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An Analysis on the Socio-Economic Opportunities of Adolescent Motherhood in Brunei Darussalam

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Abstract
Adolescent pregnancy continues to pose significant socio-economic and public health challenges, particularly within low-income households due to its adverse implications on educational attainment, employment prospects, and financial stability. This study examines the influence of religious upbringing and socio-economic backgrounds on adolescent pregnancy in Brunei Darussalam. It further evaluates existing government initiatives and support systems provided to adolescent mothers within the national context. By employing a qualitative research design, data were gathered through in-depth interviews with adolescent mothers as well as relevant government officials and social workers. The study aims to identify gaps in current support mechanisms and to propose policy recommendations aimed at enhancing socio-economic opportunities for adolescent mothers. Henceforth, the analysis underscores the need to strengthen access to education, employment, and financial resources, within the Islamic and socio-cultural parameters of Brunei Darussalam.
Keywords: Adolescent pregnancy, socio-economic, employment, low income household

Introduction

The phenomenon of adolescent pregnancy persists across neighboring Muslim-majority nations such as Malaysia, Indonesia and Brunei Darussalam which suggested a regional challenge.[1] In the Brunei context, local reports indicated an increase number of 232 adolescent pregnancy cases in 2021 as compared to 2017 with 200 cases.[2] Although this is the most recent report available from Brunei Darussalam, it highlights the concern surrounding adolescent pregnancy in the country. Therefore, this study aims to identify the contributing factors through societal expectations, financial pressures and educational constraints. As agreed by Saime et al. (2025), adolescent pregnancy remains a concerning issue as it involves a lot of consequences and medical complications. Moreover, maternal healthcare professionals in Brunei have reported socioeconomic hardship as a primary problem of this trend.[3] The Department of Community Development in Brunei, under the Family, Women and Children unit serves as the main government support agency for safeguarding minors with cases of individuals under 18 years of age. In addition, adolescents who require specialized social and medical protection due to early pregnancy.[4] Whereas, *Kompleks Rumah Kebajikan* (KRK) which serves as a temporary shelter and protection for women and children involved in social issues.[5] It is a rehabilitation and guidance place for children under the age of 18 who involved in social and juvenile cases. According to Mohiddin et al. (2022), about 280 Muslim teenagers below the age of 20 years old have undergone adolescent pregnancy and the youngest being 16 years old in Brunei.[6] Moreover, the global occurrence of adolescent pregnancy is deeply rooted in structural inequalities, with a lack of personal autonomy and access to education significantly increases the risk for youth in low-income settings.[7] However, despite existing government support, Brunei still lacks specific policies or programs targeting the socio-economic needs of adolescent mothers. This directly means young mothers continue to have limited access on educational continuation, employment opportunities and financial support.

Literature Review

Financial Instability for Adolescent Pregnancy

From a global perspective, adolescent motherhood has several challenges that can affect their economic, social, emotional and physical well-being of young mothers.[8] Adolescent mothers often experience financial instability, social

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stigmatization and decline of education which hinders their opportunities of getting a better quality of life. Consequently, these adolescents have to live in poverty due to caregiving responsibilities and constrained work opportunities.[9] Adolescent mothers have to economically depend on their family socioeconomic status for survival,[10] primarily as a result of school dropout caused by motherhood commitments.[11] As agreed by Chamdimba et al. (2023), adolescent motherhood often experienced severe socio-economic vulnerability especially from low-income households just to meet their essential needs. Furthermore, teenage mothers had to be involved in domestic work which requires basic skills in order to provide for their child. Hence, it is important to integrate educational inclusion for adolescent mothers. Moreover, this could raise awareness for adolescent mothers on the value of education especially on reproductive health and contraceptive practices.

Social Stigmatization

Consequently, social stigmatization is often interrelated with adolescent pregnancy. Social stigma is shaped by socially constructed negative label which leads to unfair and unequal treatments to the individuals.[12] This unhealthy environment forces young parents to drop out, leading to diminished educational attainment and long-term economic instability.[13] As a result, their informational vulnerability is heightened, as they lack the necessary platforms to access evidence-based reproductive health guidance. As agreed by Maheshwari et al. (2022), poverty have become one of the major causes which led to the increase in adolescent pregnancy.[14] Although school re-entry programs have been established as an intervention to address the dropouts, the policies have yet to overcome the childcare and economic burden of adolescent mothers.[15] The social circles for adolescents also plays a fundamental role, as most prefer to socialize with those who understands them.[16] Hence, parental guidance and supervision is equally important to help the adolescents' growth. Absence of parents has an effect on the adolescents' growth and development with the society,[17] as they can be easily influenced by their social circles who viewed early pregnancy as normal practice.[18] Accordingly, parental supports and a healthy family environment are fundamental to guide the adolescents on reproductive practices. As a result, parental neglect will cause mental health problems such as postpartum depression for the young mother.[19]

Global Trends on Adolescent Pregnancy

According to the World Health Organization (WHO), approximately 95% of adolescent births happen in developing nations, with countries like Ghana and Nigeria experiencing the highest rates.[20] As recommended by Arthur et al. (2024), there is an urgent need for proactive measure to mitigate adolescent pregnancy, especially through policies that implement community involvement, social support programs and most critically comprehensive reproductive health education to prevent the potential risk.[21] Similarly, Boutayeb (2023) also acknowledged that the main cause of adolescent pregnancy was due to the lack of communication regarding sexual and health issues.[22] While society often treats sexual education as a taboo subject due to cultural and social prohibitions such instruction is actually a vital safeguard. By overcoming this sensitivity, educators can equip adolescents with the knowledge necessary to recognize and avoid exploitation, ultimately protecting their long-term physical and mental well-being.[23] Correspondingly, early pregnancy has a high risk of health difficulties for both the mother and child which linked to the adolescent mother's restricted knowledge on adequate care, resulting from her own lack of support.[24] Globally, the perception of adolescent pregnancy differs sharply between regions: in developed countries, it is often viewed as a social problem involving unmarried mothers. In contrast,

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Haleis et al. (2022) noted that in developing nations, these pregnancies typically occur within early marriage and receive strong family and community support.[25]

Adolescent Pregnancy in Muslim majority countries in Southeast Asia

The moral development especially on Islamic teachings and values is equally significant, which can assist adolescents in regulating their behavior.[26] Islamic education does not limit towards religious knowledge only, it also serves as a fundamental tool to nurture individuals into possessing a good *iman*, *akhlaq* and social responsibility.[27] Children is a trust (*amanah*) given by Allah, parents have the responsibility to ensure adolescents have the proper education in accordance with the Shariah principles.[28] In the context of Brunei, the philosophy of Malay Islamic Monarchy (MIB) integrates Islamic teachings into all aspect of life. It serves as a main foundation surrounding the social, economic and political life of the country. Brunei has adopted an academic and Islamic education since November 2023, whereby religious subjects have been absorbed into the General Education System in order to ensure Islamic moral values such as modesty (haya), responsibility, and the sanctity of relationships, are taught alongside secular subjects to provide a "holistic" education.[29] Similarly, the government has launched a new scheme of *Skim Tabungan Anak Damit* which is effective starting from 1 March 2026. It is a saving scheme providing a one-time BND240 for a newborn child, this is to purchase necessities such as diapers and milk.[30] While this scheme offers financial help towards low-income mothers including adolescents, it is a general welfare program which applies towards the whole Brunei population. Consequently, there is no specific support programs or policies designed for adolescent mothers facing socio-economic challenges. As reported by Goffar and Miftahussurur (2025) whom underscore the importance of preventing early marriage due to its severe health consequences for adolescents than pregnancy in adulthood, as younger bodies are biologically more vulnerable to complications like eclampsia, systemic infections, and maternal mortality.[31] However, the Indonesian Health Ministry has provided contraceptives as part of health initiatives for school children and teens reproductive health. Under the Indonesian Government Regulation No.28, this contraceptive is aimed for married adolescents which chooses to postpone pregnancy until they are physically and mentally prepared to give birth.[32]

Although, there is no specific policy to resolve the prevention of adolescent pregnancy in Malaysia, there has been several efforts taken into measures in order to improve reproductive health education.[33] Despite that, the government plays important role in assisting these adolescent mothers with the efforts to improve their education. Additionally, the Malaysian government has launched initiatives providing basic guidance in religious teachings and moral values in order to facilitate the development of adolescent mothers.[34] This approach aims to ensure they receive a well-rounded education that balances academic support with the ethical and spiritual grounding necessary for their personal growth. Furthermore, the Reproductive and Social Health Education Policy and Action Plan (Pekerti), aims to raise awareness on reproductive health and promoting a responsible and resilient behavior among adolescents. Under the Pekerti framework, through formal school programmes and non-formal the reproductive health skills is more strengthened. These are the current initiatives of the Malaysian government in giving counselling and community-based support.[35] As highlighted by Fakhryamin et al. (2024), these young mothers require robust support systems and consistent guidance to navigate the complex social and personal challenges that lie ahead.[36] The most prevalent mental health conditions among these adolescents include Postpartum Depression (PPD), affecting an estimated 14% to 53% of adolescent mothers.[37]

The Importance of Islamic Moral Values in Shaping Adolescents

Nonetheless, addressing adolescent pregnancy requires more than preventive measures, there is a need to examine the socio-economic opportunities available to adolescent mothers. In the context of educational opportunities, as exampled by the Zambian government through the Ministry of General Education which has allowed pregnant adolescents to take

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[37] Ibid.

maternity leave and resume their education after giving birth.[38] In addition, South Africa's policy development reflects a commitment to strengthen the support for adolescent mothers and safeguarding their educational rights.[39] A study by Sloan (2022) found that adolescent mothers face barriers to employment opportunities, including lack of childcare and financial hardship. However, the study has also shown that with adequate support such as flexible work arrangements, financial aid, and accessible childcare can help adolescent mothers enter the workforce. Moreover, the policy interventions should focus on enabling adolescent mothers to integrate both education and employment into parenthood.[40] There should also be improved opportunities for labor force participation among adolescent mothers even low-level entry jobs that require basic skills. In terms of policies, to expand the job opportunities for adolescent mothers which can create a greater investment. Along with complementary interventions which further strengthens the policies, such as promoting social acceptance of the women's employment. Additionally, providing financial support to families for the adolescent girls' education and health.[41] Financial constraints is a major barrier to adolescent mothers' education, with almost all participants in the study indicates that financial support for school fees is critical for a school re-entry.[42] Hence, this research suggested financial opportunities such as scholarship programs to empower the adolescent mothers.

3. Research Questions

The research questions formulated are as follow:

Table 1: Research Objectives and Research Questions

Research Objectives	Research Questions
1. To investigate adolescent pregnant women's religious upbringing and socio-economic backgrounds.	1. What were the religious upbringing and socio-economic factors influencing adolescent pregnancy?)
2. To analyze the support program given to adolescent pregnant women.	2. What support programs are provided to adolescent mothers?
3. To suggest policy recommendations to present more socio-economic opportunities to adolescent pregnant women.	3. How can the state offer more socio-economic opportunities for adolescent pregnant women?

4. Significance of Study

The aim of this study is to benefit government entities in Brunei Darussalam, especially in handling adolescent pregnancy cases and aligning it with the Islamic legal principles of Melayu Islam Beraja (MIB). Whereby, presenting the socio-economic opportunities that can improve the support programs provided by the government agencies for adolescent mothers. It further highlights socio-economic challenges faced by adolescent mothers from the social workers perspectives. Furthermore, assessing the effectiveness of government initiatives in helping the adolescents mitigate the vulnerabilities of limited opportunities in terms of education, employment and financial support. Hence, the findings will assess how Islamic ethical values at school or home give an impact on adolescent mothers in terms of socio-economic and well-being. Additionally, Islamic moral education can foster positive changes which helps adolescent mothers develop responsibility and resilience within *Kompleks Rumah Kebajikan* (KRK) learning programs. Consequently, with the rise of social issues among adolescents to the extent that it poses a threat to the well-being of society in Brunei Darussalam. This research will examine the government's initiatives to further raise awareness among the adolescents during early stage of childhood through religious upbringing, which can provide evidence for a more effective prevention strategy. It will not just focus on preventing the consequences of adolescent pregnancy but also the socio-economic vulnerabilities. Along with the protection and rights of adolescent girls, as aligned with the Sustainable Development Goal 5 of achieving gender equality and empowering women and girls.[43] Therefore, the findings will contribute to Brunei's efforts to build a resilient and cohesive society that protects the vulnerable community.

5. Research Methodology

For this study, an open-ended and semi-structured interview will be conducted including data triangulation method to further enhance the findings and results. A semi-structured interview is decided adaptively based on how the interview unfolds, however, it will ensure that all questions are relevant and covers the study itself.[44] While the triangulation method is to analyze data on adolescent pregnancy among the low-income households in Brunei Darussalam. Further, the primary

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data will be collected from semi-structured interview with different groups to obtain information and data at different times and location.[45]

As shown in **Figure 1** below is the method of data triangulation to ensure the data from semi-structured interviews and document analysis aligned.



Figure 1: Data Triangulation Method

As a whole, this approach utilizes a semi-structured interview format, allowing for a consistent set of core questions while maintaining the flexibility to explore new insights as they emerge. Each session is expected to last approximately 20 minutes, depending on the participants' depth of response. In order to accommodate participant availability and preference, interviews will be conducted either in-person or virtually upon mutual agreement. The study will be using deductive thematic analysis, where new codes and themes are developed into the ongoing analysis. Findings will be interpreted and reported into the existing study, and relevant conceptual framework related to the identified themes and key concepts.[46] Hence, the data collected from this study will be analyzed using thematic analysis in order to identify key themes and patterns within the participants' responses. Overall, this study utilizes thematic analysis to systematically process the data and facilitate in-depth findings. By analyzing the interview transcripts, the research explores the nuances of adolescent pregnancy in Brunei, grouping participant responses into recurring themes based on their lived experiences.

6. Conclusion

In conclusion, adolescent pregnancy remains a socio-economic concern in Brunei Darussalam particularly among low-income households. Also, it affects adolescents' educational attainment, employment prospects, financial stability and the well-being of young mothers. The discussion highlights on the importance of religious backgrounds and parental supervision in shaping adolescents' moral values at home. Furthermore, reproductive health education and early prevention are equally essential to raise awareness on adolescent pregnancy. However, this issue requires more than preventive measures, as adolescent mothers need socio-economic supports to overcome the barriers. Therefore, strengthening existing government initiatives and support programs is fundamental to provide adolescent mothers with equal access as their peers especially on education, employment opportunities and financial assistance. Ultimately, this study seeks to contribute more inclusive support mechanisms and policy recommendations that empower adolescent mothers, and contribute towards Brunei's vision of building an educated, prosperous and resilient society.

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