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## RESEARCH REPORT

# Unintended Teenage Pregnancy

## A Qualitative Study to Explore Perspectives and Experiences of Young Mothers

WAN RAFEZA ROKIMI, FATIMAH SHAM, AJAU DANIS AND SITI ZULAIHA BINTI CHE HAT

Teenage sexual activity and unintended pregnancy is a growing societal problem, particularly in a culturally-sensitive region such as Asia. This paper explores the perspectives and experiences of young mothers with unintended teenage pregnancies. A qualitative study with a one-to-one approach was conducted with ten teenagers aged 16 to 19 years old with unintended pregnancy. The participants were selected via purposive sampling from a woman protection centre in west-coastal Peninsular Malaysia. Perspectives of unintended teenage pregnancy, factors influencing unintended teenage pregnancy, and approaches to overcome unintended teenage pregnancy were themes that emerged from the data. The study findings can be used to develop suitable models, training modules and educational programmes for the prevention of unintended pregnancy among teenagers.

*Wan Rafeza Rokimi is a Nursing Matron at Nursing Unit Hospital Tuanku Fauziah; Fatimah Sham and Ajau Danis are Senior Lecturers at Fakulti Sains Kesihatanis; and Siti Zulaiha Binti Che Hat is a Registered Nurse at Tuanku Fauziah Hospital, Malaysia.*

**Keywords:** pregnancy in adolescence, sex education, pregnancy, peer influence, unsafe sex.

## INTRODUCTION

Teenage pregnancy is a public health concern worldwide. In the United States alone, as many as 7,50,000 teenagers become pregnant each year; 82 percent of these pregnancies were unintended (Deans and Grimes, 2009). According to the United Nations Children Fund (2008), teenage

pregnancy is defined as pregnancy in girls in the age range of 13 to 19 years old. The term can also include pregnancy in girls who have not reached the age of legal adulthood, which may vary across the world.

The world-wide teenage pregnancy rate has decreased from 65 per 1000 women in 1990 to 47 births per 1000 women in 2015. As a result, with increase in the global population of teenagers, teenage pregnancies will increase worldwide by 2030 (Darroch and others, 2016). This phenomenon has given rise to increasing cases of baby dumping and intentional abortion (Noordin and others, 2012). Malaysia is witnessing a multifold rise in the number of unintended teenage pregnancies over the years. Data from the Malaysian Welfare Department revealed that there were 111 records of unmarried pregnant young girls in 2012 (Noordin and others, 2012). According to *The Malaysian Times* (2014), there were over twenty-six cases of baby dumping nationwide in the first quarter of 2014 in Malaysia alone. Children born out-of-wedlock are considered illegitimate in Malaysia. A total of 2,57,000 babies were born out-of-wedlock between 2000 to 2009 (National Registration Department, 2019). The number of unreported illegitimate childbirths, however, is believed to be underreported due to the unbearable shame and fear of stigma faced by the family of unwed mothers (Jamaludin, Bakar and Abdullah, 2013).

During pregnancy, the teenagers undergo major physiological and psychological adjustments, which impact the teenagers and their families. Some families send the teenagers away to avoid public shaming. The teenage mothers are perceived as immoral and their families are often considered as dysfunctional units (Ilika and Anthony, 2004). Young mothers are more likely to suffer from depression and suicidal ideations (Hodgkinson and others, 2014).

The incidences of teenagers engaging in sexual intercourse increases with age (Zelnik and Shah, 1983). This is also due to rapid modernisation and social shifts including the increased age for marriage and the lack of boundaries for interaction between males and females (Oksman and Turtiainen, 2004).

Current literature on unintended teenage mothers in Asia place emphasis on the risk factors (Acharya and others, 2010), romantic relationships among teenagers (Kirby, 2002), maternal and reproductive complications (Luke and Brown, 2007), and the rights of illegitimate children and adoption (Maldonado, 2011). As a result, there is a paucity of data on unintended teenage pregnancy issues, which would enable policy-makers to establish suitable support systems for unintended out-of-wedlock teenage mothers.

## **RESEARCH METODOLOGY**

A qualitative phenomenological study was designed to explore the perspectives and experiences of unwed female teenagers with unintended pregnancy. The study was conducted in a single institution in west-coastal Peninsular Malaysia from 15 October 2014 to 17 December 2014. Young mothers between the ages of 16 to 19 years old with unintended pregnancies were invited to participate in the study while teenagers who suffered from unintended pregnancy as a result of rape or forced sexual intercourse were excluded. The researchers emphasised that participation in the study was voluntary.

The purpose of the study, participant rights and roles were explained to the participants prior to enrollment. A written informed consent was taken from each participant; data confidentiality and anonymity were ensured. Consent for the audio recording of the interview was also taken. The study participants were selected through purposive sampling from the Women Protection and Rehabilitation Centre. The centre provides protection and rehabilitation to pregnant teenagers, victims of rape and incest, battered and abused women, including those with moral issues among others. A date, time and location of the interview were subsequently arranged to accommodate institutional activities or classes. The recruitment was stopped when saturation was reached for the key study themes.

Qualitative data was collected with the help of one-to-one semi-structured interviews conducted with participants in a private room at the institution. Each interview session was conducted in the Malay language, which lasted between 60 to 90 minutes. Each session was attended by two researchers. Audio recording was carried out for all the sessions. While one researcher was actively involved in the audio process, the second researcher took field notes and observed body language cues and the affective responses of the participants. The study participants were allowed to write down their responses on a given piece of paper, if they expressed inhibitions to answer or narrate their experiences verbally. Each study participant was only subjected to a single interview session.

The interviews were transcribed and translated verbatim into the English language by the study team. The content was critically analysed for identifying emerging themes.

### **Ethical Considerations**

Formal ethical approval and administrative permission were obtained from concerned authorities.

## RESULTS

There were 20 candidates eligible for study enrollment, of these, ten participated voluntarily. The median age of the study participants was 18.0 years old (IQR=1.00). Most of the participants were from northwest Malaysia and were well into their third trimester.

### Participants' Perspectives of Unintended Teenage Pregnancy

The fear of physical and emotional retaliation from family members towards their engagement in premarital sex and unwanted pregnancies is reflected in their responses.

About the pregnancy, I'm afraid to tell my family about it. I'm afraid that my family will not accept it and they will be angry with me, they might possibly beat me (Participant 5, 18 years old).

The study also found an increasing acceptance of teenage pregnancy among the study respondents. Peer influence was found to be a contributing factor, as adolescents are vulnerable to peer pressure to gain acceptance.

Most of my friends are not virgins. If you're a virgin, you will be seen as low-class and inexperienced and cannot mingle with the 'cooler' ones. Only when I have lost my virginity, I was considered as part of the group and we talk about losing our virginity. They were all happy and cheer up on me (Participant 7, 16 years old).

In college, there are many girls of my age who got pregnant, they just don't care and just do whatever they want and they can still continue with their studies. It has become a trend in our college and they seemed very happy (Participant 2, 19 years old).

The community also plays an important role in the adolescent's development, for example, structural characteristics of a neighbourhood, socioeconomic status, quality of housing and the availability of resources determine the development of the teenager's personality and worldview.

I think pregnancy among teenagers is not that bad because from the place where I come from, teenage pregnancy is a normal, everyday thing. People just don't bother (Participant 7, 16 years old).

### Factors Influencing Unintended Teenage Pregnancy

Inadequate parental control and lack of monitoring during college years were the main contributing factors to teenage pregnancy. The study also found that the teenagers considered being away from the family an escape route to freedom.

I don't have the freedom to go out shopping and watch movies at the cinema like my friends do. My parents almost always did not give me the permission. If I

really wanted to go, my dad will usually set the time and pick me up. So, I did not get the opportunity to take the Light Rail Transit with all my friends. When I leave this place, you will see all kinds of things that I am capable of. They (my parents) will see then (Participant 3, 19 years old).

The influence of drugs and alcohol was also found to be a significant issue when dealing with teenage pregnancy.

I have many siblings at home and I will go out with my friends to get away from all the troubles at home. We always go out to enjoy ourselves and have fun and then we have sex. We always took Heineken, Tiger and 'Ice' to forget our problems and just feel happy (Participant 1, 18 years old).

Additionally, teen romance at an early age potentially creates opportunities for impulsive sexual behaviour.

When we go out together, we always held hands, we hugged and kissed. From there, we started to talk about sex and we wanted to try out, and I also didn't mind because I loved him. We first did it in his house when all his friends were out working (Participant 10, 18 years old).

This happened because my boyfriend constantly asked me for sex. At first, I did refuse, but he kept on asking and had always pursued me with loving words. He also said that sex was the only way to prove my love to him (Participant 5, 18 years old).

Sex is addictive and pleasurable; me and my boyfriend, we always have sex every time we go out together. Sex makes us happy and grew us closer (Participant 2, 19 years old).

We also found that the structural uniformity of the nuclear family unit plays a crucial role to refine the adolescents.

I stay with my parents, but when my father argues with my mother, he would always beat me and my sibling. I am always in pain and suffered emotionally. I was close to my mother, but later on she had a boyfriend and we grew apart. She was always with her phone, flirting with her boyfriend, without my father knowing. So, I wanted to be free from all of this and that's why I went out with my friends and had fun (Participant 2, 18 years old).

### **Approaches to Overcome Unintended Teenage Pregnancy**

There are many potential approaches to manage cases of unintended teenage pregnancies, from the perspectives of the first-hand afflicted teenagers. Teenagers of unintended pregnancies shared their views on how to deal with the problem. Those who came from nuclear families expressed lack of interaction with family members led to loneliness; hence, the desire to seek companionship outside of family.

Family should understand and be open-minded. I want my family to always be concerned about me and my personal problems. They should always trust their children (Participant 9, 18 years old).

I just want a complete family. When my parents got divorced, I don't have any close sibling to share my problem and to act as my protector. I feel lonely and I miss my parents very much. If I have a complete family, I am sure I wouldn't end up like this (Participant 6, 17 years old).

Furthermore, we also found that the fear of cultural repercussions and religious perception towards premarital sex was reflected in the participants' responses regarding illegitimacy and care of the unborn child.

To me, if the teenager is ready to carry the responsibility of a mother to her child, why not let her keep the baby? It is better than abortion (Participant 10, 18 years old).

## **DISCUSSION**

Burgeoning teenage pregnancies and baby-dumping has resulted in severe consequences for society and public health, particularly in Asian countries. Unplanned pregnancies among teenagers leads to aggravated health problems, higher rates of abuse and neglect, and increase in school dropouts (Freudenberg and Ruglis, 2007). Although Asia has a rich and diverse cultural and religious heritage, there is widespread social prejudice against premarital sex among all communities.

Strong family ties with adequate religious indoctrination were presumed to be sufficient protective factors against early sexual initiation (Ghadur and Abdul Kadir, 2009). Parents need to be more proactive as caregivers, open and approachable when it comes to discussions about sex, intimacy and conception with their children. Unfortunately, most Asian parents view sex as a taboo topic; hence, children very often source information from illicit and dubious sources (Nordin, Wahab and Yunus, 2012; Tsakani, Davhana-Maselesele and Obi, 2011). Effective communication between parents and their adolescents will establish trust and encourage children to express themselves (Pogoy and others, 2014). Protective parenting includes vigilant monitoring, high educational expectations from their children and preventing risky sexual behaviours (East, Reyes and Horn, 2007). A study by Ahmad (2009) stated that most young teenagers become concrete thinkers at around 14 years of age. Hence, it is crucial that parents encourage children to discuss their personal issues and verify facts by providing access to authentic information and positive reinforcement rather than stigmatisation.

Support from parents of adolescents living in nuclear families is vital for teenagers. Despite collaborative programmes with various non-governmental organisations on teenage pregnancy prevention, only marginal success has been achieved to date (Brindis and Philliber, 2003; Rosario and Schrimshaw, 2006). Extensive programmes with

broader perspectives, including strategies to establish family ties and enhance parenting skills, providing information about reproduction and contraceptive services are necessary (Nordin, Wahab and Yunus, 2012). Stigmatisation in the neighbourhood is also an issue to be addressed. In areas where opportunities for economic, educational, or social advancement abound, community members may discourage teenagers from getting pregnant (Anderson, 1990; Sucoff and Upchurch, 1998), but opportunities are rarer in socioeconomically disadvantaged neighbourhoods (Wilson, 2012).

A study also showed that peer acceptance is essential for teenagers, as adolescence is a transition period. They shift allegiance and loyalties as perceptions change. Discussions on personal sexual experiences are considered to be socially acceptable and fashionable (Tsakani, Davhana-Maselesele and Obi, 2011).

The lack of self-efficacy among female teenagers is a factor that needs to be addressed. Self-efficacy refers to an individual's pride with her identity; the overall judgment of herself and the way in which an individual perceives herself to accomplish behavioural choices (Graber and Brooks-Gunn, 1996). The psychological profiles of moral values showed that most female teenagers involved in premarital sex have moderate levels of moral values.

Drugs and alcohol are commonly sought after as a short-term solution. Teenagers are prone to have other psychological disorders such as anxiety, depression, trauma, and suicidal ideations because of constant environmental pressure and their impulsive nature (Domenico and Jones, 2007). Outreach programmes should be developed to impart sex education and the risks to health and familial relationships because of teenage pregnancy. The role of nurses as educators in health promotion strategies should be enhanced to discuss pregnancy-related health issues (Agbemenu and Schlenk, 2011). It is essential for the caretakers of young mothers to be empathetic and prepare the teenagers for key decisions they make about their bodies and futures. The outreach programmes should also include social support for the teenagers to become independent and self-sufficient adults (Rothenberg and Weissman, 2002).

## **CONCLUSION**

Adolescence is the transition period from childhood to adulthood with significant physiological and psychological changes taking place. During this phase, teenagers are most vulnerable to external influences and peer

pressure and simultaneously struggle to fulfil the quintessential parental expectations.

Dynamics surrounding the issues of unintended teenage pregnancies such as deviation from acceptable social norms, public stigmatisation, and indifference to cultural and religious values create situations of conflict for teenagers and society. Hence, early sexual education, active and positive parenting, and community support are imperative for preventing unintended teenage pregnancies and helping teens make healthy choices about sex, relationships, and reproductive health including information on sexually transmitted diseases or the Human Immunodeficiency Virus.

Future researches exploring the perspectives of teenage pregnancy among different socio-cultural communities and even among afflicted male counterparts on a global scale are recommended for better understanding of the issue.

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