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The Socio-Economic Dynamics of Adolescent Motherhood in Brunei Darussalam

ZARIFAH NUR ADLINA FIKRIYAH BINTI HAMDANI and NUREFNAZAHANI BINTI HAJI DURANI

Faculty of Islamic Development Management
Universiti Islam Sultan Sharif Ali
25mr2408@unissa.bn

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 semi-structured interview 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 mentioned 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] The Kompleks Rumah Kebajikan (KRK) functions as a temporary sanctuary and protective facility for women and children experiencing social crises.[5] Concurrently, it serves as a specialized rehabilitation and counseling center for minors under the age of 18 who are implicated in social disturbances or juvenile delinquency cases. Furthermore, 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.[6] 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.[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

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.[8] 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

[1] Ismail, K. A., Ibrahim, I. A. B., Aziz, H. B. P. D. H. A. (2023). Mengurangkan kes kehamilan remaja di luar perkahwinan melalui pemerkasaan pendidikan dan pertubuhan bukan kerajaan. *Jurnal ilmiah Kesehatan*, *16*(2), 129-142.
[2] Borneo Bulletin. (November 27, 2022). *Teenage pregnancy figures swelling*.
[3] Saime, S. H., Mumin, K. H. A., Hashim, S. (2022). Admission to delivery suites: the importance of antenatal education. *British Journal of midwifery*, *30*(4), 215-221.
[4] JAPEM. (2017). *Keluarga dan kanak-kanak*. Jabatan Pembangunan Masyarakat (JAPEM). Retrieved from: http://www.japem.gov.bn/Perkhidmatan/Keluarga%20dan%20Kanak-Kanak.aspx
[5] Ibid.
[6] Crooks, R., Bedwell, C., Lavender, T. (2022). Adolescent experiences of pregnancy in low-and middle-income countries: a meta-synthesis of qualitative studies. *BMC Pregnancy and Childbirth*, *22*(1), 1-18.
[7] Mohiddin, D. H. M. N. H., Ramlee, D. H. N. H., Aziz, D. H. H. B. P. D. H., Moksin, H. H., Serbini, D. S. B. D. H., Hamid, D. D. H. T. B. A. H. (2022). Faktor kehamilan luar nikah dalam kalangan remaja di Negara Brunei Darussalam. *Proceedings Borneo Islamic International Conference*, *13*, 153-160.
[8] Shri, N., Singh, M., Dhamnetiya, D., Bhattacharyya, K., Jha, R. P., Patel, P. (2023). Prevaalence and correlates of adolescent pregnancy, motherhood and adverse pregnancy outcomes in Uttar Pradesh and Bihar. *BMC Pregnancy and childbirth*, *23*(1), 1-12.

prevent the potential risk.[9] Similarly, Boutayeb (2023) also acknowledged that the main cause of adolescent pregnancy was due to the lack of communication regarding sexual and health issues.[10] 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.[11] 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.[12] 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, Haleis et al. (2022) noted that in developing nations, these pregnancies typically occur within early marriage and receive strong family and community support.[13]

Adolescent Pregnancy in Muslim majority countries in Southeast Asia

Moral development rooted in Islamic values plays a critical role in adolescent behavioral regulation. [14] Crucially, Islamic education extends beyond ritualistic or theoretical knowledge, serving as a foundational mechanism for cultivating faith (iman), virtue (akhlaq), and ethical accountability. [15] From an Islamic jurisprudential perspective, children represent a sacred trust (amanah), imposing an obligatory duty upon parents to provide an education aligned with Shariah principles. [16] In the context of Brunei Darussalam, this educational mandate is structurally reinforced by the national philosophy of Malay Islamic Monarchy (MIB) which systematically integrates Islamic tenets into the socio-economic and political architecture of the state. Since November 2023, Brunei has adopted an integrated academic and Islamic education 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.[17] 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.[18] 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.[19] 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.[20]

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.[21] 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.[22] 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 Malaysia), 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

[9] Arthur, F. K., Gyamfi, S. K., Agyekum, M. W., Anane, G. F. A., Dickson, K. S. (2025). Understanding adolescent pregnancy in Ghana: prevalence, reactions, resolution and predictors. *Discover social science and health*, *5*(47), 1-15.
[10] Boutayeb, A. (2023). Social determinants of health and adolescent childbearing in WHO Eastern Mediterranean countries. *International Journal for equity in health*, *22*(1), 1-11.
[11] Putra, P. H., Erniyati, Y. (2022). Sex education in Islamic education perspective. *Academic Journal of Islamic studies*, *7*(2), 261-282.
[12] Deghidy, J., Salama, H. (2024). The obstetric and perinatal outcomes of adolescent pregnancies in a developed cosmopolitan middle eastern country: a retrospective pearl-peristat registry. *Open journal of obstetrics and gynecology*, *14*(1), 1242-1252.
[13] Haleis, E. R., Elferjani, A. A. K., Beltamer, N. M., Saleh, M. A. (2022). Outcomes of teenage pregnancy at Benghazi medical center 2019-2020. *International journal of science academic research*, *3*(3), 3588-3602.
[14] Hasanah, N., Asdiqoh, S., Famularsih, S. (2025). Implementasi pendidikan seks pada santri di pondok pesantren. *Journal of smart education and learning*, *2*(1), 33-47.
[15] Luthfiyyah, L. (2025). The role of Islamic education in building the moral and spiritual values of the younger generation. *Al-Takillah: Jurnal Pendidikan dan Keislaman*, *3*(2), 20-25.
[16] Nor, A. M., Zin, N. M., Soh, R. C. (2022). Legal framework for the protection of teenage pregnancies in Malaysia. *International journal of academic research in progressive education and development*, *11*(3), 1447-1466.
[17] Mohiddin, D. H. M. N. H., Ramlee, D. H. N. H., Aziz, D. H. H. B. P. D. H., Moksin, H. H., Serbini, D. S. B. D. H., Hamid, D. D. H. T. B. A. H. (2022). Faktor kehamilan luar nikah dalam kalangan remaja di Negara Brunei Darussalam. *Proceedings Borneo Islamic International Conference*, *13*, 153-160.
[18] Ministry of Finance and Economy. (2026, February 24). *Skim Tabungan Anak Damit*. Retrieved from: https://www.mofe.gov.bn/2026/02/24/pr_24022026_skimtabungananakdamit/
[19] Goffar, A., Miftahussurur, W. (2025). Preventing early marriage through school – community partnerships in Islamic education. *Dinamika: Jurnal pengabdian kepada masyarakat*, *2*(2), 1-13.
[20] Antara Indonesian News Agency (2024, August 6). *Contraceptives services aimed at married teens: Healthy Ministry*. Retrieved from: https://en.antaranews.com/news/321351/contraceptives-services-aimed-at-married-teens-health-ministry
[21] Lee, C. M., Nair, H. L. (2025). Developing legal and policy frameworks to prevent adolescent pregnancies in Malaysia: a pathway to achieving sustainable development goals. *Malaysian Journal of paediatrics and child health*, *31*(1), 45-51.
[22] Ibid

strengthened. These are the current initiatives of the Malaysian government in giving counselling and community-based support.[23] 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.[24] The most prevalent mental health conditions among these adolescents include Postpartum Depression (PPD), affecting an estimated 14% to 53% of adolescent mothers.[25]

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 maternity leave and resume their education after giving birth.[26] In addition, South Africa's policy development reflects a commitment to strengthen the support for adolescent mothers and safeguarding their educational rights.[27] 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.[28] 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.[29] 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.[30] Hence, this research suggested financial opportunities such as scholarship programs to empower the adolescent mothers.

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 will help to ensure that all questions are relevant and covers the study itself.[31] While the triangulation method is to analyze data on adolescent pregnancy among the low-income households in Brunei Darussalam. Further, the primary data will be collected from semi-structured interview with different groups to obtain information and data at different times and location.[32] 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.

[23] The Star. (2025, November 21). *Policy push on teen pregnancies*. Retrieved from: https://www.thestar.com.my/news/nation/2025/11/21/policy-push-on-teen-pregnancies#goog_rewarded
[24] The Star. (2025, November 21). *Policy push on teen pregnancies*. Retrieved from: https://www.thestar.com.my/news/nation/2025/11/21/policy-push-on-teen-pregnancies#goog_rewarded
[25] Ibid.
[26] Ajayi, A. I., Atero, S., Muga, W., Kabiru, C. W. (2023). Lived experiences of pregnant and parenting adolescents in Africa: a scoping review. *Reproductive Health, 20*(113), 1-13.
[27] Jochim, J., Meinck, F., Toska, E., Roberts, K., Wittesaele, C., Langwenya, N., Cluver, L. (2023). Who goes back to school after birth? Factors associated with postpartum school return among adolescent mothers in the Eastern Cape,South Africa. *Global Public Health, 18*(1), 1-15.
[28] Sloan, K. E. (2022). Former young mothers' pathways through higher education: a chance to rethink the narrative. *Educational review, 76*(3), 464-482.
[29] Bergstrom, K., Ozler, B. (2023). Improving the well-being of adolescent girls in developing countries. *The World Bank Researcher Observer, 38*(2), 179-212.
[30] Ajayi, A. I., Athero, S., Muga, W., Kabiru, C. W. (2023). Lived experiences of pregnant and parenting adolescents in Africa: a scoping review. *Reproductive Health, 20*(113), 1-13.
[31] Naz, N., Gulab, F., Aslam, N. (2022). Development of qualitative semi-structured interview guide for case study research. *Competitive Social Science Research Journal, 3*(2), 42-52.
[32] Donkoh, S., Mensah, J. (2023). Application of triangulation in qualitative research. *Journal of Applied biotechnology and bioengineering, 10*(1), 6-9.

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.[33] 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.

Case Study: Brunei Darussalam

In Brunei Darussalam, adolescent pregnancy is recognized as a pressing public health concern with approximately 280 Muslim teenagers under the age of 20 becoming pregnant annually. While the national adolescent fertility rate has seen a long-term decline, dropping from over 100 births per 1,000 women in 1960 to 8.52 in 2023, a figure that highlights the continued need for effective intervention, support, and prevention strategies.[34] Adolescent pregnancy does not only affect the health of the young mother and her child, but also has long-term implications for her education, employment opportunities, financial stability, and social well-being. In a society guided by Melayu Islam Beraja (MIB), adolescent pregnancy is also closely linked to religious, moral, and cultural values, which makes the handling of such cases particularly sensitive. Therefore, there is a need for a holistic and Shariah-compliant approach that balances compassion, protection, and empowerment. This study is significant because it examines the socio-economic challenges faced by adolescent mothers from the perspective of social workers, while also assessing the effectiveness of government initiatives in supporting them. By focusing on education, employment, and financial support, this study seeks to provide meaningful insights that can strengthen existing policies and programs in Brunei Darussalam. The findings of this study are expected to benefit several key stakeholders, including government agencies and adolescent mothers. Firstly, this study is highly significant to government agencies that are directly involved in youth welfare, health, education, and social protection in Brunei Darussalam. These include the Ministry of Culture, Youth and Sports (MCYS), the Ministry of Health (MOH), the Ministry of Education (MOE), the Ministry of Religious Affairs (MORA), and the Community Development Department (JAPEM).

The findings will assist these agencies in understanding the gaps and limitations in current support programs for adolescent mothers. By presenting the socio-economic opportunities that can be improved, this study can help policymakers design more targeted, effective, and sustainable interventions. For example, it can guide improvements in educational reintegration policies, vocational training, financial assistance schemes, and childcare support. Furthermore, this study is significant in ensuring that government initiatives are aligned with the Islamic legal principles of MIB.[35]In Brunei, all policies and programs must be consistent with Islamic values, particularly in matters concerning family, morality, and youth. This study therefore provides a framework for handling adolescent pregnancy cases in a manner that upholds Islamic principles while also protecting the welfare and dignity of adolescent mothers. Secondly, the most important beneficiaries of this study are adolescent mothers themselves. Adolescent mothers often experience multiple vulnerabilities, including dropping out of school, unemployment, financial hardship, social stigma, family rejection, and psychological distress. Without adequate support, these vulnerabilities can lead to long-term poverty and intergenerational cycles of disadvantage. This study highlights their real needs in terms of education, employment, and financial support. It emphasizes the importance of providing second-chance opportunities, such as allowing adolescent mothers to return to school, access vocational training, and participate in employment programs. Such opportunities are essential for them to achieve economic independence and to provide a stable future for themselves and their children.
Henceforth, 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.[36] 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. Hence, empowering education for adolescents is a shared responsibility in the society. Some countries used the welfare and safety of adolescents as an indicator of national progress in term of 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.[37] It will not just focus on preventing the consequences of adolescent pregnancy but also the socio-economic vulnerabilities. Along with the

[33] Pearson, H., Myall, M., Darlington, A. S., Gibson, F. (2025). The approach and application of analysing inductive and deductive datasets: a worked example using reflexive thematic analysis. *Qualitative Research in Psychology, 22*(4), 842-886.
[34] Borneo Bulletin. (2022, November 27). *Teenage pregnancy figures swelling*.
[35] Khuzaiyah, S., Mumin, K. H. A., Hashim, S. H. (2025). Facilitators and barriers to healthcare seeking behaviour and antenatal care visits among pregnant adolescents in Brunei Darussalam: a qualitative study based on maternity health care professionals' perspectives. *Research Square*, 1-28.
[36] JAPEM. (2017). *Keluarga dan kanak-kanak*. Jabatan Pembangunan Masyarakat (JAPEM). Retrieved from: http://www.japem.gov.bn/Perkhidmatan/Keluarga%20dan%20Kanak Kanak.aspx
[37] Ibid.

protection and rights of adolescent girls, as aligned with the Sustainable Development Goal 5 of achieving gender equality and empowering women and girls.[38] As a whole, the findings will contribute to Brunei's efforts to build a resilient and cohesive society that protects the vulnerable community.

Conclusion

In conclusion, this study holds significant value for Brunei Darussalam as it addresses a pressing social issue through a holistic, Islamic, and evidence-based approach. By examining the socio-economic challenges faced by adolescent mothers and evaluating the effectiveness of government initiatives, this study provides practical recommendations to strengthen support programmes in the areas of education, employment, and financial assistance. The significance of this study extends beyond academic contribution. It aims to bring positive change to government policy, professional practice, and community attitudes, while empowering adolescent mothers to rebuild their lives with dignity and hope. By integrating preventive healthcare, social support systems, and Islamic Social Work, this study promotes a more inclusive, compassionate, and sustainable approach in addressing adolescent pregnancy, in line with the principles of Melayu Islam Beraja (MIB) and the aspirations of Wawasan Brunei 2035. Ultimately, this study seeks to ensure that no adolescent mother in Brunei is left behind, and that every young mother is given the opportunity to achieve a better future for herself, her child, and society.

References

Acharya, P. (2025). Socio-economic effects on pregnant women in Nepal. *Patan Pragya, 14*(2), 79-87.

Ajayi, A. I., Athero, S., Muga, W., Kabiru, C. W. (2023). Lived experiences of pregnant and parenting adolescents in Africa: a scoping review. *Reproductive Health, 20*(113), 1-13.

Alukagberie, M. E., Elmusharaf, K., Ibrahim, N., Poix, S. (2023). Factors associated with adolescent pregnancy and public health interventions to address in Nigeria: a scoping review. *Reproductive health, 20*(1), 1-24.

Amoadu, M., Ansah, E. W., Assopiah, P., Acquah, P., Ansah, J. E., Berchie, E., Hagan, D., Amoah, E. (2022). Socio-cultural factors influencing adolescent pregnancy in Ghana: a scoping review. *BMC pregnancy and childbirth, 22*(1), 1-13.

Andriani, R., Cahyani, D., Islamy, L. O. S., Harimuddin, J. (2025). The role of social media and parental interpersonal communication with premarital sexual behavior in adolescents. *Jurnal Kesehatan, 8*(4), 463-477.

Antara Indonesian News Agency. (2024, August 6). *Contraceptives services aimed at married teens: Healthy Ministry.* Retrieved from: https://en.antaranews.com/news/321351/contraceptives-services-aimed-at-married-teens-health-ministry

Arthur, F. K., Gyamfi, S. K., Agyekum, M. W., Anane, G. F. A., Dickson, K. S. (2025). Understanding adolescent pregnancy in Ghana: prevalence, reactions, resolution and predictors. *Discover social science and health, 5*(47), 1-15.

Bergstrom, K., Ozler, B. (2023). Improving the well-being of adolescent girls in developing countries. *The World Bank Researcher Observer, 38*(2), 179-212.

Borneo Bulletin. (November 27, 2022). *Teenage pregnancy figures swelling.*

Boutayeb, A. (2023). Social determinants of health and adolescent childbearing in WHO Eastern Mediterranean countries. *International Journal for equity in health, 22*(1), 1-11.

Crooks, R., Bedwell, C., Lavender, T. (2022). Adolescent experiences of pregnancy in low-and middle-income countries: a meta-synthesis of qualitative studies. *BMC Pregnancy and Childbirth, 22*(1), 1-18.

Deghidy, J., Salama, H. (2024). The obstetric and perinatal outcomes of adolescent pregnancies in a developed cosmopolitan middle eastern country: a retrospective pearl-peristat registry. *Open journal of obstetrics and gynecology, 14*(1), 1242-1252.

Donkoh, S., Mensah, J. (2023). Application of triangulation in qualitative research. *Journal of Applied biotechnology and bioengineering, 10*(1), 6-9.

Goffar, A., Miftahussurur, W. (2025). Preventing early marriage through school – community partnerships in Islamic education. *Dinamika: Jurnal pengabdian kepada masyarakat, 2*(2), 1-13.

Haleis, E. R., Elferjani, A. A. K., Beltamer, N. M., Saleh, M. A. (2022). Outcomes of teenage pregnancy at Benghazi medical center 2019-2020. *International journal of science academic research, 3*(3), 3588-3602.

Hasanah, N., Asdiqoh, S., Famularsih, S. (2025). Implementasi pendidikan seks pada santri di pondok pesantren. *Journal of smart education and learning, 2*(1), 33-47.

Ismail, K. A., Ibrahim, I. A. B., Aziz, H. B. P. D. H. A. (2023). Mengurangkan kes kehamilan remaja di luar perkahwinan melalui pemerkasaan pendidikan dan pertubuhan bukan kerajaan. *Jurnal ilmiah Kesehatan, 16*(2), 129-142.

[38] Prime Minister's Office. (2023). *Brunei Darussalam voluntary national review report 2023.* Retrieved from: https://www.sdgbrunei.gov.bn/media/gwldm5uv/vnr-2023-brunei-report_0.pdf

JAPEM. (2017). *Keluarga dan kanak-kanak*. Jabatan Pembangunan Masyarakat (JAPEM). Retrieved from: http://www.japem.gov.bn/Perkhidmatan/Keluarga%20dan%20Kanak-Kanak.aspx

Jochim, J., Meinck, F., Toska, E., Roberts, K., Wittesaele, C., Langwenya, N., Cluver, L. (2023). Who goes back to school after birth? Factors associated with postpartum school return among adolescent mothers in the Eastern Cape, South Africa. *Global Public Health, 18*(1), 1-15.

Khuzaiyah, S., Mumin, K. H. A., Hashim, S. H. (2025). Facilitators and barriers to healthcare seeking behaviour and antenatal care visits among pregnant adolescents in Brunei Darussalam: a qualitative study based on maternity health care professionals' perspectives. Research Square, 1-28.

Lee, C. M., Nair, H. L. (2025). Developing legal and policy frameworks to prevent adolescent pregnancies in Malaysia: a pathway to achieving sustainable development goals. *Malaysian Journal of paediatrics and child health, 31*(1), 45-51.

Luthfiyyah, L. (2025). The role of Islamic education in building the moral and spiritual values of the younger generation. *Al-Takillah: Jurnal Pendidikan dan Keislaman, 3*(2), 20-25.

Maheshwari, M. V., Khalid, N., Patel, P. D., Alghareeb, R., Hussain, A. (2022). Maternal and neonatal outcomes of adolescent pregnancy: a narrative review. *Cureus, 14*(6), 1-10.

Martins, M. V., Karara, N., Dembinski, L., Guillarmod, M. J., Mazur, A., Hadjipanayis, A., Michaud, P. A. (2023). Adolescent pregnancy: an important issue for paediatricians and primary care providers – a position paper from the European academy of paediatrics. *Frontiers in pediatrics, 11*, 1-6.

Ministry of Finance and Economy. (2026, February 24). *Skim Tabungan Anak Damit.* Retrieved from: https://www.mofe.gov.bn/2026/02/24/pr_24022026_skimtabungananakdamit/

Mohiddin, D. H. M. N. H., Ramlee, D. H. N. H., Aziz, D. H. H. B. P. D. H., Moksin, H. H., Serbini, D. S. B. D. H., Hamid, D. D. H. T. B. A. H. (2022). Faktor kehamilan luar nikah dalam kalangan remaja di Negara Brunei Darussalam. *Proceedings Borneo Islamic International Conference, 13*, 153-160.

Moniz, M. D. F., Astuti, A. W., Hakimi, M. (2024). Psychological impact of adolescent pregnancy in developing countries: a scoping review. *Women, Midwives and Midwifery, 4*(2), 1-13.

Monter, B. G. M., Culminas, C. J. C., Milan, V. E. N., Borja, A. H. R., Navarro, R. D., Coro, D. R., Bunga, Z. S. (2026). A qualitative study on the lived experiences of young mothers transitioning from schooling to early parenthood. *International Journal of Education, Research, and Innovation Perspectives, 2*(3), 1971-1980.

Naz, N., Gulab, F., Aslam, N. (2022). Development of qualitative semi-structured interview guide for case study research. *Competitive Social Science Research Journal, 3*(2), 42-52.

Nor, A. M., Zin, N. M., Soh, R. C. (2022). Legal framework for the protection of teenage pregnancies in Malaysia. *International journal of academic research in progressive education and development, 11*(3), 1447-1466.

Pearson, H., Myall, M., Darlington, A. S., Gibson, F. (2025). The approach and application of analysing inductive and deductive datasets: a worked example using reflexive thematic analysis. Qualitative Research in Psychology, 22(4), 842-886.

Pietras, J., Bielecka, G. J., Mizgier, M., Markowska, A. (2024). Adolescent pregnancy – medical, legal and social issues. *The journal of maternal-fetal and neonatal medicine, 37*(1), 1-5.

Prime Minister's Office. (2023). *Brunei Darussalam voluntary national review report 2023.* Retrieved from: https://www.sdgbrunei.gov.bn/media/gwldm5uv/vnr-2023-brunei-report_0.pdf

Putra, P. H., Erniyati, Y. (2022). Sex education in Islamic education perspective. *Academic Journal of Islamic studies, 7*(2), 261-282.

Saime, S. H., Mumin, K. H. A., Hashim, S. (2022). Admission to delivery suites: the importance of antenatal education. *British Journal of midwifery, 30*(4), 215-221.

Senaratne, P., Pathiranage, H. S. K., Jayawardhana, D., Kaluarachchi, K., Gaspe, S. (2025). Socioeconomic impacts of adolescent pregnancy on education and future employment in Batticaloa District, Sri Lanka. *BMC Public health, 25*(1), 1-22.

Shri, N., Singh, M., Dhamnetiya, D., Bhattacharyya, K., Jha, R. P., Patel, P. (2023). Prevaalence and correlates of adolescent pregnancy, motherhood and adverse pregnancy outcomes in Uttar Pradesh and Bihar. *BMC Pregnancy and childbirth, 23*(1), 1-12.

Sloan, K. E. (2022). Former young mothers' pathways through higher education: a chance to rethink the narrative. *Educational review, 76*(3), 464-482.

The Star. (2025, November 21). *Policy push on teen pregnancies.* Retrieved from: https://www.thestar.com.my/news/nation/2025/11/21/policy-push-on-teen-pregnancies#goog_rewarded