



Preliminary Study of Unmarried Pregnant Female Adolescents: Are they able to build resilience?

S. B. M. SHAHBANI*, S. FUZIAH

*School of Applied Psychology, Social Work & Policy (SAPSP), College of Arts and Sciences, Universiti Utara Malaysia,
06010 UUM Sintok, Kedah Darul Aman, MALAYSIA*

Email : mohamad.shahbani@email.com | Tel : +60175711958

Received: February 12, 2020

Accepted: March 03, 2020

Online Published: March 15, 2020

Abstract

Unmarried pregnancy causes a range of psychosocial problems that lead to difficult and distress situations. When confronted with stressful situations, female adolescents are expected to rise up for a better life with the ability called resilience. This preliminary study aims to explore the resilience process among unmarried pregnant female adolescents and how the environmental context affects them. Therefore, the qualitative method of phenomenology is used to understand and explore the meaning of events of the respondent. The study sample consisted of two respondents involving unmarried pregnant female adolescents (primiparous-pregnant for the first time) between the ages of 15 and 18. This paper is based on the results of semi-structured interviews methods. Interviews were recorded and interpreted immediately after the field study. The results show that both respondents showed a negative influence during the resilience process with no support from the community. However, the respondent managed their resilience process with positive influence thru strong social support from parents and immediate family members such as siblings, aunt and grandmother. Thus, the burden of their psychosocial problems can be reduced and may improve their resilience.

Keywords: female adolescent; unmarried pregnancy; psychosocial; resilience

1. Introduction

Unmarried pregnancy is a phenomenon that is often found and common among female adolescents (Fauziah, Fatimah, Salina & Nasrudin, 2014). The literature shows that adolescent pregnancy is rapidly growing and has become a serious epidemic in the world community (World Health Organization [WHO], 2018; WHO, 2014). Almost one-tenth of all births worldwide are female adolescents below 19 years and 95% of this female adolescent is from low to middle-income developing countries (Loi, Klingberg-Allvin, Gemzell-Danielsson, Faxelid, Oguttu, & Makenzius, 2020; WHO 2014).

In Malaysia, the rate of adolescent pregnancy has been recorded since the 1960s and the adolescent pregnancy rate was only 10% of the total birth in 1964, but the rate has dramatically increased in these recent years (Mohd Azri, Adibah Hanim, & Haliza 2015). Data recorded from the WHO from 2005 to 2011 has shown that Malaysia is ranked fourth in 10 countries related to adolescent pregnancies between the ages of 15 and 19 (Adibah & Siti Zubaidah, 2017). According to the statistic from the Ministry of Health Malaysia [MOH], there are about 14,000 to 18,000 pregnant adolescent cases in Malaysia reported annually since the beginning of 2010 (Kumar, 2015). In addition, MOH (2016) revealed 3,980 or 28.8 % of 13,831 female adolescents between 10 and 19 years of age were unmarried pregnant adolescents. It has been recorded five states with the highest number of adolescent pregnancy cases in Sabah with 3,084 cases, followed by Sarawak (2,910), Selangor (1,461), Johor (1,319) and Pahang, with 940 cases. On average, there are 1,500 cases of adolescent pregnancy occurred monthly or 50 a day nationwide (Adibah & Siti Zubaidah, 2017; Lum, 2018; Kumar, 2015).

The phenomenon of unmarried pregnancy among female adolescent is a very noticeable event (Loi et al., 2020; Fauziah et al., 2014). In adolescence stage, adolescents should be able to engage in a range of positive activities such as developing skill and achievement in academic or non-academic, expanding social networks, preparing for careers and seeking useful experiences to prepare for their future. As stated in the report by the United Nations Children's Fund (UNICEF) (2011), adolescence is a pivotal moment in their psychosocial development for educational attainment in the preparation of desired work. Unfortunately, for unmarried pregnant female adolescents, they have to delayed their career opportunities and social networks and they will face a variety of difficult conditions because the consequences of unmarried pregnancy are complex in their capacity as adolescents. For example, female adolescents might become single mothers at a young age, a role that should not be considered by adolescents because most of them are still under family care (Havingrurst, 1953). The social risks created by negative attitudes of the community due to unmarried pregnancy include rejection, stigma, social discrimination, loss of rights and so on (Amakor, 2018; Mohd Azri et al., 2015). The other effect is that



socio-economics include career opportunities, education and poverty (Paranjothy, Broughton, Adappa, & Fone, 2009; Wiemann, Rickert, Berenson, & Volk, 2005). In addition, according to the study by Norshidah, Rohaya and Farhana (2018) and Aziato et al (2016), many adolescents who are involved with the unmarried pregnancies are depressed.

Subsequently, unmarried pregnant female adolescents are in in adverse conditions and must continue to fight through these difficult situations to continue her life better as individuals or as mothers. Thus, it takes an ability to survive and rise from a variety of difficult situations, which is called resilience. Resilience is the ability to reflect or recover from stressful and risky situations (Ungar, 2007). Furthermore, Reivich and Shatte (2002) argue that resilience is health and the ability to recover from depression. This is in line with Connor and Davidson (2003) stated that resilience is the quality of a person's ability to thrive in the face of adversity. According to Grotberg (1995), the quality of resilience in individuals depends on their age, developmental level, individual intensity in dealing with various difficult situations and the social support they receive. Individuals with good social support will help a person to easily bounce back from adversity. Social support can come from environmental context such as family, friends, community and others. Furthermore, environmental context plays an important role in the formation of individual resilience, (Connor & Davidson, 2003).

Environmental context in resilience has two important roles; which is bounce back from the adverse effects triggered by a stimulus (a stressor) or worsen the situation (Kumpfer, 1999). Unmarried pregnant female adolescents in a positive environment context can easily recover from their initial state or even be better than before. However, female adolescents in a less supportive environment context are more likely to develop or be in a worse condition than they were. In conclusion, every adolescent has varying degrees of resilience. Despite those who have grown worse because of unmarried pregnancy, some survived and built the resilience successfully from the phenomenon of unmarried pregnancy, but the number of the latter is much lesser.

2. Methodology

In line with the purpose of this study, the researchers used qualitative research method which is a phenomenological study. In this study, the researchers wanted to explore the process of resilience among female adolescents who are involved with unmarried pregnancy. Resilience is subjective because each person has different issues. Resilience is also dynamic because it can change depending on the individual circumstances. In addition, Rosman and Rallis (1998) emphasize that anyone conducting a phenomenological study should focus deeply on the meaning in aspects of the experience, interpret through dialogue and reflect on the meaning of the experience. Hence, since the phenomena studied involve participant's personal experience and in-depth processes, the phenomenological approach is the right choice to exemplify something that a person has experienced, back to the ways that things are actually given in experience (Husserl, 1970; Moustakas, 1994).

The respondents in this study were selected using snowball sampling. Snowball sampling refers to the sampling procedure whereas the respondents of the study were asked to suggest other subjects or respondent with characteristics that are suitable for the study (Naderifar, Goli, & Ghaljaie, 2017; Ahmadzadehasl & Ariasepehr, 2010). The researchers find it difficult to obtain a list of subjects in a population with similar characteristics as they are sensitive subject; unmarried pregnant female adolescents. Therefore, in this procedure, the researchers have identified a respondent who has the characteristics to be studied. After the respondent were interviewed, the researcher asked the respondent to name other subjects in the population with similar characteristics. However, the researcher sets the respondents' criteria for this study as follows:

1. The willingness to be the respondent of study by signing the consent letter.
2. The respondent is a female adolescent who is pregnant for the first time (primiparous).
3. The respondent is pregnant because of voluntary sex.
4. Age of respondent when pregnant between the ages of 14 to 18 years.

Data collection is done using interview and observation methods. Meanwhile, the researchers using data analysis techniques proposed by Miles and Huberman (1994) namely; data reduction, data display and verification or conclusion drawing (see Figure 1). When conducting a study relating to the human subject, some issues may have to be considered (Azlin Hilma & Zarina, 2016; WHO, 2019). The issues such as non-coercion, confidentiality, anonymity and privacy were given paramount importance. For that reason, the researchers were handling each of these considerations in a respectful manner that assured the safety and security of the participants.

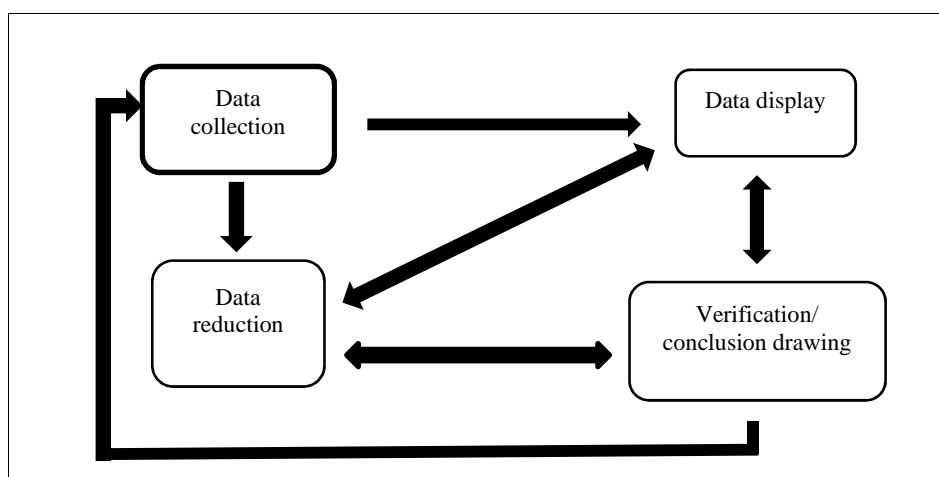


Figure 1: The interactive model of data analysis adopted from (Miles and Huberman 1994).

3. Findings and discussion

Two of female adolescents took part in this study were primiparous due to voluntary sex with their boyfriend. The pseudonym used to ensure anonymity and respecting the wishes of the participants. Their aged is 17 and 16 years at the time conducted the interview. Both of them were still studying in secondary school but currently defer the study while waiting for childbirth. Table 1 shows the demographic information of the respondents.

Table 1: Demographic information of the respondents during pregnancy*

Aspect	Pseudonym	
	<i>Mawar</i>	<i>Melur</i>
Age	17	16
Race	Malay	Malay
Religion	Islam	Islam
Family status	Parents (married)	Parents (married)
Siblings	4th from 5	1st from 3
Educational level	Form 5	Form 4
Marital status	Single	Single
Employment	No	No
Months of pregnancy	9th	8th
Pregnant experience	First time	First time
Type of pregnancy	Voluntary	Voluntary

Note. *Each of the interviews strictly follows the Interview Protocol

This information was collected during pregnancy (in the third trimester of pregnancy).

The participants agreed that the support from parents helps the emotional state of health and not letting them face the disadvantages alone by accepting them.

P: You know what? Its took me about four months to tell my mom that I am pregnant because I was afraid and shame and... Mom's reaction??...she just nagged me after knew it (pregnant) but she didn't hit me, she just said "it's ok, the thing happens, cannot do anything, we can't reverse to solve the problem".

R: Your father?

P: Oh, he was so angry at first, I knows he so frustrated with what I did...urmm...but they let me to give birth because they don't want me to abort the baby or it will be a murdered case. I am shocked and can't believe my parents accepted me. It's make me want to change.

(Mawar)



.... because my neighbours know about this (unmarried pregnancy) and looked down towards me. I felt useless, dirty and stupid. But, mom and dad support me a lot even the neighbours keep saying bad thing like slut, bastard and many thing..... urrrmm if they (parents) are not around, I really don't know how, I don't know... I might be fell down...

(Melur)

Subsequently, both respondent said that they received the loving support of other family members, such as siblings, aunt and grandmother. They both mentioned the immediate family members provided support and how they being close to them during a critical part of their lives. A respondent described how her siblings especially her sisters responded to pregnancy:

R: Did your sibling know this?

P: My sibling...they found out, but they said no words even seems no feeling or angry at me.

R: Then?

P: Urrmm....some of them questioned why I did that, but they give me some advice; "after this need to change myself, don't be like that anymore". So, I feel better because I really thought they might ignore me. I promised myself listen to what they had advice.

(Mawar)

Another participant shared that her grandmother supports her and her aunt brought her to the health centre for an antenatal check-up:

My self, if I am made mistakes, I will go to my grandmother's house which my aunt was staying. I definitely will share everything with my grandmother. She knows about this and keeps calming me because I am so depressed. When I was there, my aunt saw that I was different, and then she conveyed me to share what the problems. At first, I am not admitted anything, but she still conveyed me...said don't scared, don't worry bla...bla...So, I told her what exactly happen and she nags but she still helps me and accompanied me to the clinic for checking by condition sometimes when my dad went for work. Hmmm...for sure, I will abort the baby if they don't care about me.

(Melur)

Past studies have explained that unmarried pregnancy among adolescent is always associated with particular problems such as stigmatization and discrimination by society (Amakor, 2018; Rosenthal et al., 2014). This situation is also happened to both of respondents in this study. They noted that they received bad perceptions from the neighbourhood as they were pregnant outside of marriage. Therefore, the closest environmental context in which parents are the most important source of social support (Rohany Nasir et al., 2016; Khadijah et al., 2012; Zakiyah, Abdul Razak, & Rusimah, 2015). According to a study conducted by Solivan, Wallace, Kaplan, & Harville (2015) found that unmarried pregnant female adolescents who were facing psychosocial difficulties are capable of moving on because of the on-going strong parent support which may have contributed to their resilience. Meanwhile, Matjene and Mokgatle (2017) in their study of young mothers found that supportive relationships between female adolescents and parents were positive and related to measures of well-being, including dominance and life satisfaction. Thus, it is not surprising that all respondents in this study admitted that on-going support from their parents is major contribution in the process of their resilience even though they still stigmatize by the neighbourhood.

In this study, the female adolescents also mentioned about support from immediate family member. Both respondents stated that their immediate family members such as their siblings, aunts and grandparents advised, and accompanied them in relation to prenatal care. Previous studies suggest that lack of family support may lead to worse pregnancy and birth outcomes and affect their psychosocial well-being (Dole et al., 2003; Amakor, 2018). However, the study by East, Khoo, & Reyes (2006) found that adolescent mother who received family support would have the positive pregnancy outcome. Thus, the female adolescent no need to worry about the cost of childbirth, abortion or dumping the baby as they received the support and helping the female adolescent to build their resilience.



4. Conclusions

As conclusion, both respondents have the ability to develop resilience so that, both respondents are able to adapt positively to the events of the unmarried pregnancy. Both respondents experienced a process of grief, suppression and then sought to accept the truth and continue their pregnancy. Strong and on-going support from families especially parents and immediate families helped both respondents through stressful situations. This proves that even though female adolescents have been involved in social issues which is unmarried pregnancy, it is not possible for them to realize their mistakes and change for the better and become resilient. However, cooperation and support from the surrounding is needed starting from the closest environment context to the adolescent.

Acknowledgments

The authors thank all the participants and their parents for their excellent cooperation.

References

- Adibah Bahori & Siti Zubaidah Ismail. (2017). Kehamilan Luar Nikah dari Perspektif Undang-undang Jenayah Syariah di Malaysia dan Pengawalannya melalui Program Pencegahan. *Jurnal Undang-undang dan Masyarakat*, 21(2), 1-15.
- Ahmadzadehasl, M., & Ariasepehr, S. (2010). *Sampling and samplesize calculation: Basic Principles of Research in Medical Sciences*. Tehran: Nour Danesh Pub.
- Amakor, G.O. (2018). *Unmarried young mothers in south-eastern Nigeria: Attitudes and experiences* (Doctoral Dissertation). Aston University, Birmingham, England. Retrieved from <https://publications.aston.ac.uk>
- Aziato, L., Hindin, M.J., Maya, E.T., Manu, A., Amuasi, S.A., Lawerh, R.M., & Ankomah, A. (2016). Adolescents' responses to an unintended pregnancy in Ghana: a qualitative study. *Journal of Pediatric and Adolescent Gynecology*, 29(6), 653-658. doi: 10.1016/j.jpjag.2016.06.005
- Azlin Hima Hillaluddin & Zarina Mat Saad (2016). Working with unmarried and pregnant young research participants: Ethical considerations for reseachers [Edisi khas]. *Jurnal Pembangunan Sosial*, 19(1), 1-11.
- Connor, K.M., & Davidson, J.R. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and anxiety*, 18(2), 76-82.
- Dole, N., Savitz, D. A., Hertz-Picciotto, I., Siega-Riz, A. M., McMahon, M. J., & Buekens, P. (2003). Maternal stress and preterm birth. *American Journal of Epidemiology*, 157, 14-24.
- East, P. L., Khoo, S. T., & Reyes, B. T. (2006). Risk and protective factors predictive of adolescent pregnancy: A longitudinal, prospective study. *Applied Developmental Science*, 10, 188-199. Received from http://dx.doi.org/10.1207/s1532480xads1004_3
- Fauziah Mohd Sa'ad, Fatimah Yusoooff, Salina Nen & Nasrudin Subhi. (2014). The effectiveness of person-centered therapy and cognitive psychology ad-din group counseling on self-concept, depression and resilience of pregnant out of wedlock teenagers. *Procedia - Social and Behavioral Sciences*, 114, 927 - 932. doi: 10.1016/j.sbspro.2013.12.809
- Grotberg, E. (1995). *A guide to promoting resilience in children: Strengthening the human spirit. Early childhood development: Practice and reflections* (Vol. 8). The Hague-NO: Bernard Van Leer Foundation.
- Havighurst, R.J. (1953). *Human development and education*. New York, NY: Longmans, Green and Co.
- Husserl, E. (1970). *The idea of phenomenology*. The Hague, The Netherlands: Nijhoff.
- Khadijah Alavi, Salina Nen, Fauziah Ibrahim, Noremy Md. Akhir, Mohd Suhaimi Mohamad & Noorhasliza Mohd Nordin. (2012). Hamil luar nikah dalam kalangan remaja. *Jurnal Sains Sosial dan Kemanusiaan*, 7(1), 131-140.
- Kumar, K. (2015, May 07). Teen pregnancies, child marriage behind high maternal deaths in Malaysia, say activists. *The Malay Mail Online*. Retrieved from <http://www.themalaymailonline.com>
- Kumpfer, K. L. (1999). Factors and processes contributing to resilience: The resilience framework. In M. D. Glantz & J. L. Johnson (Eds.), *Longitudinal research in the social and behavioral sciences. Resilience and development: Positive life adaptations* (p. 179-224). New York, NY: Kluwer Academic Publishers.
- Loi, U, R., Klingberg-Allvin, M., Gemzell-Danielsson, K., Faxelid, E., Oguttu, M., & Makenzius, M. (2020). Contraceptive uptake among post-abortion care-seeking women with unplanned or planned pregnancy in western Kenya. *Sexual and Reproductive Healthcare*, 23, 1-7.
- Lum, M. (2018, November 14). We need to deal with teenage pregnancy. *The Star Online*. Retrieved from <https://www.star2.com>
- Matjene, B.P., & Mokgatle, M.M. (2017) Unplanned pregnancy and motherhood among adolescents- reports by adolescent mothers in a peri-urban area of Tshwane District, Gauteng province, South Africa. *Botswana Journal of African Studies*, 31(2), 60-74.



- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Mohd Azri Mohd Suan, Adibah Hanim Ismail & Haliza Ghazali. (2015). A review of teenage pregnancy research in Malaysia. *The Medical Journal of Malaysia*, 70(4), 214-219.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage publications.
- Naderifar, M., Goli, H., & Ghaljaie, F. (2017). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education*, 14(3).
- Norshidah Nordin, Rohaya Abd Wahab & Farhana Wan Yunus. (2018). Examining the state of Psychological Well-Being of young Unwed Mothers: Implications for extension education. *Journal of ASIAN Behavioural Studies*, 3(7), 41-47.
- Paranjothy, S., Broughton, H., Adappa, R., & Fone, D. (2009). Teenage pregnancy: who suffers?. *Archives of disease in childhood*, 94(3), 239-245.
- Reivich, K., & Shatté, A. (2002). *The resilience factor: 7 essential skills for overcoming life's inevitable obstacles*. New York, NY: Broadway Books.
- Rohany Nasir, Zainah Ahmad Zamani, Rozainee Khairudin, Wan Shahrazad Wan Sulaiman, Mohd. Norahim Moh. Sani & Aizan Sofia Amin. (2016). Hubungan antara kesunyian dan sokongan sosial terhadap kemurungan dalam kalangan wanita hamil tanpa nikah. *Jurnal Psikologi Malaysia*, 30(1), 152-159.
- Rosenthal, L., Earnshaw, V.A., Lewis, J.B., Lewis, T.T., Reid, A.E., Stasko, E.C., Tobin, J. N. & Ickovics, J. R. (2014). Discrimination and sexual risk among young urban pregnant women of colour. *Health Psychology*, 33(1), 3-10. doi: 10.1037/a0032502
- Rossmann, G. B., & Rallis S. F. (1998). *Learning in the field: An introduction to qualitative research*. Thousand Oaks, CA: Sage Publications.
- Solivan, A.E., Wallace, M.E., Kaplan, K.C., & Harville, E.W. (2015). Use of a resiliency framework to examine pregnancy and birth outcomes among adolescents: A qualitative study. *Families, Systems and Health*, 33(4), 349-355. doi: 10.1037/fsh0000141
- Ungar, M. (2007). *Playing at being bad: The hidden resilience of troubled teens*. Toronto, ON: McClelland & Stewart.
- United Nations Children's Fund. (2011). *The State of the World's Children*. Retrieved from https://www.unicef.org/sowc2011/pdfs/SOWC-2011-Main-Report_EN_02092011.pdf
- Wiemann, C. M., Rickert, V. I., Berenson, A. B., & Volk, R. J. (2005). Are pregnant adolescents stigmatized by pregnancy?. *Journal of Adolescent Health*, 36(4), 352-e1.
- World Health Organization. (2014). *Fact sheet on adolescent pregnancy*. Retrieved from <http://www.who.int>
- World Health Organization. (2018a). *Fact sheet on adolescent pregnancy*. Retrieved from <http://www.who.int>
- World Health Organization. (2019). *Ethical considerations for health policy and systems research*. Retrieved from <https://apps.who.int>
- Zakiah Jamaluddin, Abdul Razak Abd Manaf & Rusimah Sayuti. (2015, August 27-28). Sokongan sosial dalam kalangan remaja hamil tanpa nikah. Paper presented at USM International Conference on Social Sciences (USM-ICOSS), Universiti Sains Malaysia, Penang.