

A STUDY ON PREGNANT ADOLESCENTS RESIDING IN A GOVERNMENT HOME: COMMON CHARACTERISTICS AND THEIR VIEWS ON THE PREGNANCY

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ABSTRACT

Background: Adolescent pregnancy has emerged to be a significant public health and social issue in Malaysia as its prevalence is increasing in our population.

Objectives: This study aimed to identify the common characteristics of pregnant adolescents residing in a government shelter home. Their reasons for pregnancy, sources of information on contraception, and views on abortion and future care of the baby were explored.

Methods: A cross-sectional study was performed on 26 universally sampled pregnant adolescents in the centre. The adolescents responded to a set of self-administered questionnaire on their socio-demographic profiles, reasons of their pregnancy, contraception and future plans including abortion as well as care of the newborn.

Results: Almost all (92%) of the adolescents were unmarried. Majority of them were in late adolescence, age between 16 to 19 years (73.1%), from urban areas (73.1%) and of low income families (53.8%). There were 69.3% of the adolescents who were school dropouts. The reasons for pregnancy were consensual sexual activity (63.0%), coercion by boyfriend (18.5%), and rape (11.5%). The main sources of information on contraception were friends (50%), partners (50%) and the internet or mass media (42.3%). 54% had considered abortion earlier, but majority (92.0%) disagreed that abortion should be legalised in Malaysia. Most of the adolescents planned to parent their child with or without help from significant others and only 42.3% planned to relinquish their child for adoption.

Conclusion: To curb teenage pregnancy-related problems, efforts on educating the adolescents about sexual reproductive health and assertive communication skills should be implemented, especially to the late adolescents, school dropouts and those from poor urban families. Parenthood support may be necessary to the pregnant adolescents who opted to care for their own child.

Keywords: Adolescent pregnancy, characteristics, rehabilitation, abortion, adoption.

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INTRODUCTION

World Health Organization (WHO) defines adolescent pregnancy as pregnancy that occurs in young females aged 10 to 19 years old.¹ Since 1991, the birth rate of Malaysian adolescents aged 15 to 19 years had declined from 28 to 13 births per 1000 adolescents in over a decade.² Subsequently, it remains stable at around this rate.³ However, this figure only represents registered live births of adolescent pregnancy which exclude abortions, still births and baby dumping. Thus, this figure may underestimate the real burden of adolescent

pregnancy. A statistic reported by the Star on 26 June 2010 based on the Royal Malaysian Police report showed a significant increase in the proportion of adolescent girls who sought help from the Welfare Department Malaysia for unwanted pregnancy.⁴ This report may suggest that there has been a change in the adolescents' help-seeking behaviour or an actual increase in the prevalence of adolescent pregnancy.

The risk for adolescent pregnancy is also reflected by the increasing trend of sexual activities among the Malaysian

adolescents.⁵⁻⁷ In 1994/1995, a national study by the National Population and Family Development Board reported nearly 1.0% of 1,379 teenagers aged 13 to 19 years old had engaged in sexual intercourse.⁵ The prevalence had increased to 5.4% as found by Lee *et al.* who studied 4,500 teenagers aged between 12 to 19 years in Negeri Sembilan, Malaysia in 2001.⁶ A much higher prevalence was shown by Anwar *et al.* who reported a prevalence of 12.6% among 1,139 students in Pulau Pinang, Malaysia, between the age of 15 to 20 years old in 2005.⁷ However, this prevalence is relatively lower than those of the developed countries, probably due to under-reporting as sexuality is still a taboo in this country.⁶

Other risk factors of adolescent pregnancy include poor personal efficacy, low educational or occupational expectations, and lack of engagement in extra-curricular or religious activities.⁸⁻¹² Adolescents from poor and less educated families are also at greater risk for pregnancy as they have limited resources, support, and opportunities.¹³⁻¹⁷ Consequently, this poses chance for low education attainment and occupational expectations among the adolescents, which are the known risks for teenage pregnancy.¹⁴ Adolescents who have single parents and the absence of second adults contribute to less parental supervision and support which predispose to adolescent pregnancy too.^{6,12,17} Furthermore, the absence of a father in a family may cause teenage girls to seek outside relationship to boost their self-esteem.¹⁸

Adolescent pregnancy poses considerable adverse impacts not only to the adolescents and their newborns, but the society as well. Its increasing prevalence in Malaysia warrants urgent remedial measure. However, there are limited published studies on this issue in Malaysia. Thus, this study aimed to examine the common socio-demographic characteristics as well as related issues of pregnant adolescents including reasons for pregnancy, sources of information on contraception, views on abortion and the future care of the baby. The findings of this study may assist healthcare providers in formulating effective strategies to curb this problem and to provide better support to pregnant adolescents.

METHODOLOGY

This was a cross-sectional study done on pregnant adolescents aged between 12 and 18 in a government shelter home in Kuala Lumpur. A total of 26 adolescents available during the study period on 3rd November 2010 and using universal sampling technique, all of them were invited and had agreed to participate in this study. This sample size met the precision requirements of α at 0.05 and confidence level of 90%. The proportion used was 2.0% based on the prevalence of Malaysian adolescents' delivery per year in 2006.¹⁹

A self-administered pre-tested questionnaire which contained close and open-ended questions was used in this study. The set of questionnaire was developed by local panel experts on adolescents' health, assessing the socio-demography of the respondents, reasons of their pregnancy, sources of information on contraception, their future plans, and views on abortion.

The conduct of this study received approval from the Research and Ethic Committee of the Universiti Kebangsaan Malaysia as well as the Social Welfare Department of Malaysia. All the pregnant adolescents in the shelter home were identified through the institution's manager. The written informed consent was taken from the adolescents, their protector (principal of the shelter home) and parent (for adolescents under 18 years of age).

Data on socio-demographic characteristics, educational status, reasons of their pregnancy, sources of information on contraception, and their future plans were entered into the SPSS version 19.0 and were described in frequency. Views on why abortion was an option and reasons why abortions should not be legalised were examined qualitatively through thematic analysis.

RESULTS

Socio-demographic characteristics

Approximately all of the adolescents were unmarried (92.0%, 23). Majority of the adolescents were in late adolescence (73.1%, 19), from urban areas (73.1%, 19) and school dropouts (69.3%, 18). A third (6/18) of the dropouts stopped schooling prior to their conception. More than half of them lived with both parents (57.7%, 15), and were from low income families (54.0%, 16) before entering the centre (Table 1).

Reasons for pregnancy

Most (63.0%, 16) of the adolescents were pregnant from consensual sexual activity. Five (18.5%) of the adolescents were coerced to have sexual intercourse by their known boyfriends and one (3.8%) was raped by unknown person.

Sources of information about contraception

Their main sources of information on contraception were from friends (50.0%, 13), boyfriends (50.0%, 13) and internet or mass media (42.0%, 10), which are considered fairly unreliable. Other sources include doctors or nurses (15.4%, 4), educational material (7.7%, 2), hospital counsellors or social workers (3.8%, 1), non-governmental organisations (3.8%, 1) and helplines (3.8%, 1).

Table 1: Socio-demographic profiles of respondents

Sociodemographic items		Frequency	Percentage (%)
Age	12 to 15 (early adolescence)	7	26.9
	16 to 18 (late adolescence)	19	73.1
Race	Malay	25	96.2
	Indian	1	3.8
Religion	Islam	25	96.2
	Hindu	1	3.8
Marital status	Not married	24	92.3
	Cohabitate with boyfriend	1	3.8
	Married	1	3.8
Carer	Parents	15	57.7
	Single parent	5	19.2
	Other family members	3	11.5
	Staying alone	2	7.7
	Others	1	3.8
Highest level of education	Primary	2	7.7
	Lower secondary (Form 1-3)	12	46.2
	Upper secondary (Form 4-6)	12	46.2
Status in pursuing education	Still schooling	7	26.9
	Finished school	1	3.8
	Stopped schooling due to pregnancy	12	46.2
	Stopped schooling due to other reasons	6	23.1
Total monthly family income	Less than RM1000	14	53.8
	RM1000 - RM3000	11	42.3
Place of living	Urban	19	73.1
	Rural	7	26.9

Future plans for care of baby

Majority of the adolescents planned to parent their child with or without help from significant others; 27.0% (7) would like to care of their babies with their family members' support, 15.0% (4) planned to raise their babies with their partners and 7.7% (2) of them would like to bring up their babies on their own. Less than half of the adolescents (42.3%, 11) planned to give away their newborns for adoption.

Views on abortion

Most of the adolescents (84.6%, 22) knew abortion is illegal in Malaysia. However, more than half of them (53.8%, 14) had considered abortion previously and the reasons for that can be grouped into four themes which include: (1) fear of punishment, (2) fear of stigmatisation, (3) perceived incapability to cope with childbearing or (4) lack of other options.

Despite their consideration for abortion, majority of them (92.0%, 23) disagreed that abortion should be made legal in Malaysia. The four main reasons for their disagreement on legalising abortion were: (1) the baby is innocent and deserves to live, (2) abortion is wrong, (3) abortion could further promote adolescent pregnancy and (4) abortion is risky.

DISCUSSION

In this study, most of the pregnant adolescents were in the late adolescence, in consistent with earlier local study which found the mean age of the pregnant adolescents was 18.2 years.¹² This finding is also in parallel with another local study which found the mean age of sexual debut in Malaysian adolescents was 15 years, thus, adolescents who indulged in sexual activities are at risk to get pregnant during late adolescence.⁶

Majority of the adolescents in the current study were unmarried. However, this is in contrast with earlier study by Omar *et al.*¹² This could be due to different sampling site since the earlier study recruited pregnant adolescents from two urban hospitals, whereas the adolescents in this study were from a shelter home. About one-fifth of adolescents in this study got pregnant as a result of coerced sexual activity by their boyfriends. This highlights the need of assertive skill training among female adolescents in preventing adolescent pregnancy.

Many respondents of our study came from poor urban families, a similar finding as in Omar *et al.*¹² Due to poverty, parents may work long hours, risking effective supervision of their adolescents from engaging in high-risk behaviour that includes sexual activity.¹⁶ This lack of parental supervision may also explain why majority of the adolescents in this study became pregnant although they were staying with both parents, a finding that is in contrast to earlier studies.^{6,12,16,17} However, for these parents to assume this responsibility may be difficult due to their long working hours to make ends meet for the family. Thus, help from community is required such as providing places for them to carry out after-school activities under community supervision or empowering the community members to reprimand the adolescents who are misbehaving.

Dropping out from school with poor academic achievement has been identified as a risk factor for adolescent pregnancy.²⁰⁻²² This is concurrent with the present study where majority of the pregnant adolescents were school dropouts, a third of them left school even before being pregnant. Previous studies have shown that weak academic performance, low academic aspiration and poor involvement in school activities caused the adolescents to leave school early.^{12,20-22} This school disengagement predisposes them to poor reproductive knowledge and hence risky sexual activity.^{12,20,22,23} Therefore, efforts should be made to improve these targeted adolescents' reproductive health knowledge.

In general, due to the traditional and religious teaching in Malaysia, premarital sex is prohibited and sexual abstinence is promoted in unmarried couples. However, majority of the adolescents in this study practiced premarital consensual sex. In addition, only a small number of them acquired information on contraception from reliable sources, such as health professionals or counsellors. Most of them were dependant on information obtained from their boyfriends, friends and internet of which the reliability is questionable. This finding is in contrast with adolescents in the United Kingdom who mostly obtained knowledge on reproductive health from reliable sources, such as schools and family.²⁴ This poor information-seeking behaviour could be related to fear of embarrassment to seek contraceptive information from health services.^{25,26} This once again stresses the need for more effective formal

educational strategies such as through internet, social media and peer counsellors be made available to the Malaysian adolescents.

Majority of the resident adolescents in this study disagreed with legalisation of abortion even though they initially considered aborting their pregnancy. Perhaps, the rehabilitation centre had provided them with security against their fear of punishment and stigmatisation, which were their main reasons for considering abortion, thus, resulting in their change of view. The centre could have also provided them with adequate support to cope with their pregnancy. Another possible reason is the counselling on spirituality and 'pro-life' belief instilled in these adolescents by the rehabilitation centre. Therefore, increase availability of similar rehabilitation centres should be considered.

As our study revealed a significant number of adolescents had stopped schooling due to pregnancy, it is recommended that rehabilitation centres should provide formal education to these adolescents in order to ensure uninterrupted education. This could prevent them from disadvantages of school discontinuation such as the effects on educational advancement, future employment and socio-economic status.

In this study, most of the adolescents planned to parent their child with or without help from parents, family members or partners. Reasons for adolescents' unwillingness to relinquish their child for adoption include: (a) societal approval of adolescent parenthood, (b) low level of knowledge about adoption, (c) belief that relinquishment could cause adolescents to suffer psychologically, and (d) lack of professional support.²⁷ However, our study did not explore the adolescents' reasons for parenting their own child or placing the child for adoption, thus, further study is required. Perhaps future research could also identify supports needed by adolescents who opt for parenting as this was the preferred choice by most of them.

As this study was conducted in a single shelter home from a city, the characteristics may only be generalised to the adolescents who managed to receive assistance during their pregnancy especially from urban shelter or rehabilitation centres. However, these results may not be applicable to the general pregnant adolescents in the community who do not get such assistance.

CONCLUSION

In order to curb the growing epidemic of premarital sex and adolescent pregnancy, concerted efforts should be carried out targeting the late adolescents mainly school dropouts of poor urban families. Due to their parents' commitment to secure

financial needs, they may be in difficult position to assume responsibility to effectively supervising their children. Therefore, help from community is required. Apart from this, education on sexual reproductive health and training on assertive communication skills should be offered to these adolescents. As parenting is the most common desired option among the pregnant adolescents, appropriate parenthood support should be given to them.

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