family nursing 10: 262-279.
- Chen, A., & Thomson, E. 2007. Preventing adolescent risky sexual behavior: Parents matters! Journal of Specialists in Pediatric Nursing 12: 119-122.
- Chenitz, C.W., & Swanson, J.M. 1986. From practice to Grounded theory: Qualitative

- Research in Nursing. California: Addison-Wesley, Menlo Park.
- Chinovitti, R.F., & Piran, N. 2003. Rigour and grounded theory research. Journal of Advanced Nursing, 44: 427-435.
- Choo, O.A. 2005. Parenting behaviors and adolescents' psychosocial adjustment. National Institution of Education: Nanyang Technological University.
- Chuprapawan, J. 1997. The report of state of the art review on child, adolescent and family in Thailand. Bangkok: Research Funding Institute.
- Clark, M.J.D. 2008. Community health nursing. New Jersey: Pearson Education, Inc.
- Cleveland, M.J., Gibbons, F.X., Gerrard, M., Pomery, E.A., & Brody, G.H. 2005. The impact of parenting on risk cognitions and risk behavior: a study of mediation and moderation in a panel of African American. Child Development 76: 900-916.
- Cookston, J.T. 1999. Parental supervision and family structure: Effects on adolescent problem behaviors. Journal of Divorce & Remarriage 32 (1/2): 107-120.
- Conger, J.J. 1991. Adolescent and youth. New York: Harper Collins.
- Cordona, P., Nichoson, B., & Fox, R. 2000. Parenting among Hispanic and Anglo-American mothers with young children. Journal of Social Psychology 140: 357-366.
- Cornell University Cooperative Extension. 2007. Parent pages [Online]. Available from [www.parenting.cit.cornell.edu](http://www.parenting.cit.cornell.edu) [2008, January 24]
- Cowan, P.A., & Hetherington, M. (eds). 1991. Family transitions. Hillsdale: Lawrence Erlbaum Associates Publishers.
- Cowley, S. 1991. A symbolic awareness context identified through a grounded theory study of health visiting. Journal of Advanced Nursing 16: 648-656.
- Creswell, J.W. 1998. Qualitative inquiry and research design: Choosing among five

Traditions. Thousand Oaks: Sage.

- Crosby, R.A., DiClemente, R.J., Wingood, G.M., Harrington, K., Davies, S., Hook, E.W., & et al. 2002. Low parental monitoring predicts subsequent pregnancy among African-American adolescent females. J Pediatr Adolesc Gynecol 15: 43-46.
- Croteau, K.M. 2005. Adolescent's self-esteem and adjustment: A study of the transition from high school to college [Online]. Available from <http://www.anselm.edu> [2005, June 14]
- Cutliffe, J.R. 2000. Methodological issues in grounded theory. Journal of Advanced Nursing 31: 1476-1484.
- Daoruang, N.2006. Thai rural family [Online]. Available from <http://Thailandlife.com.Thaimassage> [2007, Feb 3]
- Darling, N. 1999. Parenting style and its correlates. ERIC digest [Online]. Available from <http://www.ericdigest.org> [2005, October 4]
- Dalton, M.A., Ahrens, M.B., Sargent, J.D., Mott, L.A., Beach, M.L., Tickle, J.J., & et al. 2002. Relation between parental restrictions on movies and adolescent use of tobacco and alcohol. Effective Clinical Practice 5: 1-10.
- Davey, R.J. 1999. Rigorous sex research: A phenomenological perspective. 1<sup>st</sup> Association for qualitative research international conference. Melbourne, Victoria, Australia, July 8.10, 1999 [Online]. Available from <http://www.latrobe.edu.au> [2007, May 9]
- DeBord, K. 2008. Parenting teens [Online]. Available from <http://www.extention.umn.edu> [2008, Jan 6]
- Denny, S.J., Clark, T.C., & Watson, P.D. 2003. Comparison of health-risk behaviors among students in alternative high schools from New Zealand and USA.

Journal Pediatric of Child Health 39: 33-39.

Department of Child and Adolescent Health and Development. 2002. Broadening the horizon: Balancing protection and risk for adolescents. Geneva, Switzerland: World Health Organization.

Diclemente, R.J., Hansen, W.B., & Ponton, L.E. 1996. Handbook of adolescent health risk behavior. New York: Plenum press.

DiClemente, R., Wingood, G.M., Crosby, R., Cobb, B., Sinonean, C., Harrington., K., & et al. 2000. Parental monitoring and its association with a spectrum of adolescent health risk behaviors: Opportunities for intervention [Online]. Available from <http://apha.confex.com> [2005, June 23]

Dishision, T.J., & McMahon, R.J. 1998. Parental monitoring and the prevention of child and adolescent problem behavior: A conceptual and empirical formulation. Clinical Child and Family 1 (1): 61-75.

Dittus, P.J. 2001. Parent and family influences on adolescent risk behaviors: Recommendations for school-based parent intervention components. The 129<sup>th</sup> Annual Meeting of APHA. 5200.0: October 24, 2001. [On-line]. Available from ScienceDirect

Dorius, C.J., Bahr, S.J., Hoffman, J.P., & Harmon, E.L. 2004. Parenting practices as moderators of the relationship between peers and adolescent marijuana use. Journal of Marriage and Family 66: 163-178.

Draper, H.E., & Draper, W. 1983. The caring parent. California: Glencoe Publishing Company.

Duvall, E.M. 1977. Marriage and family development. Philadelphia: J.B. Lippincott.

Dwairy, M., & Menshar, K.E. 2005. Parenting style, individuation, and mental health of

- Egyptians adolescents. Journal of Adolescence [Online]. Available from [www.ScienceDirect.com](http://www.ScienceDirect.com) [2005, May 5]
- Dworkin, J., & Gengler, C. 2002, 2005. Implications: Parenting adolescents: Challenge and opportunity [Online]. Available from [www.informdesign.umn.edu](http://www.informdesign.umn.edu) [2008, January 8]
- Fernandez, W.D., Lehmann, H., & Underwood, A. 2002. Rigour and relevance in studies of IS innovation: A grounded theory methodology approach. ECIS, June 6-8, Poland.
- Fuligni, A.J., & Hardway, C. 2008. Preparing diverse adolescents for the transition to adulthood [Online]. Available from <http://futureofchildren.org> [2008, February 20].
- Eldridge, T.M. 2002. Parenting. In J.A. Fox. (ed). Primary health care of infants, children, & adolescents (chapter 3). St. Louis: Mosby, Inc.
- Florham Park Counseling NJ. 2006. Parenting adolescents [Online]. Available from <http://www.ext.vt.edu/> [2006, January 13].
- Friedman, M.M., Bowden, V.R., & Jones, E.G. 2002. Family nursing research, theory, & Practice. 5th ed. New Jersey: Prentice Hall.
- Gage, J.D., Everett, G., & Bullock, L. 2006. Integrative review of parenting in nursing research. Journal of Nursing Scholarship 38: 56-62.
- Glaser, B.G. 1978. Theoretical sensitivity. California: Sociology Press.
- Glaser, B.G. 1992. Basics in grounded theory analysis: emergence vs. forcing. Sociology Press, Mill Valley, CA.
- Glaser, B.G. 1998. Doing Grounded Theory: Issues and discussions. USA: Sociology Press.



- Glaser, B. G. & Strauss, A. L. 1967. The discovery of Grounded Theory: strategies for qualitative research. New York: Sociology Press.
- Guba, E. & Lincoln, Y. 1989. Forth generation evaluation. New Bury Park, CA: Sage Publication.
- Gutgesell, M. E., & Payne, N. 2004. Issue of adolescent psychological development in the 21st century. Pediatric review 25: 79-84.
- Gutman, L. M., Friedel, J.N., & Hit, R. 2003. Keeping adolescents safe from harm: management strategies of African-American families in high-risk community. Journal of School Psychology 41: 167-184.
- Hamner, T. J., & Turner, P. H. 1996. Parenting in Contemporary Society. 3rd ed. Boston: Allyn & Bacon.
- Hardy, M., & Mulhall, A. 1994. Nursing research theory and practice. London: Chapman & Hall.
- Hawkes, G.R., Burchinal, L.G., & Gardner, B. 1957. Preadolescents' views of some of Their relations with their parents. Child Development 28: 393-399.
- Hayes, L., Smart, D.S., Toumbourou, J.W., & Sanson, A. 2004. Research report no.10. Parenting influences on adolescent alcohol use. Australian Institute of Family Studies [Online]. Available from <http://aifs.gov.au/institute/> [2005, October 16]
- Health Division, Ministry of Public Health. 2004. Handbook of parental school for public health personnel [Online]. Available from <http://www.sk-hospital.com/> [2005, December 12]
- Henricson, C., & Roker, D. 2000. Support for the parents of adolescents: a review. Journal of Adolescence 23: 763-783.
- Hildebrand, V. 1994. Parenting: Rewards and Responsibilities. 4th ed. New York:

GLENCOE Macmillan/McGraw-Hill.

- Hoghugh, M. 1998. The importance of parenting in child health. BMJ 316: 1545-1550.
- Hoghugh, M. 2004. Parenting an introduction. In M.Hoghugh, & N. Long. (eds). Handbook of Parenting, Theory and research for practice. London: SAGE Publication.
- Hoghugh, M, & Speight, A.N.P. 1998. Good enough parenting for all children-a strategy for a healthier society [Online]. Available from <http://adc.bmjournals.com> [2005, September 4].
- Holloway, I. & Wheeler, S. 2003. Qualitative research in nursing. Second edition. Malden: Blackwell Science.
- Holmbeck, G. N., Paikoff, R.L., & Brooks-Gunn, J. 1995. Parenting adolescents. In M.H. Bornstein .(ed). Handbook of parenting. Mahwah, NJ: Erlbaum.
- Hutchison, S.1993. Grounded theory: The method. In P.L. Mulhall & C.O.Boyd (eds). Nursing: A qualitative perspective (pp. 180-213). New York: National League for Nursing press.
- Hutchison, A. S., & Wilson, S.H. 2001. Grounded theory the method. In P.L. Mulhall. (ed). Nursing research: A qualitative perspective. third ed. (pp. 209-243). Boston: Jones and Bartlett Publishes.
- Huebner, A. 2000. Adolescent growth and development [Online]. Available from <http://www.ext.vt.edu/> [2004, November 27]
- Hurlbut, N. L. 1997. Adolescent mothers' self-esteem and role identity and their relationships to parenting skill knowledge [Online]. Available from <http://www.findarticles.com/> [2005, January 12]
- International Education Media. 2006. Thailand education [Online]. Available from

<http://www.internationaleducationmedia.com/> [2006, April 23]

- International Webster's. 2003. Comprehensive dictionary of the English languages. Deluxe encyclopedic edition. Neple Florida: Trident Press International.
- Iowa State University. 2003. 16 Tools for effective parents. Ames, Iowa: the Social and Behavioral Research Center for Rural Health.
- Issaranurug, S. 2002. Adolescent health care-A new approach. Thai Pediatric Journal 9: 94-96.
- Jacobson, G. A. 1999. Parenting processes: A descriptive exploratory study using Peplau's Theory. Nursing Science Quarterly 12: 240-244.
- Jame, S. R., Ashwill, J. W., & Droske, S.C. 2002. Nursing care of children: Principles & practice. Philadelphia: W.B. Saunders Company.
- Jeon, Yun-Hee. 2004. The application of grounded theory and symbolic interactionism. Scand J Caring Sci 18: 249-256.
- Johnson, B. S. 1995. Child, adolescent, and family psychiatric nursing. Philadelphia: Lippincott Company.
- Joronen, K., & Astedt-Kurki, P.2005. Familial contribution to adolescent subjective well-being. International Journal of Nursing Practice 11: 125-133.
- Jones, D. J., Forehand, R., & Beach, S. R. 2000. Maternal and paternal parenting during adolescence: forecasting early adult psychosocial adjustment. Adolescence 35: 513-530.
- Juang, L. P., & Silbereisen, R. K. 1999. Supportive parenting and adolescent adjustment across time in former East and West Germany. Journal of Adolescent 22: 719-736.
- Jungsteinsup, K. 1993. Thai concept related to "sick and ill". In S. Pongpsis. (ed). Local wisdom and rural development. Bangkok: Amarind.

- Kendell, J. 1999. Axial coding and the grounded theory controversy. Western Journal of Research 21: 743-757.
- Khemmani, T. 1994. Thai culturally-approach models for child development: A new dimension in Thai education. CUHK Education Journal 21(2): 197-204.
- Kidshealth. 1995-2008. A parent's guide to surviving the teen years [Online]. Available from [www.kidshealth.org/](http://www.kidshealth.org/) [2008, January 11]
- Kim. S. Y. & Ge, Xioajia. 2000. Parenting practices and adolescent depressive symptoms in Chinese American families. Journal of Family Psychology 14: 420-435.
- Kim. S. Y. & Wong, V.Y.2002. Assessing Asian and Asian American parenting: A review of the literature. In K.K. Okazaki & S.Sue. (eds). Asian American mental health: Assessment methods and theories. (pp, 185-13). Netherlands: Kluwer Academic Publishers.
- Killeen, M. R. 1995. Problem in parenting. In B. S. Johnson. (ed). Child, adolescent psychiatric nursing. Philadelphia: J. B. Lippincott Company.
- Kittikerdkulchai, C. 1994. Parents' knowledge and practice for adolescence's psychological wellbeing in Amphur Maung, Nakornrachasima Province. Master's thesis in Clinical Psychology, Faculty of Graduate Studies, Mahidol University.
- Klass, A., Bailey, S.J., Bullock, J. 2004. Adolescence: Supporting the journey from childhood to adulthood [Online]. Available from <http://www.montana.edu/> [2008, April 12]
- Knungsukasaem, U., Sunthornthada, K., & Kittisuksathit, S. 1997. Child care pattern among male factory worker in Bangkok. Population and Sociology Institute, Mahidol University. Bangkok.

- Komin, S. 1991. The psychology of Thai people: Value and behavioral patterns. National Institute of Development Administration: Bangkok.
- Kongsuwan, S. 1996. Child rearing practices of Chao Lay parents in Songka-Ou village, Changwat Krabi: An ethnographic study. Master's Thesis, Graduate School, Chulalongkorn University.
- Kumpfer, K.L., & Alvarado, R. 2003. Family-Strengthening approaches for the prevention of youth problem behaviors. American Psychologist 58: 457-465.
- Lam, C.M. 2003. Covert parental control: parent-adolescent interaction and adolescent development in a Chinese context. International Journal Adolescence Medical Health 15: 63-77.
- Lausen, B., Coy, K.C., & Collins, W.A. 1998. Reconsidering change in parent-child conflict across adolescence: a meta-analysis. Child Development 69: 817-832.
- Lefrancois, G.R. 2001. Of children: an introduction to child and adolescent development. Australia: WADSWORTH & THOMSON LEARNING.
- Lerner, R., Brennan, A.L., Noh, E.R., & Wilson, C. 1998. The parenting of adolescents and adolescents as parents: A developmental contextual perspective [Online]. Available from <http://parenthood.library.wisc.edu/> [2005, June 14]
- Leifer, G. 2003. Introduction to maternity & pediatric nursing 4th ed. Philadelphia: SAUNDERS
- Limanonda, B.1995. Thai family: A review of past experience. Report on a Thai family and household survey (pp.2-4). Bangkok: Institute of Population Studies Chulalongkorn University.
- Lincoln, Y.S. 1995. Emerging criteria for quality in qualitative and interpretative research. Qualitative Inquiry 3: 275-289.

- Lincoln, Y.S., & Guba, E. 1985. Naturalistic inquiry. Beverly Hills: CA, Sage.
- Lloyd, S., & Chuchom, O. 1985. The role of mother in child development. In C. Suvannathat, D. Bhanthumnavin, L. Bhuapirom, & D.M. Keat. (eds). Handbook of Asian child development and child rearing practices. Bangkok: Behavioral Science Research Institute, Srinakharinwirot University, Prasanmitr.
- Longmore, M.A., Manning, W., & Giordano, P.C. 2001. Preadolescent parenting strategies and teens' dating and sexual initiation: A longitudinal analysis. Journal of Marriage and Family: 322-335.
- Lotrakul, P., Meeroslam, P., and Wichai, S. 1998. Abnormal psychosocial situations in children and adolescent attending child Mental Health Center. J Psychiatr Assoc Thailand 43: 226-39.
- MacDonal, M. 2001. Finding a critical perspective in Grounded Theory. In R.S. Schreiber, and P.N.Stern. (eds). Using grounded theory in nursing. New York: Springer publishing company.
- Mandleco, B. 2003. Care of infants, children, and adolescents. In J.E.Hitchcock., P.E. Schubert, & S.A.Thomas. (eds). Community health nursing, caring, in action. 2nd ed. Sydney: Thomson Delmar Learning.
- Markham, C. M., Tortolero, S. R., Escobar-Chavez, S. L., Parcel, G. S., Harrist, R., & Addy, R. C. 2003. Family connectedness and sexual risk-taking among urban youth attending alternative high school [Online]. Available from [www.cnet.com/](http://www.cnet.com/) [2008, February 2]
- Marshall, C., & Rossman, G.B. 1999. Designing qualitative research. 3rd ed. Thousand Oaks,CA.: Sage.

- McEvoy, M., Lee, C., O'Neill, A., et al. 2005. Are there the universal parenting concepts among culturally diverse families in an inner-city pediatric clinic. Journal of Pediatric Health Care 19: 42-150.
- McGue, M., & Iacono, W. 2005. The association of early adolescent problem behavior with adult psychopathology. Am J Psychiatry 162: 1118-1124.
- McNeill, T. 2004. Fathers' experience of parenting a child with juvenile rheumatoid arthritis. Qualitative Health Research 14: 526-545.
- Meesters, C., & Muris, P. 2004. Perceived parental rearing behaviors and coping in young adolescents. Personality and Individual Differences 37: 513-522.
- Meschke, L.L., Bartholomae, S., & Zentall, S.R. 2002. Adolescent sexuality and parent-adolescent process: promoting healthy teen choices. Journal of Adolescent Health 31: 264-279.
- Melia, K.M. 1996. Rediscovering Glaser. Qualitative Health Research 6: 368-378.
- Miller, D.F. 2000. Positive child guidance. 3rd ed. Sydney: Delmar Thomson Learning.
- Miller, W.L., & Crabtree, B.F. 1999. Clinical research: a multimethod typology and qualitative roadmap. In B.F.Crabtree & W.L.Miller. (eds). Doing qualitative research. 2nd ed. Thousand Oaks: Sage Publications, Inc.
- Miller, J.M., DiIorio, C., & Dudley, W. 2002. Parenting style and adolescent's reaction to conflict: Is there a relationship?. Journal of Adolescent Health 31: 463-468.
- Millstein, S.G. 1989. Adolescent health, challenges for behavioral scientists. American Psychologist 44: 837-842.
- Ministry of Social Development and Human Security, Bangkok, Thailand. 2004 [Online]. Available from <http://www.m-society.go.th/> [2004, March 25]

- Morse, J. 1995. The significance of saturation. Qualitative Health Research 5: 147-149.
- Morse, J.M., & Field, P.A. 1995. Qualitative research methods for health professionals. 2nd ed. London: Sage.
- Morse, J.M., & Richards, L. 2002. Read me first for a User's guide to qualitative methods. Thousand Oaks: Sage.
- Morse, J.M., Barrett, M, Mayan, M., Olsen, K., & Spiers. 2002. Verification strategies for establishing reliability and validity in qualitative research. International of Qualitative Method [Online]. Available from <http://ualberta> article 2. [2006, February 3]
- Mo-suwan, L., Nitirungiarus, K., Chompikul, J., & The Holistic Development of Thai Children Study Group. 2004. Health and social status of Thai children. Bangkok: Research Funding Support Institute.
- Nanthamongkolchai, S., Nieamsup, T., & Chaumpluk, R. 2004. Child rearing in Thai families: Journal of Sociology and Humanity 30: 96-107.
- Neinstein, L.S., Radzik, M., & Sherer, S. 2002. Common concerns of Adolescents and their parent. In L.S. Neinstein (ed). Adolescent health care: A practical guide. 4th ed. Philadelphia: Lippincott Williams & Willkins.
- Neinstein, L.S., MacKenzie, R.G., & Morris, R.E. 2002. High-risk and out-of control Behavior. In L.S. Neinstein (ed). Adolescent health care: A practice guide. 4th ed. Philadelphia: Lippincott Williams & Willkins.
- Newman, P.R., & Newman, B.M. 1997. Childhood and adolescence. Pacific Grove: Brooks/Cole Publishing Company.
- Ninnart. 2003. Western influence on Thai culture [Online]. Available from <http://www.thaiwaysmagazine.com/> [2007, March 16]



- Niolon, R. 2005. The influence of parenting styles on adolescent competence and substance use [Online]. Available from [www.psychpage.com](http://www.psychpage.com)[2005, January 12]
- Nuffield Foundation. 2004. What are really measuring when we are assessing parenting of adolescents? [Online]. Available from [www.nuffieldfoundation.org](http://www.nuffieldfoundation.org) [2006, August 23]
- O’Conner, B.P. 2002. Annotation: The ‘effect’ of parenting reconsidered: findings, challenges, and applications. Journal of Psychology and Psychiatry 43: 555-572.
- O’Conner, B.P., & Dvorak, T. 2001. Conditional associations between parental behaviors and adolescent problems: A search for personality-environment interactions. Journal of Research in Personality 35: 1-26.
- Overturf, J.V., & Down, B. 2003. Adolescent behavior and family relationships. Paper reports for presentation at the Annual Meeting of the Population Association of America, Minneapolis, MN, and May 1-3, 2003.
- Paulson, S.E. 1996. Pattern of parenting during adolescence: perceptions of adolescents and parents [Online]. Available from <http://www.looksmart.com>[2004, December 4]
- Pergamit, M.R., Huang, L., & Lane, J. 2001. The long term impact of adolescent risky behaviors and family environment [Online]. Available from <http://www.aspe.hhs.gov/> [2004, December 5]
- Perkin, D.F. 2008. Adolescence: Developmental tasks [Online]. Available from <http://edis.ifas.ufl.edu/> [2008, February 20]
- Pflieger, J.C., & Vazonyi, A.T. 2006. Parenting processes and dating violence: The mediating role of self-esteem in low-and high SES adolescents. Journal of Adolescence 29: 491-512.

- Phuphaibul, R. 2005. Participatory adolescent health promotion: dynamic process and roles of nurses [Online]. Available from <http://www.icn.ch/congress2005/> [2005, June 1]
- Phuphaibul, R., Anantachai., C., & Tupsart, C. 2002. Risk behaviors: Health promotion behaviors of early adolescents and families. Journal of Faculty of Nursing, KKU 25: 48-61.
- Phuphaibul, R., Techuthong, A., Kongsuktrakul, C., & Oonsawai, J. 1997. Developmental task and factors effecting family developmental task performance in child care for children and adolescents. Bangkok: National Research Institute of Thailand.
- Phuphaibul, R., Leucha, Y., Putwattana, P., Nuntawan, C., Tapsart, C., et al. 2005. Health promoting behaviors of Thai adolescents, family health related life styles and parent modeling. Thai J Nurs Res 9: 28-37.
- Pandit, M.R.1996. The creation of theory: A recent application of the grounded theory method. The Qualitative Report 2(4) [Online]. Available from <http://www.nova.edu/> [2007, June 19]
- Plubrukarn, R. 2002. Pediatric role of adolescent health care. Thai Pediatric Journal 9: 97-102.
- Podhisita, C., Xenos, P., & Varangrat, A. 2004. The risk of premarital sex among Thai Youth: Individual and family influences. Journal of Population and Social studies 12: 1-31.
- Polit, D.E., & Beck, C. 2004. Nursing research. seventh ed. Philadelphia: Lippincott Williams & Wilkins.
- Pollack, W. S. 2004. Parent-child connections: The essential component for positive youth development and mental health, safe communities, and academic

- achievement. New Directions for Youth Development 103: 17-30.
- Phra Pannapadipo, P. 1998. One step at a time: Buddhist meditation for absolute beginners. Bangkok: Post Books.
- Pruett, K.D. 2002. Family development and the roles of mothers and fathers in child rearing. In M.Lewis. Child and adolescent psychiatry. 3rd ed. Philadelphia: Lippincott Williams & Wilkins.
- Puasakul, I. 1999. Parental school. Journal of Mental Health of Thailand 7: 44-52.
- Rafei, U.M. 2001. Striving for better health in South-East Asia. World Health Organization: New Delhi.
- Raphael, D., Brown, I., Rukholm, E., et al. 1996. Adolescent health: moving from prevention to promotion through a quality of life approach. Can. J. Public Health 87: 81-38.
- ReCAPP. (2002-2003). Parent-child connectedness. ETR's Resource Center for Adolescent Pregnancy Prevention [Online]. Available from [www.etr.org/recapp/](http://www.etr.org/recapp/) [2007, October 25]
- Redmond, M. 1998. Wondering into Thai culture. Bangkok: Redmondian Insight Enterprises Co., Ltd.
- Regents of the University of Minnesota. 2002, 2005. Implications: Parenting Adolescents [Online]. Available from [www.informedesign.umn.edu](http://www.informedesign.umn.edu) [2008, January 25]
- Resnick, M., Berman, P.S., Blum, R.W., Bauman, K.E., Harris, K.M., Jones, J. et al. 1997. Protecting adolescents from harm. Journal of the American Medical Association 278: 823-832.
- Rew, L., & Bowman, K. 2008. Protecting youth from early and abusive sexual experiences. Pediatric Nursing 34(1): 19-26.

- Rew, L., Taylor-Seehafer, M., Thomas, N.Y., & Yockey, R.D. 2001. Correlates of resilience in homeless adolescents. Journal of Nursing Scholarship 33: 33-40.
- Richter, K., Podhisita, C., Soonthornhdada, K., & Chamrathirong, A. 1992. Child care in urban Thailand. Institute for Population and Social Research. Bangkok: Mahidol University.
- Riesch, S.K., Bush, L., Nelson, C.J., Ohm, B.J., Portz, P.A., Abel, B., & et al. 2000. Topic of conflict between parents and young adolescent. JSPN 5: 27-40.
- Roberts, T.W. 1994. A system perspective of parenting: the individual, the family, and the social network. Pacific Grove: Brooks/Cole Publishing Company.
- Rodgers, K.B.1999. Parenting processes related sexual risk-taking behaviors of adolescent males and females. Journal of Marriage and the Family 61: 99-109.
- Rorty, R. 1979. Philosophy and the mirror of nature. Princeton: Princeton University Press.
- Rose, K. & Webb, C. 1998. Analyzing data: maintaining rigor in qualitative study. Qualitative Health research 8: 556-562.
- Ruanpan, C. 2006. Parenting skills in the advent of early adolescence. Journal of Population and Social Studies 15: 109-137.
- Rutter, M. 1985. Family and school influences on cognitive development. Journal of Child Psychology & Psychiatry & Applied Disciplines 26: 683-704.
- Sandelowski, M. 1986. The problem of rigor in qualitative research. Advanced in Nursing Science 8:27-37.
- Sangsingkeo, P.1969. Buddhism and some effects on the rearing of children in Thailand. In W. Caudill & T.Y. Lin. Mental health research in Asia and the Pacific. Honolulu: East West Center Press: pp. 286-295.
- Santrock, J.W. 2001. Adolescence. 8th ed. Boston: McGraw-Hill Companies.

- Santrock, J.W. 2004. Adolescence. 10th ed. Boston: McGraw-Hill Companies.
- Seedonrasmee, W. 1985. Parental control. In C. Suvannathat, D. Bhanthmmnavin., L. Bhuapirom., & D.Keats. (eds). Handbook of Asian child development and child rearing practices. Behavioral Science Research Institute. Bangkok: Srinakharinwirot University, Prasanmitr.
- Shakip, S., Mouttapa, M., Johnson, A., Ritt-olson, A., Trinidad, D., Gallaher, P., & et al. 2003. Ethnic variation in parenting characteristics and adolescent smoking. Journal of Adolescent Health 33: 88-97.
- Shearer, C.L., Crouter, A.C., & Mchale, S. 2005. Parents 'perception of changes in mother-child and father-child relationships during adolescence. Journal of Adolescent Research 20: 662-684.
- Shank, G.D. 2002. Qualitative research: A personal skills approach. Upper Saddle River, New Jersey: Merrill Prentice Hall.
- Shek, D.T.L. 1999. Paternal and maternal influences on the psychological well-being of Chinese Adolescents. Genet Soc Gen Psycho Monogr 125: 269-296.
- Shelton, K.K., Frick, P.J., & Wootton, J. 1996. Assessment of parenting practices in families of elementary school-age children. Journal of Clinical Psychology 25: 317-329.
- Shucksmith, J., Hendry, L.B., & Glendinning, A. 1995. Model of parenting: implications for adolescent well-being within different types of family contexts. Journal of Adolescence 18: 253-270.
- Sidebotham, P. 2001. Culture, stress and the parent-child relationship: a qualitative study of parents' perceptions of parenting. Child Care, Health and Development 27: 469-485.

- Sieverding, J.A., Adler, N., Witt, S., & Ellen, J. 2005. The influence of parental monitoring in adolescent sexual initiation. Arch Pediatric Adolesc Med 159: 724-729.
- Simpson, A. 2001. Raising teens: A synthesis of research and a foundation for action. Boston: Center for Health Communication, Harvard School of Public Health [Online]. Available from <http://www.hsph.harvard.edu/> [2008, January 8]
- Sirivech, P., Intrarakumnerd, S., Kritayanavat, A., Chaiyu, P., Ubolsatit, N., Krubrin, R., & et al. 1998. Family status and child rearing in adolescent delinquency. J Psychiatr Assoc Thailand 43: 217-25.
- Siriwannabutra, P. 1994. Current situation of family institute in Thai Society. In proceeding of seminar for brain storming: An encouragement for healthy family. Bangkok: Subcommittee of Family and Community Promotion. Office of the National Culture Commission.
- Simon, R., Whitbe, L., Conger, R., & Melby, J. 1990. Husband and wife differences in determinants of parenting: A social learning and exchange model of parenting behavior. Journal of Marriage and Family 50: 1063-1072.
- Small, S. 1988. Parental self-esteem and its relationship to child rearing practices, parent- adolescent interaction and adolescent behavior. Journal of Marriage and the family 50: 1063-1072.
- Small, S. & Luster, T. 1994. Factors associated with sexual risk-taking behaviors among adolescents. Journal of Marriage and Family 56: 622-632.
- Smentana, J.G. 1995. Parenting styles and conceptions of parental authority during adolescence. Child Development 66: 299-316.
- Snider, J.B., Clements, A., & Vazsonyi, A.T. 2004. Late adolescent perceptions of parent religiosity and parenting processes. Family Process 43: 489-502.

- Schreiber, R.S. 2001. The “how to” of grounded theory: Avoiding the pitfalls. In R.S. Schreiber & P. N.Stern. (eds). Using grounded theory in nursing. (p, 53-85). New York: Springer Publishing Company.
- Solarnavigator.net. 2006. Thailand [Online]. Available from <http://www.solarnavigator.net/> [2007, March 7]
- Spradley, J.P. 1979. The ethnographic interview. New York: Holt, Rinehart and Winston.
- Stanton, B.F., Li, X., Galbraith, J., et al. 2000. Parental underestimates of adolescent risk behavior: A randomized controlled trial of parental monitoring intervention. Journal of Adolescent Health 26: 18-26.
- Steinberg, L. 1987. The impact of puberty on family relations: Effects of pubertal status and pubertal timing. Developmental Psychology 23: 451-460.
- Steinberg, L., Lamborn, S., Dorn bush, S.M., & Darling, N. 1992. Impact of parenting practices on adolescent achievement: Authoritative parenting, school involvement, and encouragement to succeed. Child Development 63: 1266-1281.
- Stern, P.N. 1985. Using grounded theory in nursing research. In M.M. Leininger (ed). Qualitative research methods in nursing. (pp. 149-160). New York: Grune & Stratton.
- Stevenson-Hinde, J., & Akister, J. 1995. The McMaster model of family functioning: Observer and parental ratings in nonclinical sample. Family Process 34: 337-347.
- Strauss, A. 1987. Qualitative analysis for social scientists. New York: Cambridge University Press.

- Strauss, A., & Corbin, J. 1990. Basic of qualitative research: grounded theory procedures and techniques. Newbury Park: Sage Publication.
- Strauss, A., & Corbin, J. 1998. Grounded theory methodology: an overview. In N.K. Denzin, & Y.S. Lincoln (eds). Handbook of qualitative research. London: Sage.
- Streubert, S.H.J., & Carpenter, R. 2003. Qualitative research in nursing. 3rd ed. Philadelphia: Lippincott, Williams & Wilkins.
- Susan, K. 1993. Effect of communication training on parents and young adolescents. Nursing Research 42: 10-16.
- Sussman, M.B., Steinmetz, S.K., & Peterson, G.W.P. 1999. Handbook of marriage and the family. 2nd ed. New York: Plenum Press.
- Suvannathat, J. 1998. Characteristics of children in Thai families. Journal of Psychiatric Association of Thailand 43: 252-257.
- Sychareun, V. 2006. Parent-youth connectedness and youth's sexual attitudes and behavior in Vientiane Municipality, Lao PDR. Faculty of Medical Sciences, National University of Laos.
- Tan, S., & Ray, J. 2005. Depression in the young, parental depression and parenting stress. Australian Psychiatry 13: 76-79.
- Thaiairline.com. 2007. Amazing Thai Culture – The best of Thailand culture guide [Online]. Available from <http://www.thaiairline.com>[2007, March 7]
- Thaicov.org. 2007. Thai Values [Online]. Available from <http://www.thaicov.org>. [2007, March 7]
- Thaiworldview.1998-2006. Thai Society-Everyday Life [Online]. Available from <http://www.thaiworldview.com/>[2007, May 22]



- The National Clearinghouse on Families & Youth. 1996. Supporting your adolescent: Tips for parents. U.S. Department of Health and Human services [Online]. Available from <http://www.ncfy.com/>[2005, March 3]
- The National Identity Board. 2000. Thailand into 2000's. Bangkok: the National Identity Board Office of the Prime Minister.
- The Nemours Foundation. 1995-2008. A parent's guide to surviving the teen years [Online]. Available from [www.kidshealth.org/](http://www.kidshealth.org/) [2008, January 11]
- Toonkul, S. 2000. The effectiveness of health promotion project among adolescents at Wat Makok community. In S. Isaranurug. (ed). Child and adolescent's health promotion And protection in congested area of Bangkok metropolis: Wat Makok community Phase II-III: Implementation and evaluation. Supported by UNICEF: Bangkok.
- Tuicharoen, J. 1997. Adolescent-parent relationships, self-esteem and adjustment of early adolescence. Master's Thesis, Graduate School, Mahidol University.
- Toumbourou, J.W., & Gregg, M.E. 2001. Working with family to promote healthy adolescent development. Family Matter 59: 54-60.
- Toumborou, J., & Gregg, M.E. 2002. Impact of an empowerment-based parent education program on the reduction of youth suicide. Journal of Adolescent Health 31: 277-285.
- Trungkasombut, U. 2004. Parenting in the 21<sup>st</sup> century. In P. Mahachokelertwatana, S. Ruangrarnchanasetr, V.Bunsithi, & V. Areekul. (eds). How to deal with teenagers. Bangkok: Chaicharean.
- Updegraff, K.A., McHale, S.M., & Crouter, A.C. 2001. Parents' involvement in adolescents' peer relationships: A comparison of mothers' and fathers' roles. Journal of Marriage and Family 63: 655-668.

- Varela, R.E., Vernberg, E.M., Sanchez-Sosa, J.J., Riveros, A., Mitchell, M., & Mashunkashey, J. 2004. Parenting style of Mexican, Mexican American, and Caucasian-Non-Hispanic families: social context and cultural influences. Journal of Family Psychology 18: 651-657.
- Vejabunyongrat, D. 1990. Adolescence and social problems. In Sukhothaimathiraj University. Handbook on adolescent development and training. (pp.1-76). Bangkok: Aroon Printing.
- Virasiri, S., Thaenwatanakul, J., Siripul, P., & Sumlex, S. 2003. The report of the project of developing parents' capabilities for parenting adolescents. Department of Maternal and Child Nursing, Faculty of Nursing. Khon Kaen University.
- Vlazny, M. 2007. Parenting adolescents & young adults [Online]. Available from <http://family.articlesarchive.net/> [2007, December 6]
- Watson, R.I., & Lindgren, H.C. 1979. Psychology of the child 3rd ed. New York: John Wiley & Sons.
- Wehmeire, S (ed). 2000. Oxford advanced learner's dictionary of current English. Oxford: Oxford University Press.
- Wel, f. 2002. Change in parental bond and the well-being of adolescents and young adults- statistical data included [Online]. Available from <http://www.findarticles.com> [2004, December 4]
- Wikipedia encyclopedia. 2007. Parenting [Online]. Available from <http://thefreedictionary.com/> [2007, April 4]
- Wills, T.A., & Yaeger, A.M. 2003. Family factors and adolescent substance use: Models and mechanisms. Current Direction in Psychological Science 12: 222-226.
- Wilson, L. 2002. Nursing care of children: principles & practice. Philadelphia: W.B.

Saunders Company.

Win, D.T., & Kywe, T. 2004. Parenting adolescents-The most difficult and extremely important task. ABAC Journal 24(2):1-13.

Winnicott, D.W. 1965. The maturational process and the facilitative environment.  
New York: International Universities Press.

World Health Organization. 2003. Health and health behavior among young people.  
Copenhagen: World Health Organization Regional Officer for Europe.

World Health Organization. 2007. Helping parents in developing countries improve adolescents' health. Geneva: WHO Press.

Wong, D.L. 2003. Nursing care of infants and children. 7th ed. St. Louis: Mosby.

Wong, D.L., Hockenberry-Eaton, M., Wilson, D., Winekelstein, M.L., & Schwartz, P.  
2001. Wong's essentials of pediatric nursing. 6th ed. St. Louis: Mosby.

Yolao, D. 1994. Research synthesis related to child rearing and socialization in Thailand. Journal of Behavioral Science 1: 86-98.

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย



APPENDICES

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## APPENDIX A: Demographic Data of the Participants

**Table 2:** Demographic Characteristics of the participants

Characteristics	Frequency
<b>Respondent parents</b>	
Father	4
Mother	10
Mother and father	5
Total	19 families
<b>Age of parents</b>	36 to 59 years of age Mean=47.17, Mode=48, Median=47
<b>Marital status</b>	
Married	18
Widow (husband died)	1
<b>Educational Background (n=24)</b>	
Primary school	7
Junior and High school (grade 7-12)	7
Certificate	5
Bachelor degree	4
Master degree	1
<b>Working Status (n=24)</b>	
Worker	5
Farmer	3
Employee	5
Shopkeeper/sale food	2
Own business/skilled work	6
Government official	3
<b>Income (Bath/month)</b>	Range from 1,500 to 100,000 bath/month
1,500	1
4,000-8,000	5
10,000-60,000	10
70,000-100,000	3
<b>Current residence</b>	14 urban areas, 5 rural areas
Khon Kaen	12
Bangkok	4
Suphun Buri	1
Nong Bua Lum Phu	1
Nakhon Pha Nom	1
<b>Family types</b>	
Nuclear family	15
Extended family	4
<b>Total number of children</b>	
1	2
2	10
3	6
4	1

**Table 3:** Demographic Characteristics of Adolescents

Characteristics	Frequency
<b>Gender of adolescent</b>	
Male	8
Female	11
<b>Age of adolescent (Range 18-20.5 years)</b>	<b>Mean=19.11 years , Mode=20 years</b>
18	5
19	6
20	8
<b>Education or working status</b>	
University	11
Vocational school)	2
High school (grade 12)	1
Own business and studying in university	1
Own business	1
Employee	2
Unemployed	1
<b>Order number of adolescent in the family</b>	
The First	7
The Second	5
The last child	7

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## APPENDIX B: Summary Categories, Sub categories and Codes

**Table 4:** Establishing integrity: Parenting Process among Parents of Healthy Adolescents: A summary of categories, sub categories, and codes

Categories	Sub Categories	Codes/ Sub Codes
		<ul style="list-style-type: none"> <li>-Recognizing child being adolescent (starting point)</li> <li>-Noticing/understanding /accepting</li> <li>-Being aware of potential growth and risks</li> </ul>
Reinforcing connectedness	2.1 Communicating love and caring  2.2 Showing more respect  2.3 Keeping close contact  2.4 Decreasing conflicts	<ul style="list-style-type: none"> <li>-Meeting needs</li> <li>-Verbalizing love and cares</li> <li>-Treating as friend</li> <li>-Encouraging discussion</li> <li>-avoiding harsh punishment</li> <li>-accepting the child's decisions</li> <li>-Regular talking</li> <li>-Sharing activities/spending time together</li> <li>-Visiting consistency</li> <li>-Less involving</li> <li>-Having well conversation</li> </ul>
Enhancing maturity	3.1 Allowing more freedom  3.2 Increasing responsibility  3.3 Fostering ability to reason  3.4 Instilling values and manners	<ul style="list-style-type: none"> <li>-Decreasing control/increasing independence</li> <li>- Providing opportunity</li> <li>-Assigning much house chores</li> <li>-Training self management skills (money, own duty)</li> <li>-Modeling</li> <li>-Training solving skill</li> <li>-Providing more reasons</li> <li>-Sharing/discussing ideas</li> <li>-Modeling</li> <li>-Cultivating/Teaching: modeling, talking and discussing, showing examples</li> <li>-Telling parental expectations</li> <li>-Providing good model</li> </ul>
Protecting	4.1 Setting limits	<ul style="list-style-type: none"> <li>-Setting rules</li> <li>-Making contract</li> </ul>

	<p>4.2 Providing good environment</p> <p>4.3 Monitoring</p> <p>4.3 Showing disapproval</p>	<p>-Involving (activities and peers)</p> <p>-Selecting friends and school</p> <p>-Providing good person and place</p> <p>-Maintaining good home atmosphere</p> <p>-Observing</p> <p>-Asking (directly and indirectly)</p> <p>-Inspecting child's belonging (bag, diary)</p> <p>-Getting information from others (teacher, siblings, friends)</p> <p>-Warning/reflecting</p> <p>-Inducing/persuading</p>
		<p>-Believing child being adult (Ending point)</p> <p>-Noticing adulthood characters</p> <p>-Feeling child being an adult</p>

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย



APPENDIX C: The Approval Form of IRB Committee at Chulalongkorn  
University (in Thai language)

เลขที่ใบรับรอง 005/2550

คณะกรรมการพิจารณาจริยธรรมการวิจัยในมนุษย์และการใช้สัตว์ทดลองในการวิจัย  
กลุ่มวิทยาศาสตร์สุขภาพ จุฬาลงกรณ์มหาวิทยาลัย

โครงการวิจัย : การเลี้ยงดูบุตรวัยรุ่นของบิดามารดาไทย : การศึกษาทฤษฎีพื้นฐาน  
THAI PARENTING ADOLESCENTS : A GROUNDED THEORY  
STUDY

ผู้วิจัยหลัก : นางสาวคนธ์ วีระศิริ

หน่วยงาน : คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย

คณะกรรมการพิจารณาจริยธรรมการวิจัยในมนุษย์และการใช้สัตว์ทดลองในการวิจัย  
กลุ่มวิทยาศาสตร์สุขภาพ จุฬาลงกรณ์มหาวิทยาลัย

อนุมัติในแง่จริยธรรมให้ดำเนินการศึกษาวิจัยเรื่องข้างต้นได้

2550

.....ศาสตราจารย์นายแพทย์ประธาน  
(รองศาสตราจารย์ นายแพทย์ปริศา ทักสนประดิษฐ์)

.....เลขานุการ  
(ศาสตราจารย์ นายแพทย์สุรศักดิ์ ฐานีพานิชกุล)

รับรองวันที่ 9 มกราคม 2550

วันหมดอายุ 9 มีนาคม 2551

## APPENDIX D: Interview Guide

*Participants:* Parents of adolescents (mothers or fathers of adolescents aged 18-20)

*Part I. Demographic data* (structured interview)

1. You are ( ) mother or ( ) father of this adolescent.
2. How old are you? \_\_\_\_\_years
3. What is your marital status?  
( ) married ( ) divorced ( ) separated ( ) other; please specify.....
4. What is your occupation?  
( ) farmer ( ) private business ( ) government officer ( ) worker  
( ) other; please specify.....
5. What is your highest education level?  
( ) no education ( ) primary level: grade 1- 6 ( ) secondary level: grade 7-12  
( ) higher level from \_\_college \_\_university\_\_  
( ) other; please specify.....  
And, what is the major field of your study? ( ) business ( ) health science  
( ) human and social science ( ) education ( ) other; please specify.....
6. What is your family income per month?.....baht/month,  
How about financial status? ( ) enough, and could save some money ( ) enough, but could not save money ( ) not enough, had to borrow ( ) others; please specify.....
7. How many total members in your family?.....persons  
How many children do you have in total?.....children
8. What is your family type? (nuclear or extended family)  
( ) father, mother, and child  
( ) father or mother and child  
( ) father, mother, child and grandfather or grandmother

( ) father, mother, child and relatives

( ) other; please specify.....

9. The information on the adolescent (will interview adolescent since first approach, and interview his or her parent)

The gender of the adolescent: ( ) male or ( ) female

He or she is .....years old.

The order number of your adolescent is.....

The level of adolescent's education is grade or year.....

In case of adolescent who did not study, his or her work is .....

If the adolescent has siblings, how about the relationships between your adolescent and siblings? Please explain.....

*Part II.* Interview guide that focuses on parenting the adolescent (from early to late adolescence)

*1. Opening phase:* grand tour questions:

I'm trying to understand more about your experiences of parenting adolescents.

Please tell me; What has the experience of parenting during adolescence been like for you?

*Probing questions:*

When did that happen?

What was it like before that?

How did it change?

What do you feel led up to that?

Was that different?

What did you notice then? Can you tell more about that?

2. *Interviewing guideline (will be used depending on the interview situation and the interviewee)*

*Please tell me about:*

How about your parenting during adolescence: from early to late adolescence?

What are the parenting tasks for your adolescent in daily living? (How do you take care? How do you promote adolescent health and development? How do you prevent adolescent problems?)

What have you noticed about how your experience being a parent of adolescent has changed?

When did you change your parenting methods? Why did you do that?

How about your parenting practices when the adolescent was young?

What are your parenting goals?

What are your parenting values and beliefs?

What sources have you used to parent your adolescent?

What factors have helped you to succeed in parenting your adolescent?

What is your major concern about parenting your adolescent? And how do you deal about these concerns?

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

### ภาคผนวก ง: แนวทางการสัมภาษณ์

ผู้ให้ข้อมูลหมายเลข.....

วันที่ เดือน ปี พ.ศ. ....เวลา.....

#### ส่วนที่ 1. ข้อมูลส่วนบุคคลและครอบครัว

1. ท่านเป็น ( ) มารดา หรือ ( ) บิดา ของวัยรุ่นคนนี้
2. ท่านมีอายุ .....ปี
3. สถานภาพการสมรสของท่านในปัจจุบัน  
( ) แต่งงานอยู่ด้วยกัน ( ) หย่า ( ) แยกกันอยู่ ( ) อื่นๆ โปรดระบุ.....
4. อาชีพในปัจจุบันของท่านคือ  
( ) เกษตรกร ( ) ธุรกิจส่วนตัว ( ) รับราชการ ( ) รับจ้าง  
( ) อื่นๆ โปรดระบุ.....
5. ระดับการศึกษาสูงสุดของท่านคือ.....  
( ) ไม่ได้เรียน ( ) ระดับประถมต้น ป.1-6 ( ) ระดับมัธยม ม. 1-6  
( ) ระดับ วิทยาลัย หรือ มหาวิทยาลัย  
สาขาวิชาที่ศึกษาคือ ( ) ธุรกิจ ( ) วิทยาศาสตร์สุขภาพ ( ) มนุษยศาสตร์และสังคมศาสตร์  
( ) การศึกษา ( ) อื่นๆ โปรดระบุ.....
6. รายได้เฉลี่ยของครอบครัว.....บาท/เดือน  
สถานภาพทางการเงินของครอบครัวท่านเป็นอย่างไร?  
( ) พอใช้จ่ายและมีเก็บออม ( ) พอใช้จ่ายแต่ไม่มีเก็บออม ( ) ไม่พอใช้จ่ายและมีหนี้สิน  
( ) อื่นๆ โปรดระบุ.....
7. จำนวนสมาชิกทั้งหมดในครอบครัวท่าน.....คน  
ท่านมีบุตรจำนวนทั้งหมด.....คน
8. ครอบครัวของท่านเป็นครอบครัวลักษณะใด (ครอบครัวเดี่ยวหรือขยาย)  
( ) พ่อ แม่ และลูก  
( ) พ่อ หรือ แม่และลูก  
( ) พ่อ แม่ ลูก และปู่ ย่า หรือ ตา ยาย  
( ) พ่อ แม่ ลูกและญาติ  
( ) อื่นๆ โปรดระบุ.....
8. ข้อมูลเกี่ยวกับวัยรุ่น (จะสัมภาษณ์จากบุคคลวัยรุ่นเมื่อ ได้ทำความรู้จักครั้งแรกและจากบิดา มารดา)  
เพศของบุตรวัยรุ่นคือ ( ) เพศชาย หรือ ( ) เพศหญิง  
อายุ.....ปี เป็นบุตรลำดับที่.....กำลังศึกษาอยู่ในระดับ.....

หรือถ้าไม่ได้เรียนหนังสือ อาชีพหรืองานที่ทำอยู่คือ.....

ในกรณีที่มีพี่หรือน้อง สัมพันธภาพระหว่างพี่น้องเป็นอย่างไรบ้าง?

## ส่วนที่ 2. แนวทางการสัมภาษณ์เกี่ยวกับการเลี้ยงดูบุตรวัยรุ่น (จากระยะวัยรุ่นตอนต้นจนถึงวัยรุ่นตอนปลาย)

### 2.1 คำถามเพื่อเปิดการสนทนา:

ดิฉันมีความสนใจและอยากทราบถึงประสบการณ์ในการเลี้ยงดูบุตรวัยรุ่นของท่าน

กรุณาบอกเล่าเกี่ยวกับประสบการณ์การเลี้ยงดูบุตรในช่วงวัยรุ่นของท่านว่าเป็นอย่างไรบ้าง?

#### คำถามเพื่อการสืบค้น:

เกิดขึ้นตั้งแต่เมื่อใด?

ก่อนหน้านั้นเป็นอย่างไรบ้าง?

มีการเปลี่ยนแปลงอย่างไร?

คุณมีความรู้สึกอย่างไรบ้างต่อสิ่งที่เกิดขึ้น?

มีความแตกต่างหรือไม่?

คุณสังเกตเห็นอะไรบ้างต่อจากนั้น? คุณสามารถบอกเล่าเพิ่มเติมในสิ่งนี้ได้อีก

หรือไม่?

### 2.2 แนวคำถามเพื่อใช้ในการสัมภาษณ์ (การใช้คำถามขึ้นอยู่กับสถานการณ์ของการสัมภาษณ์ และผู้ให้สัมภาษณ์)

กรุณาบอกเล่าเกี่ยวกับ:

-การเลี้ยงดูบุตรวัยรุ่นของท่านเป็นอย่างไรบ้างในระยะตั้งแต่วัยรุ่นตอนต้นจนถึงวัยรุ่นตอนปลาย?

-ภารกิจในการเลี้ยงดูบุตรวัยรุ่นในชีวิตประจำวันของท่านเป็นอย่างไรบ้าง? (ท่านให้การดูแลบุตรอย่างไร? ท่านส่งเสริมพัฒนาการและสุขภาพอย่างไร? ท่านป้องกันปัญหาในวัยรุ่นอย่างไรบ้าง?)

-อะไรบ้างที่ท่านสังเกตเห็นว่ามีการเปลี่ยนแปลงเกิดขึ้นในประสบการณ์การเป็นบิดามารดาของ

บุตรวัยรุ่น?

-ท่านเปลี่ยนแปลงวิธีการเลี้ยงดูตั้งแต่เมื่อใด? ทำไมท่านจึงปฏิบัติเช่นนั้น?

-ท่านปฏิบัติกรเลี้ยงดูบุตรวัยรุ่นเมื่อเขายังเป็นเด็กอย่างไรบ้าง?

-การเลี้ยงดูบุตรของท่านมีเป้าหมายอะไรบ้าง?

-ค่านิยมและความเชื่อในการเลี้ยงดูบุตรของท่านคืออะไร?

- แหล่งประโยชน์ใดบ้างที่ท่านนำมาในการเลี้ยงดูบุตรวัยรุ่น?
- ปัจจัยอะไรบ้างที่ช่วยให้ท่านประสบความสำเร็จในการเลี้ยงดูบุตรวัยรุ่น?
- สิ่งที่ท่านห่วงกังวลอย่างมากในการเลี้ยงดูบุตรวัยรุ่นคืออะไร? เพราะเหตุใด?และท่านเผชิญต่อสิ่งนี้อย่างไรบ้าง?



ศูนย์วิทยพัชกร  
จุฬาลงกรณ์มหาวิทยาลัย

## APPENDIX E: Participant Information Sheet

1. Research title: Thai parenting adolescents: A grounded theory study
2. Researcher's name: Saovakon Virasiri; Status: Doctoral student,  
Faculty of Nursing, Chulalongkorn University
3. Workplace: Faculty of Nursing, Khon Kaen University, Amphur Maung, Khon  
Kaen province, 40002 Phone 0-43202407  
Residence: 28/1 M.14 Ban Nongpai, Tumbol Sila, Ampur Muang, Khon Kaen  
Province 40000 Phone: 0-43204012 Mobile phone 089-5757409  
E-mail: [saovir@kku.ac.th](mailto:saovir@kku.ac.th)

#### 4. Researcher's statement

I am a graduate student in nursing science at Chulalongkorn University, doing a doctoral dissertation on Thai parenting adolescents. My interest in this research stems from my nursing experience in promoting adolescent and family health. I'm also a counselor, teacher, and researcher, and I bring to this research my skills as an interviewer as well as my respect for your privacy and integrity. The purpose of this information is to tell you about the researcher and to allow you to make a clear decision about whether you would like to participate or not.

The goal of this study is to discover and explain the parenting of parents who have healthy adolescents. It is hoped that the results of this study will be made available to parents as well as health personnel and individual in other disciplines who work with adolescents and families, and that they will be able to apply this knowledge to practice in related areas furthermore.

The participants are selected on the basis that they are parents of healthy adolescents aged 18-20 years. Their healthy adolescents are free from severe chronic physical and mental illness, which is cancer, heart disease, neurological problem, disability, addiction, violence, delinquency, and suicidal attempt. In selecting the participant, the researcher will ask their adolescent's teachers who teach in both private and public educational institutes, or their boss who work in industries or shops, and have known this adolescent in Khon Kaen and others provinces in Thailand, and then the researcher will approach the adolescent and invite his or her parents to participate in this study.



I will ask you to consider the consent form and then to make an appointment to talk with me about your parenting experiences as a parent of an adolescent. The interview will be about one and a half to two hours long each time. The interview will be take place in your home or in a private area as you prefer and select, and will be at a time and day convenient to you. I will ask you about your personal experience as a parent, what you have noticed about what it has been like for you, and how your experience has changed over time. Additionally, questions regarding personal information including your adolescent's education or work, the number of your children, the birth order, your socioeconomic status and education will be asked.

The interview will also be taped and notes will be taken. Any information that is obtained in the study will remain confidential and will be disclosed only with your permission. The interviewed data will be transcribed and coded. The tape will be heard only by me and the typist who will transcribe the tape for me. The typist will be given a fictitious name for you, which will then be used by me throughout the study. Fictitious names will also be created for members of your family, and obviously identifying details will be altered to protect your privacy, and the privacy of your family. All copies of the transcription and tapes will be kept only in a locked cabinet and erased after the data is no longer used for the purpose of the study. Publication related to this study will not contain any information that identifies your name or your family.

There is no physical risk in participating in this study. The only known inconvenience is the use of your time for the interview.

Your participation in the study is voluntary and you are also free to stop the interview or withdraw from the study at any time and without prejudicing me or the study. There is no cost and no compensation to you for participating in this study. If you live in another province, I will come to see you myself. You do not have to make any payment to take a trip for this study. The total numbers of participants in this study are 15-20 parents of adolescents.

You are free to ask questions before consenting. I will answer as fully as possible any questions you have about the study. Your signature indicates that you have read the information provided above and have decided to participate. You are also free to call me

after the interview if you have any further questions or concerns. You can contact the researcher by mobile phone: 089-5757409.



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## ภาคผนวก จ ข้อมูลสำหรับผู้มีส่วนร่วมในการวิจัย

### (Participant information sheet)

- ชื่อโครงการวิจัย: การเลี้ยงดูบุตรวัยรุ่นของบิดามารดาไทย: การศึกษาทฤษฎีพื้นฐาน
- ชื่อผู้วิจัย: นาง เสาวคนธ์ วีระศิริ นักศึกษาปริญญาเอก สาขาพยาบาลศาสตร์ คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย
- สถานที่ปฏิบัติงาน คณะพยาบาลศาสตร์ มหาวิทยาลัยขอนแก่น อ. เมือง จ. ขอนแก่น 40002  
โทรศัพท์ที่ทำงาน 0-43202407  
สถานที่อยู่ 28/1 หมู่ 14 บ้านหนองไผ่ ตำบลศิลา อำเภอเมือง จังหวัด ขอนแก่น 40000  
โทรศัพท์ที่บ้าน 0-43204012 โทรศัพท์เคลื่อนที่ 089-5757409  
E-mail: [saovir@kku.ac.th](mailto:saovir@kku.ac.th)

#### 4. คำชี้แจงของผู้วิจัย

ผู้วิจัยชื่อ นางเสาวคนธ์ วีระศิริ นักศึกษาปริญญาเอก สาขาพยาบาลศาสตร์ คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย กำลังสนใจและทำการวิจัยเกี่ยวกับการเลี้ยงดูบุตรวัยรุ่นของบิดามารดาไทย ความสนใจในการศึกษาครั้งนี้เกิดจากประสบการณ์การทำงานด้านการส่งเสริมสุขภาพวัยรุ่นและครอบครัว ตลอดจนการเป็นผู้ให้คำปรึกษา อาจารย์ และนักวิจัย โดยผู้วิจัยจะได้นำทักษะเหล่านี้มาใช้ในการเป็นผู้สัมภาษณ์และซักแสดงออกซึ่งความเคารพในเกียรติและความเป็นบุคคลของท่านตลอดกระบวนการวิจัย อนึ่งวัตถุประสงค์ของเอกสารฉบับนี้จัดทำเพื่อบอกเล่าเกี่ยวกับข้อมูลของผู้ทำวิจัยและการดำเนินการวิจัย ซึ่งท่านจะสามารถเข้าใจและตัดสินใจแสดงความประสงค์ในการเข้าร่วมหรือไม่เข้าร่วมในการวิจัยครั้งนี้ได้

เป้าหมายการศึกษานี้เพื่อค้นหาและอธิบายความรู้เกี่ยวกับการเลี้ยงดูของบิดามารดาไทยที่มีบุตรวัยรุ่นในภาวะสุขภาพดี โดยผู้วิจัยมีความคาดหวังว่าผลจากการวิจัยครั้งนี้ จะเอื้อประโยชน์แก่บิดามารดา บุคลากรด้านสุขภาพ ตลอดจนผู้ปฏิบัติงานที่เกี่ยวข้องกับวัยรุ่นและครอบครัวจะสามารถนำความรู้นี้ไปประยุกต์ใช้ในการดำเนินงานด้านที่เกี่ยวข้องต่อไป

ผู้เข้าร่วมในการวิจัยครั้งนี้เป็นบิดามารดาซึ่งคัดเลือกโดยพิจารณาจากคุณสมบัติของบิดามารดาที่มีบุตรวัยรุ่นหญิงหรือชายอายุระหว่าง 18-20 ปี ที่มีภาวะสุขภาพดีไม่มีการเจ็บป่วยด้วยโรคเรื้อรังที่รุนแรงทั้งทางด้านร่างกายและจิตใจ กล่าวคือ ไม่เจ็บป่วยด้วยโรคมะเร็ง โรคหัวใจ ปัญหาทางระบบประสาท พิกัด ดิคาเสพติด ก้าวร้าว อันธพาล ซึมเศร้า หรือพยายามฆ่าตัวตาย รวมทั้งไม่ติดเหล้าและบุหรี่ ตลอดจนไม่มีพฤติกรรมเสี่ยงทางเพศ คือ ไม่มีประวัติเป็นโรคติดต่อทางเพศสัมพันธ์ หรือการตั้งครรภ์ไม่พึงประสงค์ โดยผู้วิจัยดำเนินการเริ่มต้นด้วยการสอบถามจากครู อาจารย์ที่ปรึกษาของบุคคลวัยรุ่นในสถาบันการศึกษาทั้งภาครัฐและเอกชน หรือหัวหน้างานซึ่งทำงานในห้างร้านหรือ

โรงงานและรู้จักวิทยุส่วนบุคคลที่มีภาวะสุขภาพดีนี้มาจนถึงปัจจุบัน โดยอาศัยอยู่ในเขตจังหวัดขอนแก่นหรือจังหวัดอื่นๆของประเทศไทย หลังจากนั้นผู้วิจัยจะขอความร่วมมือจากวิทยุรุ่นดังกล่าวเพื่อติดต่อและขอเชิญบิดามารดาเข้าร่วมในการวิจัยครั้งนี้

ดิฉันใคร่ขออนุญาตรบกวนท่านพิจารณาเนื้อหาในเอกสารนี้แล้วแสดงความจำนงในเอกสารใบยินยอมเข้าร่วมการวิจัยในเรื่องนี้ หลังจากนั้นผู้วิจัยจะนัดหมายเพื่อทำการสัมภาษณ์หรือพูดคุย ชักถามเกี่ยวกับประสบการณ์การเลี้ยงดูบุตรวัยรุ่นของท่าน ซึ่งการสัมภาษณ์นี้จะดำเนินไปเป็นเวลาประมาณ 1 ชั่วโมง 30 นาที ถึง 2 ชั่วโมง โดยจะดำเนินการในสถานที่ที่เป็นส่วนตัว เช่นที่บ้านของท่าน หรือสถานที่อื่นๆที่ท่านสะดวกใจและเลือกสถานที่ดังกล่าวด้วยตนเอง โดยผู้วิจัยจะพูดคุย ชักถามเกี่ยวกับประสบการณ์ส่วนบุคคลในการเลี้ยงดูบุตรวัยรุ่นที่เกิดจากการรับรู้ การปฏิบัติและการสังเกตของท่านในชีวิตประจำวัน การเปลี่ยนแปลงที่เกิดขึ้นกับท่านเมื่อเลี้ยงดูบุตรในระยะวัยรุ่น รวมทั้งข้อมูลส่วนตัวและข้อมูลเกี่ยวกับการศึกษาหรือการทำงานของบุตรของท่าน ตลอดจนจำนวนบุตรที่ท่านมีทั้งหมด ลำดับการเกิดของบุตรวัยรุ่น สถานภาพทางสังคมเศรษฐกิจและการศึกษาของท่าน

การสัมภาษณ์ครั้งนี้จะทำการจดบันทึกและบันทึกเทป ข้อมูลที่ได้จะเก็บไว้เป็นความลับตลอดเวลา ซึ่งจะเปิดเผยได้เมื่อได้รับการอนุญาตจากท่านเท่านั้น โดยข้อมูลทั้งหมดจะนำไปถอดเทปและลงรหัสต่อไป กำบังเทปดังกล่าวจะมีบุคคลที่รับรู้เพียงตัวผู้วิจัยและผู้พิมพ์บันทึกข้อความจากการถอดเทป ผู้พิมพ์จะใช้นามสมมติและไม่ใช้ชื่อจริงของท่านตลอดการบันทึกดังกล่าว รวมถึงชื่อของสมาชิกคนอื่นๆในครอบครัวของท่านก็จะใช้นามสมมติเช่นกัน ซึ่งถือเป็นการปกป้องความเป็นส่วนตัวของท่าน และครอบครัวในการวิจัยครั้งนี้ เอกสารบันทึกการถอดเทปและม้วนเทปจะถูกจัดเก็บไว้ในที่ปลอดภัยและเป็นความลับและจะทำลายข้อมูลดังกล่าวเมื่อสิ้นสุดการใช้งานตามวัตถุประสงค์ของการวิจัยต่อไป โดยผลการศึกษานี้จะนำเสนอในภาพรวม ผลการวิจัยที่ดีพิมพ์จะไม่มีการระบุชื่อของท่าน ตลอดจนชื่อของบุคคลในครอบครัวของท่าน

การเข้าร่วมในการศึกษานี้ไม่มีความเสี่ยงใดๆ มีเพียงความไม่สะดวกที่เกิดจากการใช้เวลาในการสัมภาษณ์ท่านเท่านั้น

การเข้าร่วมในการวิจัยครั้งนี้เป็นไปตามความสมัครใจของท่านโดยท่านมีสิทธิที่จะหยุดการให้สัมภาษณ์หรือถอนตัวออกจากการเข้าร่วมการวิจัยในครั้งนี้ได้ตลอดเวลาโดยไม่มีผลกระทบใดๆ และการวิจัยครั้งนี้จะไม่มีการจ่ายค่าตอบแทนแก่ผู้มีส่วนร่วมในการวิจัย อนึ่งในกรณีที่ท่านอาศัยอยู่ในจังหวัดอื่นๆ ผู้วิจัยจะเป็นฝ่ายเดินทางไปพบท่านเองตามที่นัดหมายโดยที่ท่านไม่ต้องเสียค่าใช้จ่ายในการเดินทางแต่อย่างใด ซึ่งจำนวนผู้เข้าร่วมในการวิจัยเป็นบิดามารดาของวัยรุ่นทั้งหมด 15-20 คนหรือจนกว่าข้อมูลจะมีความสมบูรณ์

ท่านสามารถซักถามเพิ่มเติมได้ก่อนลงนามในใบยินยอมโดยผู้วิจัยยินดีตอบคำถามในสิ่งที่คุณสนใจ และเกี่ยวข้องในการวิจัยครั้งนี้ ลายมือชื่อของคุณจะแสดงให้เห็นว่าคุณได้อ่านข้อความในเอกสาร รับทราบและตัดสินใจเข้าร่วมในการวิจัยครั้งนี้แล้ว อย่างไรก็ตามหลังจากทำการการสัมภาษณ์พูดคุย แล้ว หาก你有คำถามหรือ ข้อสงสัย รวมถึงประสงค์ที่จะถอนตัวจากการวิจัยครั้งนี้ ท่านสามารถ ซักถามหรือแจ้งความต้องการของคุณแก่ผู้วิจัยได้ตลอดเวลา โดยติดต่อได้ทางโทรศัพท์หมายเลข 089-5757409



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## APPENDIX F: Informed Consent Form

Title: Thai Parenting Adolescents: A Grounded Theory Study

Code number: Participant.....

I was informed by the researcher, Saovakon Virasiri, Ph.D. student, Doctor of Philosophy in Nursing Science Program, Faculty of Nursing, and Chulalongkorn University about the research objectives, characteristics, procedures, as well as benefits, risks or harm that may occur in this study. I already ask questions regarding the study until I thoroughly understand it.

I am willing to participate in this study. I know that I have a right to withdraw from the study at any time without providing reasons to the researcher. This will cause no negative effect on me or my family. The researcher will keep all copies of the transcript and coding in a locked cabinet and erased them after the data is no longer used for the purpose of the study and will present only the findings of the study and no personal information.

If I have any question regarding the study, I can contact the researcher at 28/1 M.14 Ban Nongpai, Tumbol Sila, Ampur Muang, Khon Kaen province 40000, phone 0-43-204012, Mobile phone 089-5757409.

I am willing to participate in this study under the above conditions.

-----  
 Place / Time ( Participant signature )

-----  
 Place / Time (Mrs. Saovakon Virasiri)  
 Main researcher signature

-----  
 Place / Time ( ..... )  
 Witness signature

ภาคผนวก ฉ ใบยินยอมของผู้มีส่วนร่วมในการวิจัย  
(Informed Consent Form)

ชื่อโครงการ การเลี้ยงดูบุตรวัยรุ่นของบิดามารดาไทย: การศึกษาทฤษฎีพื้นฐาน  
เลขที่ ผู้มีส่วนร่วมในการวิจัย.....

ข้าพเจ้าได้รับทราบจากผู้วิจัย ชื่อ นางสาวคนธ์ วีระศิริ ตำแหน่งนิติปรัชญาเอก หลักสูตร  
พยาบาลศาสตรดุษฎีบัณฑิต คณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย ถึงวัตถุประสงค์ ลักษณะ  
และแนวทางการวิจัย รวมทั้งรับทราบถึงผลดีและความเสี่ยงที่อาจเกิดขึ้น โดยข้าพเจ้าได้ซักถาม ทำ  
ความเข้าใจเกี่ยวกับการศึกษาดังกล่าว เป็นที่เรียบร้อยแล้ว

ข้าพเจ้ายินดีเข้าร่วมการศึกษารั้งนี้โดยสมัครใจ และมีสิทธิที่จะขอออกจากการเข้าร่วมการ  
วิจัยนี้ได้ตลอดเวลา โดยไม่จำเป็นต้องแจ้งเหตุผล ซึ่งไม่เกิดผลเสียใดๆต่อข้าพเจ้าและครอบครัวโดย  
ผู้วิจัยรับรองว่าจะเก็บข้อมูลที่ได้จากการถอดเทปและลงรหัสไว้เป็นความลับ เก็บรักษาไว้ในที่  
ปลอดภัยและจะทำลายข้อมูลดังกล่าวเมื่อเสร็จสิ้นการใช้ข้อมูลตามวัตถุประสงค์ของการวิจัยและจะ  
เปิดเผยเพียงผลการวิจัยโดยไม่มีข้อมูลส่วนบุคคลแต่อย่างใด

หากข้าพเจ้ามีข้อคำถามใดๆที่เกี่ยวข้องในการวิจัยดังกล่าว ข้าพเจ้าสามารถติดต่อสอบถาม  
ผู้วิจัยซึ่งอาศัยอยู่ ณ 28/1 ม.14 บ้านหนองไผ่ ตำบล.ศิลา อำเภอเมือง จังหวัด ขอนแก่น 40000  
โทรศัพท์ 0-43-204012 โทรศัพท์เคลื่อนที่ 089-5757409

ข้าพเจ้ายินดีเข้าร่วมการศึกษานี้ภายใต้เงื่อนไขที่ได้ระบุไว้แล้วในข้างต้น

.....  
สถานที่ / วันที่

.....  
( )

ลงนามผู้มีส่วนร่วมในการวิจัย

.....  
สถานที่ / วันที่

.....  
(นางสาวคนธ์ วีระศิริ)

ลงนามผู้วิจัยหลัก

.....  
สถานที่ / วันที่

.....  
( )

ลงนามพยาน

## BIOGRAPHY

Saovakon Virasiri, the researcher is Thai, 48 years old, married with 2 children. She was born in Kalasin province, Thailand on October 22, 1960, the daughter of Mr. Chusilp Wannasiri and Mrs. Ladda Wannasiri. She earned a Bachelor's degree in Science (Nursing and Midwifery second class honors) in 1983 from the Faculty of Nursing, Mahidol University, Bangkok, Thailand and Master's degree in Nursing Science (Family Nursing) in 1990 from Faculty of Nursing, Khon Kaen University, Khon Kaen province, Thailand. And she got award of good thesis in 1991.

After graduating, she had worked as a nursing professional staff nurse, ICU, Siriraj Hospital, Mahidol University, between 1983- 1985, and then moved to be nursing instructor at Faculty of Nursing, Khon kaen University since 1986-until the present. She is Associate Professor, who has taught nurse students in the bachelor and master degree in nursing science and got the Teacher award of Siriraj nursing alumni association in 2003. Her expertise area focuses on children, adolescents and family health nursing in education, practice and research.

ศูนย์วิทยุทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย