



## **FRGS RESEARCH REPORT**

### **Understanding Premarital Pregnancy Experiences of Young Mothers in Women Shelters: Developing a Model for Intervention**

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## ABSTRACT

Being pregnant and unmarried is a highly stigmatized phenomenon in Malaysian society. However, stigma alone has not been successful in preventing adolescents and young adults from committing premarital sexual relations. Unwanted pregnancy could lead to problematic decision making behavior such as baby abandonment, or health and mental health issues such as depression and trauma. Specifically, studies have found that pregnancy involving adolescents is linked to health hazards, substance abuse, impediment to education, and costs to the government. Nevertheless, there are young women who choose to continue their pregnancy despite experiencing trauma and stigma of being pregnant out-of-wedlock. Therefore, this research seeks to examine the experiences of unmarried teenagers and young women who choose to continue their pregnancy while staying in women shelters. The research utilizes a mixed methods approach, incorporating quantitative and qualitative methods. A total of 101 participants were recruited from five women shelters across the country who responded to self-administered questionnaires. Eighteen participants were selected as participants in the qualitative study by means of semi-structured interviews.

The findings indicate that a majority engaged in their first sexual intercourse during secondary school age. Majority also had social circles (i.e., family and friends) who engaged in premarital sex and pregnancy. The main reason for seeking shelter was to avoid shame and embarrassment for being pregnant out of wedlock. In the interviews, none of the participants reported having discussion with their parents about sexual issues or pregnancy. Sources of information regarding sexuality involve friends and school. The participants also reported moderate levels of emotional intelligence (EQ), spiritual intelligence (SQ), peer pressure and popularity (i.e., wanting to be popular). EQ was found to be negatively correlated with peer pressure. Age at first sex was negatively correlated with peer pressure, popularity, and SQ. Recommendations for intervention involved six aspects; namely family support, spiritual needs, psychosocial needs, health care needs, educational/career plan, and plan for the baby. Specific care in the assessment should also be given to pregnancy cause (i.e., consensual vs. rape/incest).

## ABSTRAK

Kehamilan luar nikah adalah fenomena yang mempunyai stigma di dalam masyarakat Malaysia. Namun begitu, stigma sahaja tidak berjaya membendung remaja dan dewasa muda daripada melakukan hubungan seks luar nikah. Natiujahnya, kehamilan yang tidak diinginkan boleh menyumbang kepada tindakan membuang bayi, atau masalah kesihatan dan kesihatan mental seperti kemurungan dan trauma. Kajian-kajian lepas telah mendapati kehamilan remaja mempunyai kaitan dengan kemudaratan kesihatan, penyalahgunaan bahan, gangguan kepada pendidikan dan membebankan kewangan kerajaan. Walau bagaimanapun, terdapat wanita dan remaja yang meneruskan kehamilan walaupun berdepan dengan trauma dan stigma hamil luar nikah. Oleh itu, kajian ini bertujuan untuk mengkaji pengalaman remaja dan wanita muda yang belum berkahwin dan hamil yang berlindung di rumah-rumah perlindungan. Sejumlah 101 responden dari lima buah rumah perlindungan telah menjawab soal selidik di dalam kajian ini. Lapan belas responden pula telah dipilih untuk ditemubual secara bersemuka di dalam kajian kualitatif.

Dapatan kajian mendapati majoriti responden mula melakukan hubungan seks semasa peringkat usia sekolah menengah. Majoriti juga mempunyai jaringan sosial (iaitu keluarga dan rakan-rakan) yang pernah melakukan seks dan hamil luar nikah. Di dalam temubual pula, tiada responden yang melaporkan mereka pernah berbincang dengan ibu bapa mereka mengenai isu seksual atau kehamilan. Sumber-sumber maklumat seksual lebih menjurus kepada rakan-rakan dan sekolah. Responden juga melaporkan kecerdasan emosi (EQ), kecerdasan spiritual (SQ), tekanan rakan sebaya dan populariti pada tahap sederhana. EQ didapati mempunyai hubungan yang negatif dengan tekanan rakan sebaya. Umur sewaktu melakukan seks kali pertama mempunyai hubungan negatif dengan tekanan rakan sebaya, populariti dan SQ. Cadangan intervensi untuk isu ini melibatkan enam aspek iaitu sokongan keluarga, keperluan spiritual, keperluan psikososial, keperluan penjagaan kesihatan, pelan untuk diri dan pelan untuk bayi. Perhatian khusus semasa penilaian awal juga perlu ditumpukan terhadap punca kehamilan (iaitu seks secara sukarela atau rogol / sumbang mahram).

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# CHAPTER 1

## Introduction

The issue of baby abandonment continues to draw attention of the Malaysian public as new cases are actively reported and highlighted in the media. The high stigma linked to unwed pregnancy has not been successful in preventing adolescents and young adults from committing premarital sex. As a result, the high likelihood of unwanted pregnancy will continue to be a serious concern in the society. Nevertheless, there are young women who choose to continue their pregnancy despite experiencing the trauma and stigma of being pregnant out-of-wedlock. Therefore, this research seeks to examine the experiences of unmarried teenagers and young women who choose to continue their pregnancy while seeking protection in women's shelters in order to investigate associated causal factors, what leads to the young mothers' decision to continue their pregnancy and how to manage this issue.

### 1.1 Presenting Problem

It is estimated that 83.3 babies are born out of wedlock in Malaysia every day. According to the statistics from 2005 to 2009 produced by the National Registration Department, more than 214,000 newborn babies across the country were registered without their father's name documented. Of these figures, 17,303 illegitimate babies were born to Malay mothers in the year 2009 (Mohd Azis Ngah, 2010). Not only are the statistics a distressing moral concern for the Malaysian society, headlines such as "*Pelajar dipercayai tanam bayi belakang rumah* [Student believed to bury baby in backyard]" (Utusan Malaysia, 2009), "*Baby found covered with ants*" (The New Straits Times, May 5, 2010), "*2 babies found abandoned*" (Perimbanayagam & Sennyah, 2010) demonstrate the legal, health and welfare problems associated with the effects of premarital pregnancy.

Although the statistics presented earlier include babies born to all mothers regardless of age, young mothers (particularly teenage girls) are among those included in the statistics and present with the most risks such as baby and mother's health hazards, substance abuse, impediment to education opportunities and not forgetting imposing costs to the government (Kohn, 2013; Leve, Kerr, & Harold, 2013; Pazol, Warner, Gavin, Callaghan, Spitz, Anderson, Barfield, & Kann, 2011, Khairani Omar, Suriati Hasim, Noor Azimah Muhammad, Aida Jaafar, Syahnaz Mohd Hashim & Harlina Halizah Siraj, 2010). Teenage pregnancy is a societal concern in many parts of the world. In the United States (US) for example, where pregnancy rates are among the highest when compared with other developed countries, it is estimated that 39.1 babies were born per 1,000 teenage mothers in the year 2009 (Pazol, et. al., 2011). There were 410,000 girls aged 15–19 years who gave birth in the US that year alone. The rates were higher among minority teenage girls when analysis was done based on ethnicity. The rates for babies born to teen mothers were 59.0 per 1000 births among African American mothers and 70.1 per 1000 births among Hispanic mothers. Pazol and her colleagues (2011) found that among the surveyed teenagers who confessed of having sexual intercourse, almost a third of them reported never having any discussion with their parents regarding sex or contraceptive methods.

Knowledge of sex, fertility or contraceptive methods may help adolescents understand the biological changes that they experience and the impact of peer influence and the decision that they make. It is believed that this knowledge will increase as a female grows older. However, a research by Berger, Manlove, Wildsmith, Peterson, and Guzman (2012) found that even young adults may not have the correct knowledge of women's fertility patterns, which may in turn affect their sexual activity and result in unwanted pregnancies. Berger and her colleagues found that 66 percent of the samples in their research of 1800 unmarried young adults aged between 18 and 29 years had inaccurate knowledge of a woman's fertile

period. They also found that being sexually active or having received formal sexual education had little to no effect on knowledge about women's fertility. Therefore, this raises question on the knowledge of younger girls. Unintended pregnancies, particularly those that are unwanted, could bring about various negative outcomes to the young parents and the children involved (Finer, & Zolna, 2011; Berger, Manlove, Wildsmith, Peterson, & Guzman, 2012).

It is important to note that sex with a minor (i.e. those aged 16 and below) with or without consent is considered statutory rape under the Malaysian Penal Code. According to the statistics released by the Royal Malaysia Police, there were 2,419 sexual crimes or rape cases involving girls aged 16 and below in the year 2011, which showed an increment as compared to 1,777 similar cases reported in the year 2010 (Raja Syahrir Abu Bakar, Marzita Abdullah & Kamil Maslih, 2012).

## **1.2 Research Questions**

The main question that the research seeks to examine is "What are the experiences of young women and adolescents experiencing premarital pregnancy living temporarily in shelters?"

Specifically, this research seeks to explore:

- 1) What are the demographic profiles of unmarried pregnant young women and adolescents?
- 2) How are peer pressure, parenting styles, emotional intelligence and spiritual intelligence associated with premarital pregnancy experiences?
- 3) What are the participants' perception and knowledge of sexuality?
- 4) What are the participants' perception and knowledge of pregnancy prevention?
- 5) What are the participants' plans and arrangement after leaving the shelters?

### **1.3 Research Objectives**

This study seeks to embark on the following objectives:

- 1) To investigate the demographic profiles of unmarried pregnant young women in the selected shelters
- 2) To investigate the effects peer pressure, parenting styles, emotional intelligence and spiritual intelligence on premarital pregnancy experiences
- 3) To explore unmarried pregnant young women's perception and knowledge of sexuality
- 4) To explore participants' perception and knowledge of pregnancy prevention
- 5) To explore participants' plans and arrangement after leaving the shelters
- 6) To propose a social work intervention model for working with young persons in premarital pregnancy cases

### **1.4 Significance of the Research**

A few published research has been conducted with pregnant teens in Malaysia (for examples, see Nor Jana Saim, Dufaker, M., Eriksson, M., & Ghazinour, M., 2013; Khairani Omar, Suriati Hasim, Noor Azimah Muhammad, Aida Jaafar, Syahnaz Mohd Hashim & Harlina Halizah Siraj. 2010; Salamatussaadah Abd. Ghadur, & Nor Ba'yah Abdul Kadir, 2009). However, there is a need to explore this issue further by exploring the young mothers' knowledge of sexuality and birth control, exploring their plans after leaving the shelter, and comparing the experience of those who became pregnant by force (i.e. rape) or by consensual sex. More research is needed in this area which could potentially influence intervention strategies and evident-based policies that are aimed at preventing adolescent pregnancy.

Therefore, this research employs a mixed methods approach utilizing quantitative and qualitative data collection methods to understand the experience of pregnant young mothers

who are seeking protection in women shelters across the country. This research seeks to examine the effects of peer pressure, parenting styles, emotional intelligence, and spiritual intelligence on premarital pregnancy experiences of young women and adolescents. This research also seeks to explore these young persons' perception and knowledge of sexuality and pregnancy prevention efforts. Finally, we seek to propose a model of intervention for working with unwed pregnant young women, including adolescents who share similar experiences.

## CHAPTER 2

### Literature Review

A review of the literature pertaining to the issue of adolescent pregnancy is presented in this chapter. Issues such as risks, the effects of peer pressure, emotional and spiritual intelligence, and the role of shelters are discussed based upon the findings of previous research.

#### 2.1 Adolescent Pregnancy and Risks

Kurup Viegas, Singh, & Ratnam (1989) described the problem of teenage pregnancy as what they labeled “a syndrome of failure” (p. 310). The syndrome illustrates that adolescents who become pregnant have the tendency to demonstrate a series of problematic social behaviour among which include the failures to remain in school, establish a stable family, be self-supporting or raising a healthy and balanced child. Similarly, a study by Mater-University Study of Pregnancy (MUSP) in Australia found that teenage children of mothers who were teenagers when the children were conceived, reportedly grew up to exhibit problematic psychological behaviour, poor reading ability and school performance, and likely to get involved in illegal and criminal activities (Shaw, Lawlor, & Najman, 2006). Therefore, the issue of premarital pregnancy raises concern not only of the welfare of the children, but of the mothers as well.

Typically, teenagers who are pregnant present with the risk of not finishing school, living in poverty, remaining single mothers, and developing sexually transmitted diseases (National Center for Health Statistics, 2009; Rocca, Doherty, Padian, Hubbard, & Minnis, 2010). Therefore, the issue of premarital pregnancy raises concern not only of the welfare of the children, but of the mothers as well.

A substantial number of research studies have shown an association between parental behaviors and adolescent' internalizing and externalizing problems (Alegre & Benson, 2010). Parental unavailability (as characterised by lack of warmth, lack of hospitality and rejection) has been found to relate to emotional competence of their children. Those who constantly ignore or control their children with harsh discipline techniques will make their children develop a lower emotional intelligence. As a result, adolescence with less emotional intelligence will have a greater tendency to be involved in social and personal problems. In another research by East, Khoo & Reyes (2006), they found that that protective parenting including watchful monitoring, strict parenting, clear sanction against teenage sex, childbearing and high educational hopes; during early adolescence was related to reduced rate of pregnancy even in the presence of high risk peers.

In a study of Pistella and Bonati (1999), they found in their survey of 249 males adolescent family planning that, better family communication would help their children experience good health. Good family communication includes treating teen as equal, increasing parental knowledge about youth lifestyle and peer pressure, and improving listening skills will ensure connectedness and support between parent and their children.

## **2.2 Peer Pressure**

Peer pressure is found as one of the factors that promotes or hampers teenagers' sexual behaviour. According to the findings of Zwane and Mngadi (2004), adolescents engaged in sexual activity because other girls in their age group had already done so. They do not want to be regarded as old fashioned and to have someone cares. Furthermore, previous studies also found that high school students whose friends had sexual intercourse and never used condoms were more possible to display the same risky behavior. Therefore, many researchers believed peer education is a powerful strategy to promote safer sex (Zwani &

Mngadi, 2004; Maxwell & Chase, 2008). For instance, in England, the concept of peer pressure is widely used in media campaigns targeting teenagers (Maxwell & Chase, 2008). While in Atlanta, the Henry W. Grady memorial Hospital conducted an outreach program for eight graders led by older teenagers. As a result, it helped students resist peer and social pressure to initiate sexual activity.

A review of published research by Maxwell and Chase (2008) reported that peer pressure is related to teenagers' experiences of sex, pregnancy and abortion. For instance, a study by Maxwell (2006) found that 55 young people engaged in sexual intercourse were influenced by pressure from peers, partners and themselves. Male respondents said they were being pressured through the use of ridicule if they were still virgin and had the need to conform to certain standards of masculinity. While for female respondents, they described the pressure was usually related to the gender norms; such as, taking a passive role within sexual encounters; compelling to have sex when their male partner desired it; being guilty for not fulfilling their male partner's "needs"; prioritizing their partner's needs than their own and denying that their partner was forcing them.

As a child grows up to be an adolescent, the influence of peers becomes greater and overtakes the influence of the family (Whitehead, 2009). There is pressure on girls to conform to particular expectations of their peer group, which could either be positive or negative, to avoid exclusion. Thus, teenagers and young women might feel pressured to have boyfriends and engage in sexual activities as the consequence of wanting to be included among their peers (Ali & Dwyer, 2011; Arai, 2007; Were, 2007). Due to this pressure, together with the lack of parental guidance on sexuality matters and sex education, these young people may not have the adequate information needed when making decision regarding sex and pregnancy (Were, 2007). In addition, lower self-concept has also been

associated with teenage pregnancy (Alpers, 1998). As a result of poor decision making and lack of support, some may resort to the abandonment of their babies.

### **2.3 Emotional and Spiritual Intelligence**

Traditionally, it is assumed that people with high intellectual intelligence (IQ) will accomplish more in life. However, new findings indicate that other intelligences might also be more accurate predictors of success; namely, emotional intelligence (EQ) and spiritual intelligence (SQ). Emotional and spiritual intelligence are new concepts which have emerged after the Theory of Multiple Intelligences was introduced by Howard Gardner.

Premarital sexual activities are also associated with multiple health risks as young people are vulnerable to sexually transmitted disease; on top of the problematic moral, social, and behavioural consequences. Literature on emotional and spiritual intelligence as protective factors against premarital sexual experience or pregnancy has been scarce. Emotional intelligence for example influences the storage of information, responses, behaviour and thinking (Goleman, 1995), and could influence decision to engage in premarital sexual experiences. Despite finding little evidence to support that emotional competence is associated with adolescents' sexual activities, House and colleagues acknowledged the need for further research on this matter (House, Bates, Markham, & Lesesne, 2010).

Emotional intelligence is a predictor in academic performance, career advancement, services offering and health level. Therefore, most often, emotional intelligence has been studied among college or university students and workers. For example, there are several studies conducted abroad that relate emotional intelligence with emotion management at work place (Goleman, 1995; Orginska-Bullik, 2005), physical functions and psychological states

(Tsaousis& Nikolaou, 2005; Landa & Lopez-Zafra, 2010), spiritual (Paek, 2004), education (Clark, Drain, & Malone, 2003) and adjustment (Dhingra, Manhas, & Thakur, 2005).

Jacques (2009) has conducted a research among college students to investigate the relationships among emotional intelligence, academic performance and course majoring criterion. The result showed that male students have higher emotional intelligence level than female students. Higher level of emotional intelligence also tends to produce better academic performance. In Liau, Liau, Teoh and Liau (2003) study, emotional intelligence was related to less internalizing and externalizing problems among Malaysian secondary school students (Alegre & Benson, 2010).

In addition, spiritual intelligence is another area that should be explored with young people experiencing premarital pregnancy, as spirituality has been a significant aspect in the life of Malaysians and is associated with physical, mental, and social well-being (Zarina, Zulkarnain, & Noriah, 2010). Compared to the western culture, the Malays who form the largest community in Malaysia are mostly Muslim and they are practicing their basic beliefs of Islam. They view religion as higher than scientific analysis and have no doubt about Islamic principles laid down in the Qur'an. Therefore, in everyday activities, religion plays a significant role in their lives. Thus, it is a sin and unacceptable to have premarital sex especially among adolescence who still under parent's responsibility.

Emmons (2000) in his writings defined spiritual intelligence as "...the adaptive use of spiritual information to facilitate everyday problem solving and goal attainment" (p. 59). He later identified at least four core abilities that characterize an individual as spiritually intelligent: (a) the capacity to transcend the physical and material (transcendence); (b) the ability to experience heightened spiritual states of consciousness (mysticism); (c) the ability to sanctify

everyday experience (sanctification); and (d) the ability to utilize spiritual resources to solve problems in living (coping). The first two core components of spiritual intelligence are exceptional forms of consciousness. Transcendence has been described as a basic capacity that allows a person to sense what is beyond material things. For instance, believe in the existence of Creator. Mysticism is the ability to enter into these states of consciousness and other spiritual states like contemplative prayer. Sanctification occurs when everyday activities such as working, exercising, eating and having relationships with others are viewed as the divine or sacred responsibilities. Religious and spiritual coping is reflected in the ability to utilize it to solve problems in living. For instance, ask for God's help in time of need or sick and have faith in it. All these abilities are believed to be useful in achieving good holistic health.

In many studies, results have shown significant association between spiritual abilities and health. Those who use positive religious methods such as seeking spiritual support and benevolent religious reappraisals may improve their health (Pargament, Koenig, Tarakeshwar, & Hahn, 2004). Furthermore, previous studies also reported that a person who has high spirituality was able to resist mental disease such as depression (Mitchell & Weatherly, 2000). It also wards off stress and helps to increase well being (Frazier, Mintz, & Mobley, 2005).

#### **2.4 Unwanted pregnancy and the role of shelters**

A couple of studies on pregnant teen mothers in residential care present similar issues regarding the needs of those who seek shelter in residential care facilities. Driskill (1998), for example, found that residential care facilities should be aware of six categories of needs for pregnant teenagers when providing services to these residents. These are socialization, emotional, mental / intellectual, physical / health, functional and spiritual needs. Likewise,

Woo and Twinn (2004) who conducted a study on pregnant teenagers in a Hong Kong shelter also found six perceived needs which are acceptance of pregnancy, psychological reactions during pregnancy, use of contraception and health advice, social support, love and romance. Both of these studies highlight the awareness that pregnant young mothers who seek shelter are not living in a void space where all connections to their social surroundings are being cut off. They need to be given support and assessed for provisions of proper services.

In Malaysia, it is common that women shelters which accommodate pregnant unmarried young mothers are seen as places to rehabilitate those who have “committed sins”, including the (mis)perception that these places are punishment or correctional facilities. While private shelters are typically run by private or non-government organizations, there are also residential care facilities for pregnant youth run by the government. The Taman Seri Puteri (TSP) is such facility with a mission ‘To rehabilitate women and girls who are exposed to moral danger or facing moral decay’ (Jabatan Kebajikan Masyarakat, 2013). The TSP offers vocational classes (e.g sewing, gardening, handicraft), religious classes, recreation activities, job placement, counselling, and voluntary work (Jabatan Kebajikan Masyarakat, 2013; Nor Jana Saim, Dufaker, M., Eriksson, M., & Ghazinour, M., 2013). The rules and regulations may vary from one shelter to another, including the types of activities and services provided. While the government run shelters may have a more prescribed administrative structure that includes social workers and counselors, private shelters may be administered by the owner, administrative staff and / or volunteers. These shelters are usually funded by monthly fees paid by the residents (or their families) or by donations received from the public.

Therefore, the current study which is funded by a government research grant seeks to embark on investigating the demographic profiles of unmarried pregnant young women in the shelters, determining the effects of peer pressure, parenting styles, emotional intelligence and spiritual intelligence on premarital pregnancy experiences and exploring the participants perception and knowledge of sexuality, pregnancy prevention, and their plans and arrangement after leaving the shelters.

## **CHAPTER 3**

### **Methodology**

This research project was made possible by the funding of the Fundamental Research Grant Scheme (FRGS) from the Ministry of Higher Education, Malaysia. The purpose of this research is to examine the experience of unmarried young mothers, including teenage girls, who seek protection in women's shelters while waiting for the birth of their babies. This chapter describes the methodology deployed in the research project. The chapter outlines the use of mixed-methods in approaching the participants, which includes the research design, research instrument, sampling and procedure, and ethical considerations.

#### **3.1 Research Design**

This research employs a mixed-methods approach utilizing both quantitative and qualitative data collection. The quantitative approach is used to address the first and second research objectives, while the third to fifth research objectives will be addressed through the utilization of qualitative approach (i.e. semi-structured interviews). Mixed-methods approach is selected because it offers a "complete" picture of the phenomenon (i.e. unwed pregnancy) which could not be obtained through one approach (Tashakkori and Teddlie, 2009) as it seeks to explain the causes and consequences of beliefs and actions (Axinn and Pearce, 2006). A triangulation design is utilised in which these two types of data are given equal weight to best respond to the research questions (Creswell & Plano Clark, 2007).

##### 3.1.1 Quantitative method

Sets of questionnaires which include the constructs of peer pressure, parenting styles, emotional intelligence and spiritual intelligence were distributed to all residents at the selected women shelters who are unmarried young women or adolescents and are pregnant.

The demographic profiles of these participants were collected as well. The statistical software SPSS version 17 was used to analyze the data, both in the descriptive and inferential forms.

### 3.1.2 Qualitative method

Selected participants from each shelter were selected for the qualitative study. A semi-structured interview schedule was used to explore their perception and knowledge of sexuality and pregnancy prevention. In addition, their plans and arrangement after leaving the shelters were explored, including the care of their soon-to-be-born babies. The analysis of the qualitative data was performed through the utilization of the software NVivo version 10. Thematic analysis was utilized to code the interview transcripts according to identified patterns within the data (Bazeley, 2007; Braun & Clarke, 2006).

## **3.2 Research Instrument**

### 3.2.1 Study 1 (Quantitative Study)

The data collection instrument for the quantitative study has six parts altogether. Part A consists on demographic questions such as age, family background and birth order in their family, while Part B includes questions regarding participants' pregnancy such as "Is this your first pregnancy?" and stage of pregnancy.

Parts C, D, E and F were adapted instruments from previous research. Part C includes 18 questions on Parenting Styles (McClun & Merrel, 1998; Najib Ahmad Marzuki, Che Su Mustafa, Zarina Mat Saad, Suhaini Muda & Teoh Ai Hua, 2004). This part has three subscales which correspond to permissive, authoritative, and authoritarian parenting respectively, on a five-point scale score (ranging from 1 = strongly disagree to 5 = strongly agree). Any subscale with the highest score will be considered as the most dominant type of

parenting style received by the participants. The reliability analysis for this questionnaire yielded a Cronbach alpha of 0.60.

Part D includes questions on Emotional Intelligence (EQ) and Part E includes questions on Spiritual Intelligence (SQ) (Bar-On, 2000; Zarina Mat Saad, 2010). Both questionnaires has a five-point scale score (ranging from 1= very untrue to 5 = very true). The EQ questionnaire consists of 51 questions with a total score ranging from 51 to 255, while the SQ questionnaire has 80 questions with a total score ranging from 80 to 400. The Cronbach alpha was 0.84 for EQ questionnaire and .85 for SQ questionnaire.

The final part, Part F includes questions on Peer Pressure and Popularity (Santor, Messervey & Kusukumar, 2000). Eleven questions make up the Peer Pressure subscale, while 12 questions make up the Popularity subscales. The questionnaire also has a five-point scale with a total score range of 11 to 55 for the Peer Pressure subscale and a total score range of 12 to 60 for the Popularity subscale. The Cronbach alpha was 0.84 for Peer Pressure subscale and .90 for Popularity subscale.

### 3.2.2 Study 1 (Qualitative Study)

Face-to-face interviews were conducted in the qualitative study (Study 2). The interview section of the data collection was conducted according to an interview schedule. The interview schedule consists of semi-structured questions among which were pregnancy experience, knowledge of shelter, knowledge of sex and pregnancy prevention, and plans after leaving the shelter. The interviews were recorded using a digital voice recorder and later transcribed.

### 3.3 Sampling and Procedure

This research project included participants who were unmarried pregnant teenagers or young women from women shelters in two types of settings. Three government funded shelters and six private shelters were initially contacted. While approval was received for all the government shelters, only two private shelters agreed to participate in the study. Three of these shelters reported that at the time they were contacted, they did not have any admission of pregnant young mothers due to maintenance services of their building, relocation or coincidentally no current admission at the time. Another private shelter initially agreed to participate but later withdrew their approval through email without giving any reasons.

All in all, 101 participants were recruited from the five shelters based on the following regions:

Peninsula Malaysia region : Government-funded shelter in Batu Gajah, Perak

Private Shelter in Kedah (Private shelter)

Private Shelter in Selangor (Private shelter)

East Malaysia region: Government-funded shelter in Kota Kinabalu Sabah

Government-funded shelter in Kuching, Sarawak

The approval to conduct research was sought from the private shelters and Department of Social Welfare Malaysia (*Jabatan Kebajikan Masyarakat Malaysia* or JKMM) headquarters in Putrajaya. Prospective participants were approached for their consent to be included in the research. The research only commenced once approval and consents were obtained from all parties involved. Although some shelters also provide services to teenagers and young women who are not pregnant but seeking protection due to various reasons, only those who

were pregnant and unmarried were selected and completed the questionnaire. The age range of the participants involved in the research was 14 to 25 years. There were also older pregnant women who sought shelter, with the oldest being 37 years old. However, we decided that 25 is the appropriate cut-off point for age selection as this age range is the commonly accepted age for being categorized as young mothers (Friel, Brereton, & O'Carolan, 2012; Gruber, 2012; Keys, 2008). Eighteen participants were then selected to participate in the semi-structured interviews. This selection of interviewees was done until saturation was reached.

### **3.4 Ethical Considerations**

Since the issue being addressed by the research involved potentially sensitive and/or traumatic experience, special care was taken into consideration by the researchers before embarking on and during data collection. Rapport building was crucial before we began with data collection. We introduced ourselves as researchers and lecturers from Universiti Utara Malaysia and explained the purpose of our research. We clarified that confidentiality was extremely important in the research. Therefore, no identifying information of the participants would be revealed and we explained that the participants may opt to withdraw at any time during data collection. Asking non-threatening rapport questions such as asking for participants' names, family background and interests was useful to engage participants in the study. Initial engagement through group work was found useful as a rapport building approach whereby the participants were gathered in a group and the researchers acted as moderators. This method appeared to be less intimidating than direct one-to-one approach during first encounter and helped to encourage the participants to open up later on. Group work was utilized before and after data collection.

As part of ethical considerations too, we also conducted debriefing sessions and mini-counselling with the participants after data collection was completed, particularly to increase

their hopes and motivation, and to check for any possible distress following data collection procedure. For example, during one of the interview sessions with the participants for the qualitative study, a 16-year-old girl initially agreed to participate. However, she then requested that the interview not be recorded and withdrew her approval. Nonetheless, she later decided to disclose her story to the researcher and became very emotional during her disclosure. The researcher presented with empathy while listening to her story and had to conduct a mini counselling session with her to calm her down and ensured that she left the room without distress (or with minimal distress). Although her story was of worthy of assessment for the research, it was decided that this case would not be included in the study following her request.

## CHAPTER 4

### Study 1 (Quantitative Study)

This chapter describes the findings of the quantitative Study 1. It begins with the socio-demographic background of the participants, followed by a description of their sexual and pregnancy experience. Reactions after discovering pregnancy and history of sexual abuse were also explored. The chapter then proceeds into analyses of peer pressure, parenting styles, emotional intelligence and spiritual intelligence.

#### 4.1 Socio-demographic profile

A total of 101 participants were involved in the study. The mean age of the respondents was 18.67 years (Range = 14 to 25 years) (see Figure 4.1). Thirty-six (35.6 %) were minors (i.e., below 18 years old), with the majority (n = 19) being 16 years old. Majority of the participants were Muslims (n = 97).

Concerning birth order, most of them (n = 76, 75.2 %) were among the older siblings (first to third child), with the majority being the first born child (n = 36, 35.6 %). A total of 59 participants (58.4 %) were students when they first entered the shelter (see Table 1). Majority of their parents were married (n = 69, 68.3 %), 14 participants (13.8 %) had divorced parents, while 11 had a deceased parent (10.9 %). Majority of them also lived with their parents or immediate family prior to admission into the shelters (n = 84, 83.2 %). Seven participants reported that they lived with people outside of the family such as boyfriends, friends, employer or living on their own. Refer to Table 4.1 for details of their socio-demographic profiles.

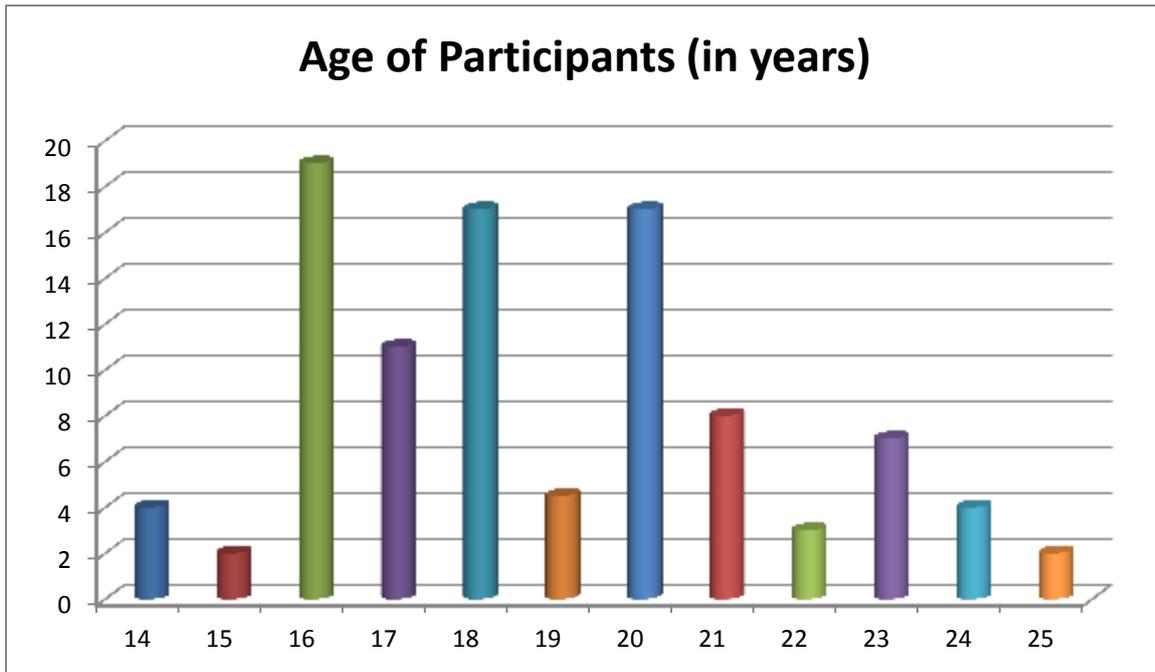


Figure 4.1 Age of Participants

Table 4.1

*Socio-demographic profile*

Participants' information	Parents' information
<p>Birth position in family</p> <ul style="list-style-type: none"> <li>1 = 36</li> <li>2 = 17</li> <li>3 = 23</li> <li>4 = 10</li> <li>5 = 6</li> <li>6 and above = 9</li> </ul> <p>Status</p> <ul style="list-style-type: none"> <li>Students = 59</li> <li>Non-students = 42</li> </ul> <p>Religion</p> <ul style="list-style-type: none"> <li>Muslims = 97</li> <li>Non Muslims = 4</li> </ul>	<p>Parents' relationship status</p> <ul style="list-style-type: none"> <li>Married = 69</li> <li>Divorced = 14</li> <li>Father deceased = 9</li> <li>Mother deceased = 2</li> <li>Father remarried = 2</li> <li>Mother remarried = 1</li> <li>Adoptive parents = 3</li> </ul> <p>Living arrangement prior to admission</p> <ul style="list-style-type: none"> <li>Family = 84</li> <li>Grandparents = 5</li> <li>Adoptive family = 4</li> <li>Living on own = 3</li> <li>Boyfriend = 2</li> <li>Friends = 1</li> <li>Employer = 1</li> <li>Unreported = 1</li> </ul>

## 4.2 Sexual and Pregnancy Experience

With regards to information on the matter of sexual experience, the mean age for first sexual intercourse was 17.15 years (Range = 11 – 24 years) (See Figure 4.2). Majority had sex with their boyfriends (n = 77, 76.2 %). When asked about the number of times they had sex before they discovered that they were pregnant, 16 participants (15.8 %) reported that they only had sex once, while 10 (9.9 %) participants reported they had sex twice. Eighteen participants (17.8 %) reported they had sex more than five times, with six participants specifically stated on the questionnaire form that they had sex more than twenty times. Thirty-eight participants (37.6%) reported that they could not remember how many times they had sex or that they lost count. More than half (n =57, 56.4 %) admitted that their pregnancy were the result of consensual sex, as opposed to rape (n = 26, 25.7%).

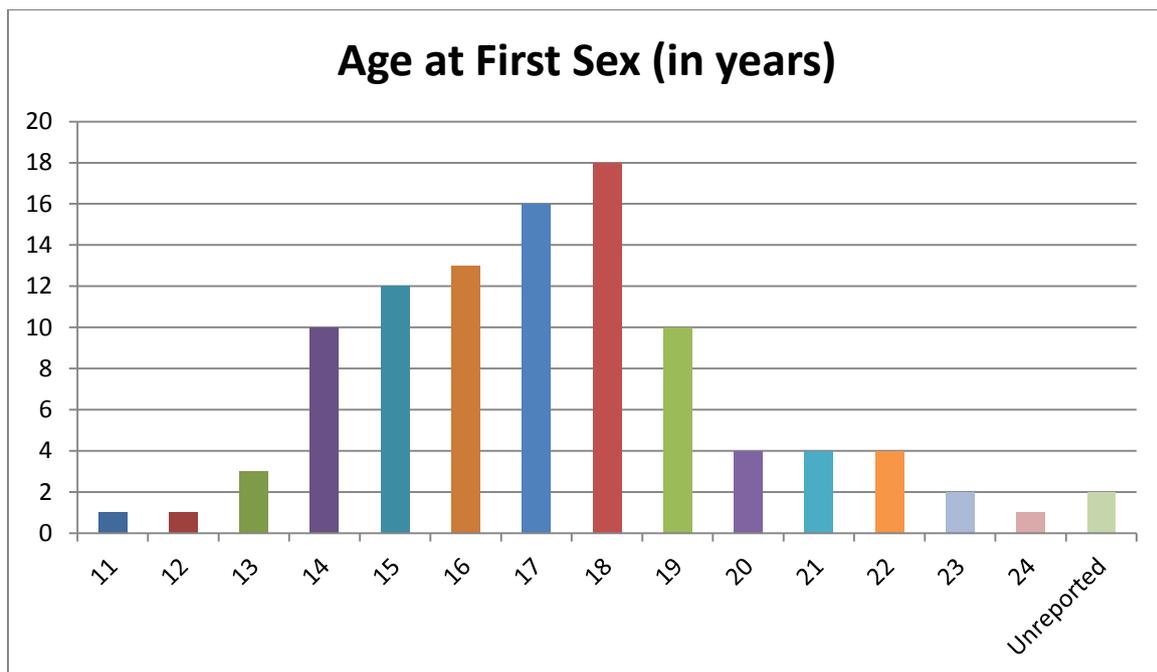


Figure 4.2 Age at First Sex

The rest reported that the sex was initially forced but later became consensual (n = 18, 17.8%). Five participants reported that this was not their first pregnancy. Majority (n = 78, 77.2%) did not use any contraceptive methods during sex. Half of the participants admitted that they had attempted abortion (see Table 4.2).

The participants were also asked if they knew anyone within or outside of their family who experienced premarital sex or became pregnant out of wedlock. Twenty-three participants (22.8%) had family members who had committed premarital sex, while 74 (73.3%) had

Table 4.2

*Sexual/pregnancy experience*

<b>Sexual experience</b>	<b>Pregnancy experience</b>
Who did you have sex with? Boyfriend = 77 Family member = 4 Friend = 12 Stranger = 6 Neighbour = 1 Fiancée = 1	First pregnancy Yes = 96 No = 5  Cause of pregnancy Consensual = 57 Forced sexual initiation = 18 Rape = 26
How many times did you have sex before you got pregnant? Once = 16 Twice = 10 3 times = 7 4 times = 6 5 times = 8 6 times = 1 8 times = 1 10 times = 8 20 and above = 6 Countless = 8 Unsure = 30	Used contraceptive methods Yes = 22 No = 78 Unreported = 1  Abortion attempt Yes = 50 No = 50 Unreported = 1

friends who did this (refer to Table 4.3). Fifteen participants (14.9%) reported having family members who became pregnant out of wedlock, while more than half (n = 56, 55.4%) had friends who became pregnant and unmarried.

### 4.3 Reactions after Discovering Pregnancy

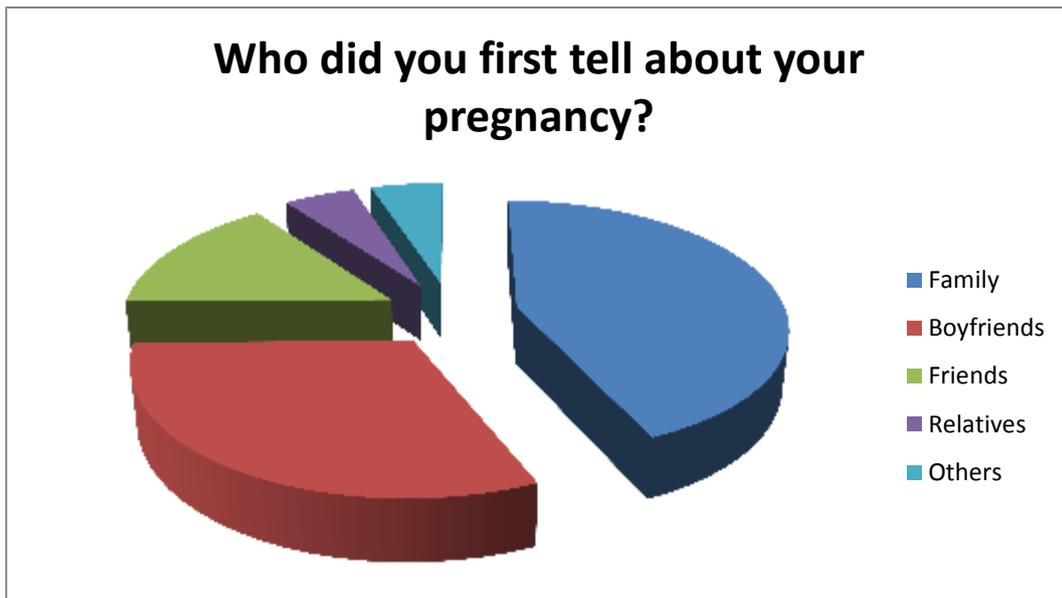
When asked about the first person that they reported their pregnancy to, a majority (n = 43, 42.6 %) reported that they told their immediate family, with mothers being the person that they turned to most (n = 25). Thirty-one participants (30.7 %) reported that they first told their boyfriends, while the rest told their friends (n = 15), relatives (n = 5), doctor or nurse (n = 3), teacher (n = 1) and the shelter (n = 1) (see Figure 4.3).

Majority reported that they found the shelters through the internet (n = 31, 30.7 %) followed by those who were informed of the place by their family (n = 22, 21.8 %). The mean stage of pregnancy at shelter admission was seven months (n = 31, 30.7 %), followed by five months (n = 22, 21.8%) and four months (n = 15, 14.9%).

Table 4.3

#### *Premarital experience among friends and family*

<b>Anyone you know had premarital sexual experience?</b>	<b>Anyone you know became pregnant out of wedlock?</b>
Family Yes = 23 No = 78	Family Yes = 15 No = 86
Friends Yes = 74 No = 27	Friends Yes = 56 No = 44 Unreported = 1



*Figure 4.3* First person to know about pregnancy

#### 4.4 History of Sexual Abuse

The participants were also asked to respond to questions regarding experience of any history of sexual abuse. It was found that more than half of the respondents reported at least a form of non-intercourse types of sexual abuse (see Table 4.4). These include unwanted body touching (n = 62), unwanted touching of the genitalia (n = 54), forced or unwanted exposure of the genitalia (n = 44), and taking photos of the genitalia without their consent (n = 9).

Less than half of the participants reported that they were forced to have sexual intercourse. Thirty-four participants reported having sex by physical force, 23 participants reported verbal threats before having sex, 18 participants reported being forced to have sex due to the use of substance, while three reported being abused by someone with a higher authority.

Table 4.4

*Sexual abuse history*

Non-intercourse sexual abuse	Sexual abuse by intercourse
Unwanted touching of body Yes = 62 No = 39	Forcing sex by physical force Yes = 34 No = 66 Unreported = 1
Unwanted touching of genitalia Yes = 54 No = 47	Forcing sex by verbal threats Yes = 23 No = 77 Unreported = 1
Unwanted exposure of genitalia Yes = 44 No = 57	Forcing sex by use of substance Yes = 18 No = 82 Unreported = 2
Taking nude photos without consent Yes = 9 No = 92	Forcing sex by abuse of status / authority position Yes = 3 No = 97 Unreported = 1

**4.5 Peer Pressure and Popularity**

The questions in the peer pressure section contained questions that correspond to two subscales, namely Peer Pressure and Popularity. Overall, the participants reported moderate levels of Peer Pressure ( $M = 24.03$ ,  $SD = 8.53$ , Range = 11 to 44) and Popularity ( $M = 25.29$ ,  $SD = 9.90$ , Range = 12 to 55).

Pearson correlation analysis was performed to measure the relationship between the two subscales and age (see Table 4.5). No significant relationship was found between age and

Table 4.5

*Correlation between Peer Pressure, Popularity, Age, and Age at First Sex*

<b>Variables</b>	<b>Peer Pressure</b>	<b>Popularity</b>	<b>Age</b>	<b>Age at First Sex</b>
Peer Pressure		.614**	-.173	-.315**
Popularity			-.272**	-.348**
Age				.800**
Age at First Sex				

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\*\*p < .01

Peer Pressure. However, it was found that age has a significant negative correlation with the subscale Popularity,  $r = -.27$  ( $p < .01$ ). This shows that there is a decrease in the tendency of wanting to become popular as a teenager gets closer to adulthood. In addition, correlation analysis also yielded another significant relationship between the two subscales and age at first sex. Age at first sex has a significant negative correlation with Peer Pressure,  $r = -.32$  ( $p < .01$ ) and Popularity,  $r = -.35$  ( $p < .01$ ).

Means comparison analyses using t-test was performed on Peer Pressure, Popularity and having friends who became pregnant out of wedlock. As can be seen in Tables 4.6 and 4.7, those who had pregnant unmarried friends scored higher on Peer Pressure  $t(93) = 3.01$  ( $p < .01$ ) and Popularity  $t(93) = 2.49$  ( $p < .05$ ). However, t-test results comparing Peer Pressure, Popularity and having friends who had premarital sex did not yield any significant results ( $p > .05$ ) although it appears that those who had such friends scored higher in both subscales (see Tables 4.8 and 4.9).

Table 4.6

*T-test Results comparing Peer Pressure and Having Pregnant Unmarried Friends*

	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>t</b>	<b>p</b>
Yes	55	26.15	8.89	3.01	0.003**
No	40	21.00	7.18		

\*\*p < .01

Table 4.7

*T-test Results comparing Popularity and Having Pregnant Unmarried Friends*

	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>t</b>	<b>p</b>
Yes	55	26.15	8.89	2.49	0.014*
No	40	21.00	7.18		

\*p < .05

Table 4.8

*T-test Results comparing Peer Pressure and Having Friends who had Premarital Sex*

	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>t</b>	<b>p</b>
Yes	71	24.94	8.82	1.79	0.077
No	25	21.44	7.20		

Table 4.9

*T-test Results comparing Popularity and Having Friends who had Premarital Sex*

	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>t</b>	<b>p</b>
Yes	71	26.10	10.15	1.35	.180
No	25	23.00	8.93		

#### 4.5 Parenting style

Majority of the participants (n = 55, 54.5 %) reported that their parents practice authoritative type of parenting. Meanwhile, 41 participants (40.6%) reported having authoritarian parents. Only five participants reported that their parents practice permissive parenting (see Figure 4.4).

Inferential analyses to examine the effects of parenting style on sexual or pregnancy experience (e.g. age at first sex, cause of pregnancy, etc.) did not yield any significant results ( $p > .05$ ).

#### 4.6 Emotional and Spiritual Intelligence

Figure 4.5 shows the levels of emotional intelligence (EQ) and spiritual intelligence (SQ) of the participants. In general, the participants reported moderate EQ (M = 155.72, SD = 23.81, Range = 41 to 235) and moderate SQ (M = 260.59, SD = 27.88, Range = 141 to 336). A majority (85.1 %) reported a moderate level of EQ. Less than seven percent reported high

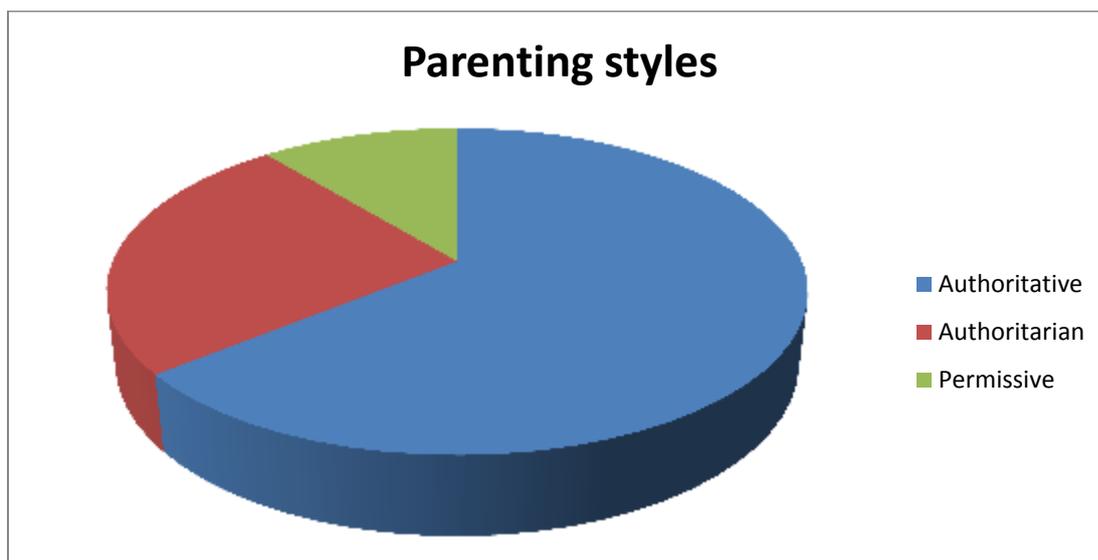
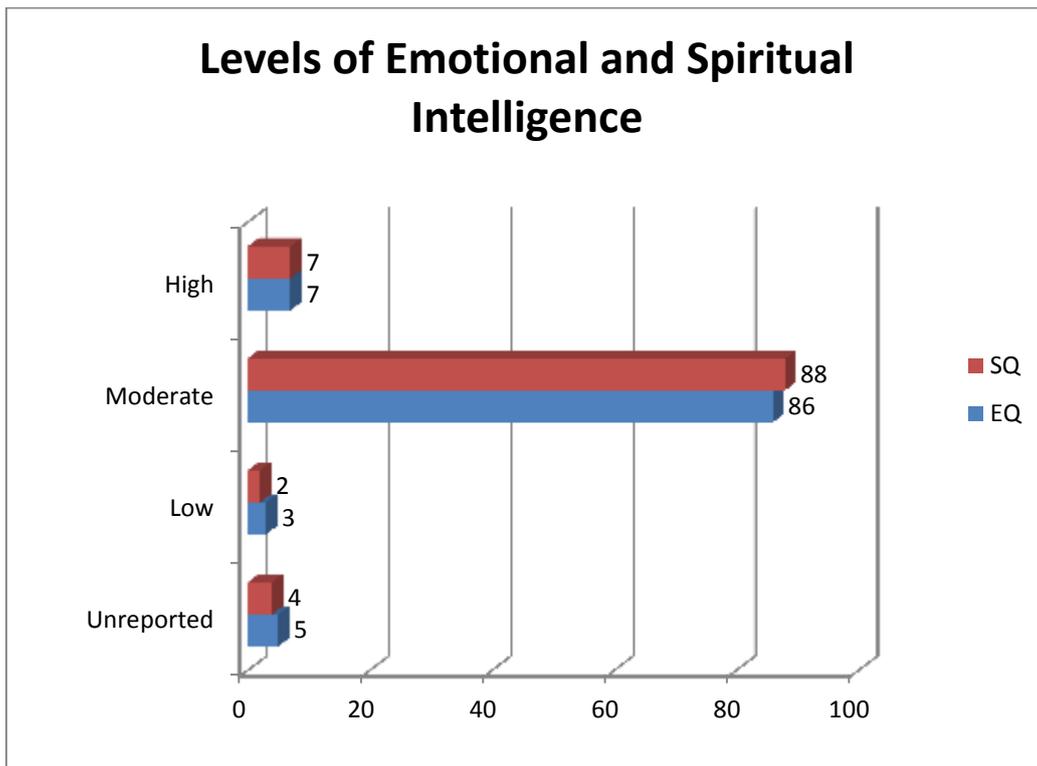


Figure 4.4 Parenting Styles of Parents



*Figure 4.5 Emotional and Spiritual Intelligence*

EQ level while only 2.8 percent reported poor EQ level. As for spiritual intelligence, more than 85 percent reported a moderate level of SQ, while 7.5 percent reported high SQ level and 1.9 percent reported poor SQ level.

Correlation analyses yielded significant results for age, age at first sex and spiritual intelligence (SQ). A significant negative correlation was obtained for age and SQ ( $r = -.20, p < .01$ ) and age at first sex and SQ ( $r = -.23, p < .01$ ). No significant relationship was observed for EQ and age, or age at first sex.

Table 4.10

*Correlation between EQ, SQ, Age, and Age at First Sex*

Variables	EQ	SQ	Age	Age at First Sex
EQ		.331**	-.017	-.016
SQ			-.200*	-.233*
Age				.800**
Age at First Sex				

\*p < .05

\*\*p < .01

#### **4.7 Peer Pressure, Popularity, Parenting Styles, EQ and SQ**

The next stage of the data analysis was to examine the relationship between peer pressure, popularity, parenting styles, emotional intelligence, and spiritual intelligence. As shown in Table 4.11, significant results are observed for items that are expected to be characteristically related such as “Peer Pressure and Popularity”, and “EQ and SQ”. However, when comparing across domains, the only significant result was obtained for Peer Pressure and EQ. There appears to be a negative correlation between the two variables, that is when emotional intelligence increases, peer pressure decreases. Meanwhile, parenting styles were not found to be significantly related to any of the other tested variables.

Table 4.11

*Correlation between Peer Pressure, Popularity, EQ, and SQ*

<b>Variables</b>	<b>Peer pressure</b>	<b>Popularity</b>	<b>EQ</b>	<b>SQ</b>
Peer pressure		.614**	-.255*	-.065
Popularity			-.141	-.015
EQ				.331**
SQ				

\*p < .05  
 \*\*p < .01

## CHAPTER 5

### Study 2 (Qualitative Study)

This chapter describes the findings of the semi-structured interviews conducted with selected participants in the qualitative Study 2. It begins with an overview of the demographic profile of the interviewees. Predetermined topics were explored with the participants such as decision to enter shelter, reason for shelter admission, knowledge of sexuality and pregnancy prevention, and plans after leaving the shelter. Data is presented according to these topics and additional themes and sub-themes that emerged.

#### 5.1 Demographic Profile of Interviewed Respondents

A total of 18 respondents were interviewed for the qualitative Study 2. Their age range was 14 to 23 years. Eight of the cases were rape cases; two of which were incest, one by step father and two by strangers. The demographic background of these respondents is presented in Table 5.1.

*Table 5.1*

Demographic profile of interviewees

Location / Participants' ID Code	Age	Alleged reason for pregnancy
Kedah (private)		
KDP1	17	Consensual
KDP2	16	Rape (boyfriend)
KDP3	19	Consensual
KDP4	16	Rape (boyfriend)
KDP5	23	Consensual

Location / Participants' ID Code	Age	Alleged reason for pregnancy
Selangor (private)		
SLP1	23	Consensual
SLP2	16	Consensual
SLP3	19	Consensual
SLP4	21	Consensual
SLP5	16	Consensual
Batu Gajah (government-funded)		
BGG1	16	Consensual
BGG2	16	Rape (stranger)
BGG3	17	Rape (stranger)
Kota Kinabalu (government-funded)		
KKG1	17	Consensual
Kuching (government-funded)		
CHG1	17	Incest rape (grandfather)
CHG2	14	Incest rape (brother)
CHG3	17	Rape (boyfriend)
CHG4	16	Rape (stepfather)

## 5.2 Reactions after Discovering Pregnancy

The reactions reported by the participants after discovering that they were pregnant can be grouped into self-reaction and reaction by others (particularly family).

### 5.2.1 Self-reaction

Self reaction can be further categorized into emotional reactions and actions taken. Self emotions include feelings of shock, regret, anger, distress, and ashamed. SLP1 recalled her reactions:

*“Hmmm...rasa malu ada, tapi sebab tak jumpa kawan-kawan dan tak jumpa orang-orang yang saya kenal kan.....Kira macam menyesal la kan.”*

[Hmmm.... I feel ashamed, but because in here I don't get to see friends or people that I know..... Like I regret (with what has happened).]

KDP5 reported her reactions after finding out she was pregnant.

*“Risau la, macam-macam fikir..... Tapi lepas tahu tu sorok dulu dari family..... Takut juga tapi masa buat, lepas tu jadi tak sedap hati juga.”*

[Worried, many things came to my mind..... But after I found out (I was pregnant) I initially kept it a secret from my family.... I felt afraid but after I did it (had sex), I wasn't feeling good about it.]

It was noted that during the interview sessions with participants who were raped (including and especially incest), their faces were noticeably expressionless, with minimal to no variability in emotions. However, there were participants who became teary during disclosure of their experience. BGG3 was one these participants:

*“Lepas tu tiba-tiba doktor panggil nama saya masuk. Dia isi borang apa entah tak tahu. Lepas tu buku..... buku merah apa semua. Saya pelik. Lepas tu dia kata ‘kamu tahu tak kamu mengandung?’. Masa tu tak tahu*

*nak cakap apa. Masa tu memang saya nangis.....Terkejut, sedih, semua laa... (dalam nada sebak)”*

[Then the doctor called my name. She filled a form, I don't know what form. And then the book.... the red book. I was puzzled. Then she asked me, “do you know you are pregnant?”. At that time I didn't know what to say. I really cried at that time.... Shocked, sad, everything... (in a choked voice)].

Meanwhile, among the actions taken by the participants when they suspected of being pregnant were checking in to a private clinic or doing self-pregnancy tests. Informing their family did not come easy to most of the participants, especially those in the rape cases. BGG3 reported her experience:

*“Masa tu tengah fikir nak cakap macam mana. Tak tenang nak cakap..... nak cerita kat mak apa semua, sebab selalu rapat dengan mak.... Jadi macam, jadi macam ni, tak tahu (apa nak buat).”*

[At that time, I thought about how I'm going to tell. I felt so tensed..... I wanted to tell my mum everything because I'm usually close to her.... It feels like, when this happened, I don't know (what to do).]

Nevertheless, those in the non-rape cases also reported feeling anxious about telling their family of their pregnancy. SLP4 reported that she went to see a doctor not because she suspected pregnancy, but to check a gynecological condition.

*“Hari tu masa pergi check dekat klinik tu bukan nak pergi check pregnant ke, tapi nak pergi check fibroid. Doktor kata ada fibroid kan.*

*Lama tak check, and then bila pergi check tiba-tiba doktor kata dah pregnant dah 5 bulan..... Lepas tu saya fikir macam mana nak buat kan. Nak bagitau kat mak ayah macam mana..... Lepas tu, (saya fikir) baik saya bagitau kat dia (boyfriend) dulu, lepas tu baru saya bagitau mak saya.”*

[That day I went to the clinic not to check for pregnancy, but to check my fibroid condition. The doctor said I had fibroid. I haven't gone for a checkup for a while, and then when I went to the clinic the doctor said I was 5 months pregnant..... Then I thought about what to do. How to tell my parents..... Then, (I thought) I better told him (boyfriend) first. Only then, I went and told my mother.]

Among actions taken by those involved in the rape and incest cases included making a police report. CHG2 reported:

*“Lepas tu, nenek saya suruh buat (laporan polis)....hmmm...buat kes rogol la tapi orang lain..... Pergi balai polis dan buat report. Waktu nak datang situ polis ada tanya cuba bagitahu yang betul sebenarnya dan saya pun bagitahu la yang sebenarnya. Saya nangis la dan saya belum bagitahu lagi yang abang buat tapi inspektor tu dah tahu dah.”*

[After that, my grandma told me to make (a police report).....hmmm....to report it as rape by someone else..... I went to the police station and made the report. When I went there, the police told me to tell what really happened and I told him the truth. I cried, I haven't told the truth

that my brother did it but the inspector already knew (suspected) what really happened.]

Another rape victim, CHG4 who was raped by her stepfather reported that she went to see a school counsellor and was given information about the JKM shelter.

*“Lepas itu, aaa panggil sekolah..... guru kaunseling nya panggil.. dia interview la, dia tanya..... Lepas tu dia bagi cadangan. Masa tu jua mak kamek ada bagi cadangan nak gugur kandungan ni. Lepas tu, dia (guru kaunseling) tanya, ‘macam mana keputusan kamu? Kamu nak masuk satu tempat ke atau pun kamu nak gugur saja’, dia kata. Saya tanya, tempat apa? Aaa (dia kata) TSP ada di Kuching. (Saya kata) Ok la cikgu, ikut saja la.”*

[Then, the school called.... my school counsellor asked me to see her... she interviewed me, asked me..... Then, she gave me a suggestion. At that time, my mother suggested that I abort the baby. Then, she (the counsellor) asked me, “What do you want to do? Do you want to enter this one place or do you want to abort?” she asked. I asked her, what place? Aaa (she said) there’s TSP in Kuching. (I said) Ok teacher, I’ll do that (as per your suggestion).]

### 5.2.2 Reaction by others

Similar to self- reaction, reaction by others can also be further categorized into emotional reactions and actions taken. The emotional reactions received by the participants from their family were mostly anger, sadness, and disappointment. KDP1 related what happened when the doctor told he mother about the pregnancy:

*“Masa mula, mak terkejut la. Lepas tu mak kata ‘biar betul’ kat doktor, tak kan mengandung kot sebab saya selalu ada dengan mak. Lepas tu doktor kata memang betul la dan bagitau apa yang nampak ja. Lepas tu, takpa la, lepas tu mak tanya saya dengan siapa. Saya bagitau dengan teman lelaki..... (Mak ayah) marah jugak....Masa dapat tau tu, depa marah gak.”*

[At that time, my mother was shocked. Then she asked the doctor, “is it true?”, this can’t be because I was always with her. Then the doctor said yes and that what was she saw in the result. Then, ok, then my mother asked me who did I do it with. I told her my boyfriend..... (My parents) were angry. When they found out, they were angry.]

SLP1 recalled her parents’ reactions:

*“Mak cool je. Dia boleh terima la. Mula-mula memang dia macam susah nak terima kan tapi lama-lama saya macam diam jer dulu. Tu yang dia (mak) cari (saya) dan call ajak bincang balik benda ni..... Ayah pun sama. Dia sedihlah.”*

[My mum was cool about it. She could accept. At first, it was hard for her to accept but then I kept a distance from her and kept quiet. Then she (my mum) went to find me and called me to discuss this again.... My dad was the same. He was sad.]

Among the commonly reported actions taken by others after finding out that the participants were pregnant was searching for shelters and sending the participants to the shelters. SLP4

who was raised by her single mother reported that she initially wanted to get married, to which her mother initially agreed but later retracted, and sent her to the shelter.

*“Lepas dah tahu tu mak macam marah la juga kan tapi dia cakap benda dah jadi nak buat macam mana kan. Saya cakap dengan mak kata nak kahwin, mula-mula mak ok. Lepas tu dah pergi kursus kahwin dan naik mahkamah untuk jadi wali nak kahwin tu, mak kata dia tak nak pergi. Lepas tu macam gaduh-gaduh la dengan mak dan mak terus hantar kat sini.”*

[After she found out, my mother was angry but she said things have happened, what to do. I told my mother that I wanted to get married, she was ok at first. I already attended the pre-marital preparation course and ready to go to the court to appoint a ‘wali’ (as part of Muslim marriage requirements), but then my mother said she did not want to go (to the court). Then, I had a big fight with my mother and she sent me here.]

SLP5 reported that he father beat her up after finding out that she was pregnant. Since she was underage, a police report was made regarding statutory rape. Then, her father reportedly suggested that she abort the baby but was disputed by her brother.

*“Ayah nak hantar kat Thailand la suruh gugurkan. Lepas tu abang cakap tak payah la. Dah buat dosa lepas tu nak tambah lagi dosa. Lepas tu yang ayah suruh datang sini.”*

[My dad wanted to send me to Thailand to abort the baby. Then my brother said let's not do that. She has already committed a sin, and now (we want to ask her) to commit another one. Then, my dad asked me to come here.]

KDP1 told her boyfriend (who became her husband) about her pregnancy, who later told his family. His family then reportedly came to see her family.

*“Dia mai jumpa mak tanya nak buat macam mana. Lepas tu mak cakap tak tau la ikut la kan. Lepas tu dia kata kalau ikut-ikut, kira menikah la Jadi takpa la, dah dia ambil keputusan macam tu. Nak buat macam mana, lagipun ayah suruh menikah, jadi nikah la.”*

[They came to see my mother and asked her what to do next. Then my mother said, don't know, whatever is best. Then they said, if that's the case, we ask them to get marry. So, ok, they said that. What to do, my father also told me to get married,so I got married.]

### **5.3 Decision to Enter Shelter**

An important point to note is that all the respondents were sent to the shelters (both government-funded and private) by family members, regardless of whose decision it was for them to enter the shelters. Therefore, some degree of family involvement was involved during their admission into the shelters.

### 5.3.1 Referral by others

Majority (14) of the respondents were referred to the shelters by other people. Those who sought protection in the private shelters were referred to the shelters by family members such as parents, siblings, or extended families (e.g., uncles, aunts, etc.). SLP5 for example disclosed:

*“Hmm, family la (yang hantar). (Saya) tak nak..... Ikutkan nak kahwin.  
Lepas tu, ayah tak bagi.”*

[Hmm, my family (sent me here). No (I don't want to come here).....  
Actually I wanted to get married but my father disapproved.]

SLP1 also disclosed similar parental pressure to enter the shelter.

*Ayah dan family la (yang hantar)... (Saya) tak nak... Takpe, (kalau tak  
masuk sini) saya duduk dengan kakak saya.*

[My father and my family (sent me here)... No (I don't want to come  
here).... It's ok, (if I don't come here) I can live with my sister.]

Those who sought protection in the government-funded shelters were mainly mandated by the court after involvement of the hospital and the Department of Social Welfare (JKM), especially since they were minors (i.e. being under 18 or 16 years old) and involved in rape / statutory rape or incest cases.

For instance, CHG2 was referred to the shelter by a doctor through JKM but stated that she did not want to be in the shelter. However, when asked about what she would do instead if she was not brought to the shelter she responded: “*Tak tahulah*” [I don't know].

### 5.3.2 Self-referral

Although age was projected to be related to self-determination to enter the shelter (i.e., being above 18 and supposedly more mature), it was found that this was not the case for the participants as four of the family-referred participants were above 18 (KDP3, SLP1, SLP3, SLP4). SLP4 related how she was sent to the shelter.

*Ibu yang hantar, ibu yang cari (rumah ni).... Tak (saya tak nak datang sini).....Hari tu memang dah rancang nak kahwin tapi last minute ibu tak bagi.*

[My mother sent me here, she searched and found (this shelter).... No (I don't want to come here).... I had planned to get married but my mother disapproved at the last minute.]

However, the reason for pregnancy (i.e. rape or consensual) may influence self-determination. For example, four respondents who stated that they voluntarily chose to enter the shelter were non-rape cases. They were KDP1, KDP5, SLP2 and BGG1. KDP5 for instance came all the way from an east coast state to Kedah with her mother by bus after finding out about the shelter.

*(Datang) berdua dengan mak.... Naik bas.....Saya sendiri (yang nak masuk sini).... Kakak cari (maklumat) kat internet.....sebab saya minta tolong dia cari.*

[I came here] with my mother... By bus... I myself (wanted to come here)... My sister searched on the internet (for a shelter) .... Because I asked her to look for one.]

Meanwhile, SLP2 reported that she came to know about the shelter after watching a drama on television which featured the shelter.

*“So, tahu daripada drama tu lah, (lepas tu) search internet, kawan-kawan cakap kan. Member kata ada pusat perlindungan je lah tapi tak tahu kawasan. Tahu kawasan daripada drama tu la..... (Masuk sini keputusan saya) sendiri tapi family hantar la”.*

[So, I knew from that drama, (then) I searched the internet, my friends told me. A friend told me there's a shelter but she did not know where it is. I just knew from the drama..... (I came here) because I want to, but I came with my family]

#### **5.4 Reason for Admission into Shelter**

The decision to come to the shelters was mainly due to hide their pregnancy from relatives, neighbours or friends. Avoiding shame and embarrassment (i.e. *malu*) was an overarching theme for the reason for seeking shelter. KDP2 for example said:

*“Lindung perut ni la. Tak mau bagi nampak kat orang.....Tak mau malu family la”*

[To hide my tummy. I don't want people to know.... I don't want my family to feel embarrassed.]

Similarly, BGG2 also said:

*“(Masuk sini) sebab nak bersalin.....daripada orang tahu.”*

[(I came here) because I'm going to deliver this baby..... to avoid from people finding out.]

One of the participants (KDP1) married her boyfriend after discovering she was pregnant. However, she decided that it was best for her to stay at a shelter until after she delivered her baby, the decision to which her family also agreed in order to avoid embarrassment.

*“Memang nak duk sini pun sebab sat gi family dua-dua dapat malu kan..... Orang tak tau (saya mengandung)..... Saya pun nak gak duk kat sini (buat sementara).”*

[I really want to stay here because if not, both of our families will feel embarrassed... People don't know (that I'm pregnant).... I want to stay here (temporarily).]

## **5.5 Decision to Maintain Pregnancy**

Two subthemes emerged when assessing why the participants' decided to continue with the pregnancy. These are related to committing sins (*dosa*) or having done wrong (*salah*) and having developed a sense of love towards the baby (*sayang*).

### 5.5.1 Not wanting to commit sins

SGG2 reported that she did not want to commit of anything more sinful act after committing a sin (having premarital sex).

*“Sebab rasa kita pun banyak buat dosa kan, so kalau gugurkan baby lagi la bertambah-tambah dosa kan. So, sebab tu la ambil keputusan ni (teruskan kandungan).”*

[Because I feel that I have committed enough sins, so if I abort this baby, I'll commit more sins. So, that's why I took this decision (to keep the baby).]

It was found that not wanting to commit sins was not only voiced by those in the consensual sex cases, but by those in the rape and incest cases as well. BGG3 who allegedly was raped by a stranger reported that she thought aborting the baby would be sinful.

*“Diaorang (kawan saya) pergi beli (ubat gugur) tapi saya tak ambil. Saya buang (ubat tu) sebab saya tahu semua tu dosa semua tu. Bukan saya yang minta nak buat... macam dah dapat. Benda nak jadi bukan boleh nak tolak.”*

[They (my friend) went and bought me (medication for abortion) but I didn't take it. I threw away (the medication) because I knew it was sinful. I didn't ask for this to happen... but it happened. It has been fated, I can't avoid it.)

Similar to BGG3, CHG4 who was raped by her stepfather also reported not wanting to commit sinful acts.

*Tak tahulah (kenapa saya tak mahu gugurkan kandungan)..... saya rasa macam takut. Satu macam takut dosa, macam tu la.....Pastu.... macam saya fikir jugak dia (bayi) memang tidak salah la.....Dia tidak salah la..... Kita (juga) tidak minta.*

[I don't know (why I didn't want to abort the baby)... I feel scared. I'm scared of committing sins..... And then .... I thought that he (the baby) is innocent..... He is innocent... I didn't ask (for this to happen too).]

### 5.5.2 Love for the baby

KDP5 is among those who reported having developed a sense of love towards the baby. She reported that she initially wanted to abort the baby but later changed her mind after seeing the scanned image of her fetus.

*“Tak tau la, (saya mula-mula nak gugur) bila fikir mak risau la apa semua kan. Lepas tu bila tengok gambar scan tu pun dah rasa sayang, tapi (mula-mula) nak buang tu pun sebab nak sorok rahsia dari mak je.”*

[I don't know, (I wanted to abort) when I thought that my mother would be worried. Then I saw the scanned photo (of the baby) and I began to love it (the baby), but (initially) I wanted to abort simply because I didn't want my mother to know.]

KDP1 who married her boyfriend who made her pregnant had concerns about the possibility that giving her baby away might affect her chances of having more children in the future.

*“Dah mengandung macam ni, dah fikir sayang kalau bagi kat orang. Esok kalau dah bagi kat orang nanti kalau kita dah rancang nak ada anak kan.....tapi esok kalau tak boleh (mengandung) ka, apa ka, ada masalah apa ka.. (masa) tu tak boleh beranak..... saya fikir macam tu la”.*

[After I became pregnant, I've started to think that I don't want to give the baby away. If I gave my baby away, what will happen if I wanted kids in the future..... Maybe at that time, I can't (become pregnant) or whatever problems... that's what I've been thinking.]

## 5.6 Perception and Knowledge of Sexuality

Majority of the respondents reported that they had some knowledge of sex. However, none of the interviewees reported having conversation or discussion about sex with their parents. When asked for their sources of knowledge, the sources were reportedly friends, school and the internet. For example. KDP1 stated:

*“Sebelum tu tau jugak la sikit-sikit (tentang seks).....Hmm..kawan-kawan duk cerita (pasal seks)..... Ada juga setengah kawan macam tu (pernah lakukan seks).”*

[Before this, I knew a bit (about sex).... My friends have been talking about it (sex).... I have some friends who have done it (had sex).]

Two respondents reported that they had had sex with other partners before having sexual relationships with the current / last partner who caused their pregnancy. SLP1 for example disclosed:

*“Eh, tak la (ini bukan boyfriend pertama)...Pernah (buat dengan boyfriend-boyfriend lain).....Memang tahu (tentang seks).”*

[Oh, no (this is not my first boyfriend).... I've done it (with other boyfriends)... Yes I know (about sex)]

In addition, even among those who reported that they did not really know about sex, all of them stated that they knew sex could lead to pregnancy. CHG1 reported:

*“Tak tahu sangat (pasal seks)... (tapi) tahu (seks boleh menyebabkan hamil)... kat sekolah ada belajar.”*

[I don't really know (about sex).... (but) I know (that sex can cause pregnancy).... They teach this at school.]

### **5.7 Perception and Knowledge of Pregnancy Prevention**

The respondents were also interviewed regarding their knowledge of contraception. More than half (10) reported that they had heard of methods for avoiding pregnancy such as using condoms, birth control pills or withdrawal prior to ejaculation but a majority of them did not use any of the preventive methods or have their partners used any methods.

One (KKG1) of those who reported that they did not know how to avoid pregnancy stated that she learned of contraceptive methods after coming to the shelter:

*“Tak tahu. Tapi ada la masa kat sini, ada orang datang bagi ceramah. Lepas tu mereka bagitahu la ada suntikan la untuk cegah (kehamilan).”*

[I didn't know but after I came here, there were people who came and gave talks. Then they told about shots that we can take to prevent (pregnancy).]

Although one respondent reported that she knew about contraceptive methods, she only took birth control pills *after* having sex to avoid getting pregnant after listening to her friend's "advice".

#### 5.7.1 Abortion attempt

Almost half of the respondents (8) admitted that they had attempted abortion after discovering that they were pregnant. However, many reported non-medical approaches. Among the methods that the respondents frequently mentioned were consuming pineapple or drinking Coke. SLP5 reported:

*"Ambil nenas, air Coke dan panadol. Lepas tu pergi klinik swasta. Masa tu dah masuk 3 bulan. So dia minta RM 1,500 untuk gugur. Lepas tu (saya) macam cakap dekat mak boyfriend ni. Lepas tu, mak dia cakap takpelah, dia datang rumah merisik."*

[I took some pineapple, Coke and panadol. Then I went to a private clinic. I was 3 months pregnant at that time. So the clinic asked for RM1,500 for abortion. Then I told my boyfriend's mother. Then she said, ok, she came to my house to ask for my hand in marriage.]

Nonetheless, similar to SLP5, there were other respondents who went to see a doctor in their attempts to abort, albeit failing. KDP3 for example stated:

*"(Ambil ubat) untuk macam dah tahu la kita ni (mengandung).....lepas tu nak gugurkan..... (Doktor bagi) ubat. Dia suruh makan tiga kali je*

*ubat tu. Lepas tu, dia akan gugur sendiri la. Lepas tu, tengok-tengok tak boleh juga (gugur). Dia sangkut juga.”*

[I took some medication because I knew (I was pregnant)... then I wanted to abort... (The doctor) gave me some medication. The doctor asked me to take it 3 times. Then the abortion will happen by itself. But then it didn't happen. I'm still pregnant.]

Similarly, KDP5 described her abortion attempt which included consuming traditional medication and later an attempt to seek modern medical means. However, her action was stopped short by her family, as per her report:

*“Pernah la..... Makan ubat..... Hmm...masa tu saya ada abang angkat, minta tolong dengan dia la, dia belikan. Dia beli dekat kedai Cina dia bagitahu, saya pun tak tahu jugak.....Takde apa pun jadi.....Hmm, yang tempat saya pergi check tu, tempat swasta tu boleh buang. Lepas tu, masa saya nak pergi tu, anak saudara saya dah bagitahu family dah. Family halang la. Diaorang tak nak saya buang.”*

[Yes I have.... I took some medication... Hmmm.... At that time I had a male friend, I asked him to buy something. He went to a Chinese medicine shop, I don't really know..... Nothing happened.... Hmm, the place that I went for check up, the private clinic can do abortions... but when I was about to go there, my niece already informed my family. My family prevented me. They did not want me to abort the baby.]

## 5.8 Plans and Arrangement for Baby after Leaving the Shelters

Seven respondents stated that they wanted to keep and raise the baby by themselves.

SLP4 for example stated:

*“Baby ni saya nak ambil tapi mak suruh bagi kat orang. Tapi saya akan usahakan juga la macam mana cara pun saya nak ambil baby ni.”*

[I want to keep the baby but my mother asked me to give it away, but I will try every possible way to keep the baby.]

KDP1, who married her boyfriend after finding out that she was pregnant reported her plans after leaving the shelter.

*“Nanti dah lepas bersalin kan, (semasa) pantang, mak mertua la jaga. Lepas pantang tu boleh la balik rumah mak tapi anak tak bawa la sebab orang kampung di sana mulut tak reti nak jaga..... Mak mertua dah bincang dah dengan mak. Kalau nak balik rumah mak kan, mak mertua pegang jap (baby).”*

[After I give birth, my mother-in-law will take care of me (during confinement). After confinement, I'll go back to my mum's house but I won't bring along my baby because the people in my village like to gossip..... My mother-in-law has discussed with my mum. When I go back to my mum's, my mother-in-law will take care (of the baby).]

Eight other respondents reported that the baby would be given away after they gave birth.

Of these, five respondents stated that the baby would be given to relatives. KDP2 stated:

*“Anak ni bagi kat makcik. Adik mak. Bagi baby kat dia.”*

[I'm giving this baby to my aunt. My mother's younger sister. I'm giving it to her.]

Similarly, KDP5 also wanted to give the baby to a relative:

*“Mula-mula saya suruh kakak bagi kat JKM je kan, lepas tu dia cakap tak payah la sebab mak saudara (suami) dia memang nak cari baby la. Dia suruh bagi kat situ sebab nanti bila dah besar dapat tahu duduk dengan siapa. Kalau bagi dekat JKM, dia cakap tak dapat tahu langsung nanti.”*

[At first, I told my sister to give (the baby) to JKM, but then she said don't because her husband's aunt is looking for a baby. She asked me to give it to her (the aunty) because I would know then who is taking care of the baby. She said that if I gave to JKM, I wouldn't know what would happen (to my baby).]

The rest of the respondents were still unsure about their decision of who will take care of the baby. KDP3 for example reported that she wanted to keep her baby. However, her mother had advised her to give the baby away.

*“Sebenarnya nak jaga sendiri (pada mulanya)...Lepas tu, mak cakap bagi kat orang la sebab nak kerja lagi, nak belajar lagi.”*

[Actually I wanted to raise the baby (at first)... But after that, my mum said give it to other people because I have to work, continue my study.]

Unlike KDP3, CH1 did not know what to do about the baby although her parents wanted to keep the baby:

*“Tak tahu (nak buat apa dengan baby).... (Tapi) mak dengan bapa nak jaga.”*

[I don't know yet (what to do with my baby)... (But) my mum and dad want to raise the baby.]

### **5.9 Plans and Arrangement for Self after Leaving the Shelters**

As mentioned previously, one respondent had married her boyfriend. Majority (n =13) of the rest had no plans of getting married. Those who were students stated that they wanted to get back to school or college. While those who were working, wanted to continue working or find another job. KKG1 who is a student reported:

*Hmmm..... macam terfikir la lepas bersalin kan mesti banyak tanggungan lagi bila kena jaga baby nanti. Terfikir la macam mau belajar lagi la.*

[Hmmm.... I've been thinking that after I deliver the baby, my responsibilities will increase when I have the baby. I think I want to continue my study.]

Similarly, another student, KDP4, also reported issue:

*“(Boyfriend) Tak contact pun..... Tak tahu la. Macam tak nak cari (dia) dah..... Lepas bersalin nanti nak sambung sekolah balik.”*

“(My boyfriend and I) We’ve lost contact..... I don’t know. Feel like I don’t want to have any connections with him anymore.... After delivery, I want to go back to school.]

Four other respondents reported plans of getting married to their boyfriends after discharge from the shelter. These were participants who were unwillingly sent to the shelters by their family. However, they also mention of wanting to continue with their study. SLP5 reported:

*“Dah bersalin nanti tak tahu la..... Lepas tu, lepas 2 tahun tu baru sambung study balik..... Nak kahwin je (ketawa).”*

[After I give birth, I don’t know..... Then, after 2 years I will continue my study..... Just want to get married (laughs).]

Likewise, SLP4 who was sent to the shelter by her mother related her plans after leaving the shelter:

*“Nak keluar dari sini. Tak nak lah duduk sini. Nak kahwin dan ada life sendiri. Lepas tu dah ada baby esok nak kerja sementara then sambung belajar balik.”*

[I want to leave. I don’t want to stay here. I want to get married, have a life, When I have the baby, I’ll find a temporary job then I’ll continue my study.]

## CHAPTER 6

### Discussion and Conclusion

Unplanned pregnancies, especially those that are unwanted, bring about emotional, financial, physical, and social distress to the mothers. Thus, the issue is more critical when it involves teenagers or young mothers who at their age are usually those who are still in school or college. Teenage pregnancy has been known to be linked with health hazards, substance abuse, missing school, and costs to public money (Leve, Kerr, & Harold, 2013; Pazol, Warner, Gavin, Callaghan, Spitz, Anderson, Barfield, & Kann, 2011, Khairani Omar, Suriati Hasim, Noor Azimah Muhammad, Aida Jaafar, Syahnaz Mohd Hashim & Harlina Halizah Siraj, 2010). This chapter discusses the findings of the research, recommendations for intervention, and research limitations.

#### 6.1 Sexual Experience, Unwanted Pregnancy and Youth

Majority of the participants in Study 1 engaged in their first sexual intercourse during secondary school age. Although only two reported their first sexual experience under the age of 13 years, the findings suggest that the girls were experiencing sex at a young age. This is a concern since the younger the age of first sexual encounter, the higher the risk for them to be dropping out of school or developing health risks due to their immaturity (Goleman, 1995; National Center for Health Statistics, 2009; Rocca, Doherty, Padian, Hubbard, & Minnis, 2011). Pregnancies that result in abortion (or attempts to abort) are typically unplanned and unwanted (McKay, 2012). Not being emotionally ready to have a baby may result in harmful behaviours, poor or inadequate prenatal care, and depression (Phipps & Nunes, 2012).

Assessment of the participants' social circle found that majority had friends or family who experienced premarital sex and/or were pregnant out of wedlock. Although sex might

generally be a taboo subject to be discussed with teens in Malaysian society, having friends and family who have premarital sexual experience may not present as a strong deterrent for a youth from committing the same act (Ali & Dwyer, 2011; Arai, 2007; Were, 2007). Therefore, the girls may perceive premarital sex as common and acceptable. In addition, although less than half reported having experienced being forced to have sexual intercourse, more than half reported experiencing non-intercourse sexual abuse such as unwanted touching. The fact that this type of abuse was being reported is a concern considering the young age of the participants. They may be easily manipulated due to their age and may not have the knowledge or courage of saying no to the perpetrators.

In addition, in the qualitative study, the participants reported that the main reason for seeking shelter was to avoid shame and embarrassment (such as not wanting relatives, neighbours or friends to know that they were pregnant). This was supported by the findings in Study 1 regarding the stage of pregnancy during admission into the shelters, where a majority reported entering the shelter after the second trimester when the increase in their belly size becomes more visible. Although avoiding shame and embarrassment were the most cited reasons for shelter admission, being pressured to marry the perpetrator was not imposed by their family. A majority of the non-married respondents reported that they were not planning to get married after they leave the shelter. They decided to keep the baby because they “did not want to commit more sins by killing the baby”. When asked about their plans for the baby and after leaving the shelter, the majority wanted to go back to their family and “live life like before they got pregnant” (i.e., going back to school, etc.). One respondent already married the boyfriend (just prior to coming to the shelter) and would then keep the baby after being discharged from the shelter. Other respondents wanted to give the baby away and had found someone to adopt their baby. There were respondents who were still unsure about what to do about the baby.

Nevertheless, out-of-wedlock pregnancy still brings along with it stigma from the society and this is supported by Study 2 participants' report for seeking shelter to avoid shame and embarrassment, and the attempts to abort the baby by half of the participants in Study 1 and Study 2. It should be noted that the shelters require family involvement or approval prior to being accepted into the shelters. Therefore, the families were informed of the participants' pregnancy. Family involvement is important in the well-being of the pregnant adolescents and helps good decision making behaviour. Family involvement has been found to be important in regulating adolescents' sexual behaviour and preventing the latter from engaging in deviant activities (Benda and DiBlasio, 1994). When the family displays acceptance and responsiveness towards children, it helps the children to feel important and guides them in thinking about their actions. This was observed in the respondents wanting to get back to life as before, with many planning to continue with schooling. As such, this helps in preventing the adolescents from engaging in further problematic behaviours such as baby dumping or substance abuse as a way of coping with their pregnancy.

The findings of Study 2 also indicated that none of the participants reported having discussion with their parents regarding sex or pregnancy prevention, although all of them reported knowing that sex could lead to pregnancy. This could have resulted in poor decision making behaviours, one of which led to their pregnancy and the questionable methods for abortion such as the consumption of certain food or potentially dangerous medications. The study by Pazol and her colleagues (2011) found that the risks of unwanted pregnancy among teenagers increase when parents and children do not have conversation about this issue. Although a majority of the participants in the current study reported having authoritative parents, talking about the subject of sex with their parents may nonetheless be uncomfortable or embarrassing, and vice versa. This issue is further exacerbated by the societal stigma of being pregnant out of wedlock. As a result, experiencing unwanted

pregnancy could present as a heavy burden to young mothers, not to mention the potential emotional trauma that could exist. Although the findings in Study 1 suggest that there is no effect of parenting styles on pregnancy or sexual experience, the key to deal with adolescents and sexuality is communication between parents and children. Hence, parents need to maintain good communication with their children, including talking to their children about sex, since good communication has been found to influence the latter's lifestyle and response towards peer pressure (Pistella & Bonati, 1999).

## **6.2 Peer pressure, popularity, EQ and SQ**

Analyses of peer pressure, emotional intelligence and spiritual intelligence provide additional information on the participants' background. Overall, a majority of the participants reported moderate levels of emotional and spiritual intelligence. According to Bar-On (2000), emotional intelligence is a non-cognitive ability and emotion management skills which could influence one's capability to deal with daily routines. This matter is indeed a crucial entity in the life of young girls because they may face many obstacles as they grow up. More than 80 percent scored a moderate level of emotional intelligence and spiritual intelligence. As for SQ, the results indicate that due to their young age, participants have yet to achieve the ability to think beyond physical or material boundaries, to experience numinous happenings consciously, to conduct routine activities and to overcome problems with positive coping strategies allowed by their religion. The theory of Spiritual Intelligence by Emmons and researchers in respective fields states that as an individual age, it is expected that they will attain higher spiritual intelligence (Emmons, 2000; Zohar & Marshall, 2005; Wink & Dillon, 2001). Thus, with limited competencies in managing emotions and embracing religious guidance, these young participants were more susceptible to be involved in unacceptable sexual activities.

The current study also attempts to advance the empirical findings by linking peer pressure, emotional intelligence, spiritual intelligence, parenting styles and demographic variables of participants. The findings indicate significant negative correlations between peer pressure and age at first sex, as well as between popularity and age at first sex. Participants who had pregnant unmarried friends also scored higher Peer Pressure and Popularity scores. When peer pressure and wanting to be popular are at higher levels, there is a tendency for teenagers to be involved in sexual activities at an earlier age. These findings confirmed previous studies which found that adolescents do not want to be regarded as old fashioned (Zwane & Mngadi, 2004) and desire to be accepted by their peers (Ali & Dwyer, 2011; Arai, 2007; Were, 2007).

Meanwhile, EQ was found to have significant negative correlation with peer pressure. This shows that teenagers and young women with lower emotional intelligence may be susceptible to succumb to peer pressure. In addition, although SQ has no correlation with other variables, it is negatively correlated with age at first sex. This indicates that participants who admitted younger age at first sexual encounter have the higher current spiritual intelligence. An explanation for this trend could be that compared to those who just more recently got involved with premarital sex, the girls with a longer history of premarital sexual experience might have reflected on their life, regretted getting pregnant and decided to return to their religion.

### **6.3 Proposed Intervention for Pregnant Unmarried Girls and Young Women**

The findings of the research indicate the importance of family support and involvement in helping young girls who are involved in unwanted premarital pregnancy. Apart from family involvement, intervention suggestions should include the necessity to assess the individual needs of each pregnant young woman and tailor intervention plans accordingly. Shelters

should be aware that pregnant young mothers have psychosocial and health / mental health needs as identified in the studies by Driskill (1998) and Woo and Twinn (2004). The findings of the current research identified six aspects that should be taken into consideration in planning for intervention with this group of clients. These are family support, spiritual needs, psychosocial needs, health care needs, educational/career plan, and plan for the baby.

Above all, attention should be given to the cause of pregnancy such as consensual sex or rape at initial intake. Specific care should be paid on cases involving incest, since there is a high potential that these cases involved psychological trauma. Hence, assessments should also be done to examine whether the young mothers are experiencing any mental health concerns, such as trauma or depression. It should be noted that trauma may also be present among cases that are non-rape and non-incest. This is because what appear to be consensual sex cases may involve elements of unknown sexual abuse. On top of that, being pregnant at a young age is usually unexpected and may present as a very challenging situation to deal with. Mental health concerns should be referred to a proper mental health service professionals such as psychiatrists or certified psychologists

Strength-based intervention strategies that centre upon highlighting individual strengths, familial support and strong points will help young pregnant mothers to hold a positive outlook of their future. Since the girls are usually still in school, educational plan should be included in the intervention plan. Otherwise, career plan would be the alternative plan for those who are no longer in school. Discussion concerning plans for the unborn baby should also be done, which include asking what the adolescents and their family wish to do. Spiritual / religious approach is recommended to assist adaptation and increase resilience. Therefore, provision of social work / counselling services should be sensitive to the local context of being pregnant out of wedlock while upholding social work values. It is recommended that social workers and counsellors be selected from those who share similar ethnic and religious

backgrounds of the clients, or have these personnel be trained to be culturally and religiously sensitive professionals. A model summarizing the intervention plan is presented in Figure 6.1.

In line with this, preventive work which focuses on sexual education in school is highly recommended. Although much debate has been occurring regarding the implementation of a compulsory sex education in Malaysian schools, we believe that such education would benefit many of Malaysian youngsters regarding making the correct choice when dealing with sexuality issues. The findings of this research highlight that the girls and young women prefer to refer to friends, internet and the school regarding information on sexuality. As a result, there is a possibility that incorrect information might be transferred to young people especially if the information comes from peers who are not well-informed of the issue. This was evident in this research when some participants reported questionable or incorrect information regarding pregnancy prevention and abortion. Educating young people on sexuality should be a comprehensive effort which not only covers what sex and sexuality entail, but also one that covers the social, spiritual, and health impact of sexual behaviour. Therefore, sex education should also aim at encouraging youngsters to think carefully before engaging in any risky sexual behaviour that could affect them socially, physically, spiritually or even financially.

### **6.3 Limitations of Research and Recommendations for Future Research**

There are several limitations of the present research. To begin, both of the studies relied heavily on self disclosure of the participants. No information was gathered from the parents and family of the girls or from other sources such as the staff of the shelters. Therefore, the researchers were not able to verify whether information such as cause of pregnancy, sexual

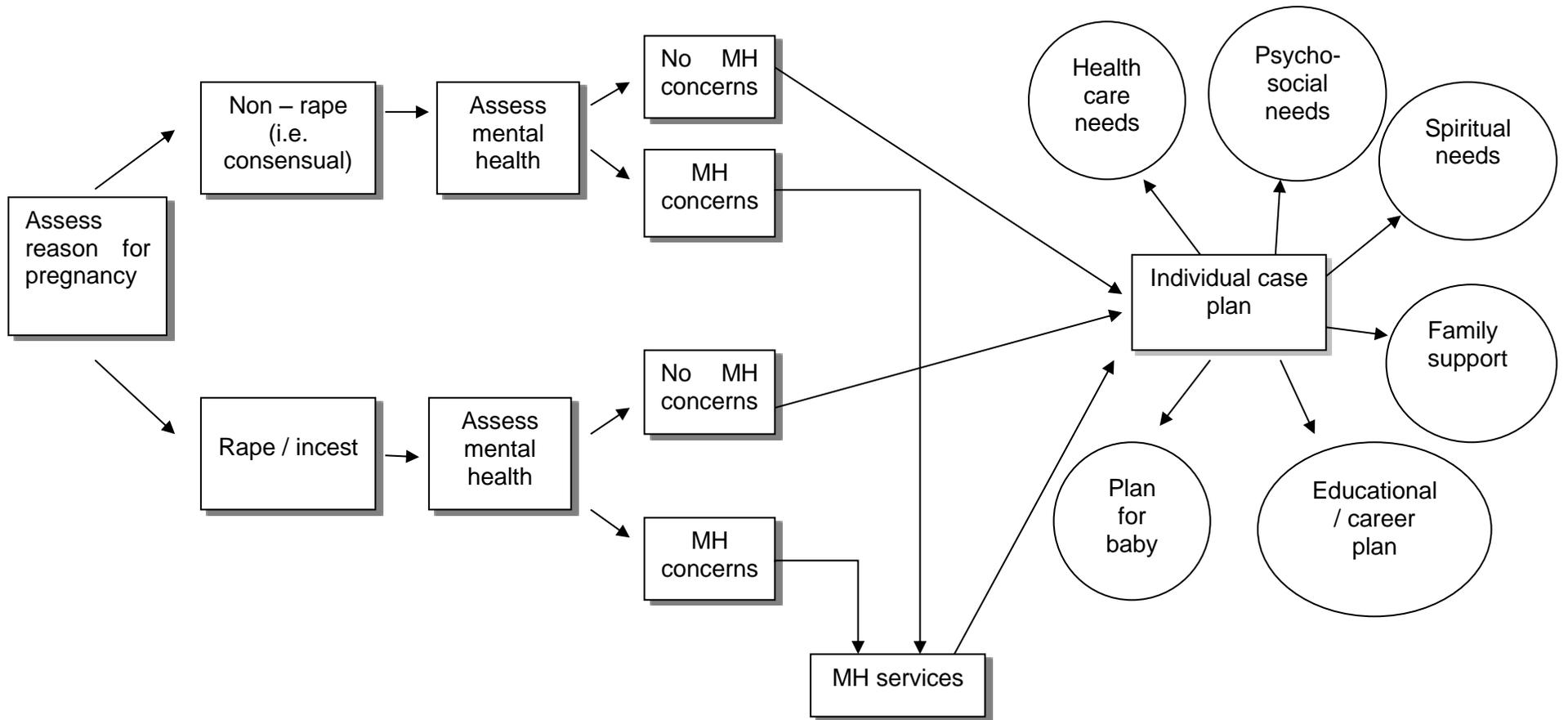


Figure 6.1 Proposed Intervention Plan for Working with Pregnant Adolescents

experience and parenting styles were truthful or correct disclosure. The research project was also limited to participants who were seeking protection and services from the women shelters. Therefore, the findings may not be generalized to other teenagers and young women who are unmarried and pregnant, but are not residing in any shelters.

Therefore, future research may want to look into interviewing or assessing information from people other than the pregnant young mothers, such as family, friends and staff. In addition, although it would be challenging to find pregnant unmarried young mothers among members of the public, it would be an interesting finding to compare the experience of women shelter residents and those who do not choose to stay in any shelters. Finally, the participants of this research were limited to those up to the age of 25 years. It was noted in Chapter 3 that there were older pregnant residents who were not included as participants. Hence, it would be interesting to study the issues that are experienced by older pregnant and unmarried mothers as they may present with different concerns and challenges.

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