

ORIGINAL ARTICLE

Mental Health of Muslim Unwed Pregnant Teenagers

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ABSTRACT

Introduction: Previous studies have found that unwed pregnant teenagers have a variety of psychological issues such as loss of self-confidence, emotional stress, fear, worry, anxiety, depression, and suicidal thoughts. In addition, the society's negative perception has made these teenagers to be alienated and mocked by the community and also by their own family members. Thus, this research aims to identify the mental health state and also to deeply explore on these teenagers' emotional and psychological conditions. **Methods:** This research adopts qualitative phenomenological research design. Four residents of a Protection Centre in Johor Bahru have been selected through purposive sampling method. Semi-structured interviews were conducted and the data has been transcribed and analysed using thematic content analysis method. **Results:** Results obtained show that the teenagers' mental health symptoms are at moderate to severe states. They also show signs of emotional disturbance such as depression, seclusion, difficulty in sleeping, lips dry, easy to sweat, uncontrolled emotion, no appetite, headache, anxiety or worry, negative thoughts and not energetic. Apart from these, they also experience unstable emotional and psychological situations such as sadness, anger, fear, shock, stress and guilt due to shaming their families. **Conclusion:** This study is expected to provide an early explanation on mental health among Muslim unwed pregnant teenagers. Therefore, the appropriate methods to use in addressing their emotional and psychological states need to be explored.

Keywords: Mental health, emotion disorder, psychology distress, unwed teenage

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INTRODUCTION

The World Health Organisation (WHO) (1) defines mental health as the ability to retain a harmonious relationship with others and contribute through constructive ways to the development of social and physical environment. Meanwhile, World Federation for Mental Health stated that mental health is the someone's optimum development, physical, intellectual and emotional condition suit with other individuals'. Menninger argued that mental health is a kind of adjustment or human's adaptation with each other. He added that mental health is a kind of a normal happy feeling rather an extremely sad feeling (2).

Apart from that, mental health can be defined as someone's inclination to socialise, which is their ability in understanding the social structure and their ability to recognise their own thoughts and not thoughts of others towards them. Moreover, the social inclination within the social structure in this context is someone's understanding of the verbal and non-verbal contexts.

A healthy mental facilitates self-assessment and the assessment of other's psychological well-being. A healthy mental also is an ability to recall the memories based on rational thoughts. Individuals with mental health issues will usually not realise that they have mental issues and only be aware of the people around them if they do an unreasonable or abnormal act (3,4).

Therefore, mental health is a state of well-being where every individual is aware of his or her own potential, can overcome the normal stresses of life, be productive and fruitful, and be able to contribute to himself or his community. Healthy mental can encourage harmony in self, family and society. Among the components of mental health are mindfulness, social well-being, and emotion's well-being. A person's level of mental health is different and can be recognised when there is interaction and relationship with others.

In short, mental health is individual's psychological state who can accept himself, has a good relationship with others and able to adapt the environment. It is also able to control and balance the negative characters of self and practice good morals. In this article, this definition is used operatively.

According to WHO, there are 16 million adolescents age about 15 to 19 years old and almost one million under the age of 15 give birth every year. Most of them

are from low and middle-income countries. In addition, complications during pregnancy and childbirth are the second cause of adolescent deaths from 15 to 19 years worldwide. While almost three million teenagers 15 to 19 years of age have unsafe abortion (5).

In Malaysia, statistics showed a wide range of trends but are quite alarming. In 2011, a total of 18,652 teenage girls had been reported to be pregnant. Followed by 2012 (18,847), 2013 (17,588) and 2014 (16,528). In 2014 alone, they were categorized as married (12,548), unmarried (3,980), still in schooling (3,396) and school dropout (13,132). While 30,301 adolescents were hospitalized due to pregnancy and pregnancy-related factors, whose 39.1 percent from 77,749 people (6).

Apart from the issue, pregnant unwed teenagers among Muslims are also a bit concerned. Statistics showed that the number of people involved was high (7). Records of the National Registration Department (NRD) revealed that 159,275 unwed births were registered nationwide for three years, from 2013 to 2015. This statistic recorded 2014 as the largest of 54,614 people. While 2013 was 53,492 people and in 2015, a total of 51,169 people has been recorded (8). Furthermore, the statistics from Department of Islamic Development Malaysia (JAKIM) reported that until 2011, there are 81,000 children out of wedlock has been registered (9).

Generally, pregnant teenagers were said to have psychological disturbance such as loss of self-esteem, stress, anxiety, fear, depression and suicide tendency (10). In addition, psychological distress was a serious problem among adolescent's pregnancy involving feelings of anxiety, worry, anger, sadness and isolation (7).

A study has revealed that adolescent adolescents have negative effects on school attendance, academic performance, emotional behaviour and their relationships with peers and teachers (11). They are also found to be inadequate for infants, extreme fatigue, uselessness feeling, anxiety, panic attacks, tendency to endanger themselves or infants and tough to enjoy the previously liked activities (12).

Bestowing to Knight et. al., (13), many of those who get pregnant out of wedlock are easily exposed to emotional disturbance. This is because they are usually alienated and estranged by their own families. This causes them to be lonely apart from feeling unsafe in trusting people around them. In addition, they usually have other complications after giving birth such as death of baby, underweight baby, and premature birth. These complications also cause mental problems to these women. Another researchers (14) claimed they also face problems like low nutrition, uncared health, anaemia, inadequate prenatal care, and psychological disorders such as stress and depression.

Thus, it can be said that the current detrimental social problems contribute to negative impact towards individuals who are involved in the social problems, in which, may lead to mental issues such as extremely stressed and severely suicidal. Therefore, this research intends to explore the emotional and psychological conditions of these Muslim unwed pregnant teenagers.

METHODOLOGY

This research employed qualitative phenomenological research design. The data are obtained through semi-structured interviews. The interview's data has been transcribed and analysed using thematic content analysis method (15,16). A number of four unwed pregnant teenagers between the ages of 16 to 22 who are the residents of a protection centre in Johor Bahru have been selected through purposive sampling.

Before the interview, Depression, Anxiety, Stress Scale (DASS) questionnaire has been used to identify the respondents' level of depression, anxiety and stress. This research used Bahasa Malaysia's DASS-21 version because it is briefer and more concise, suitable with the research's method. This instrument does not require specific skills in order to be used by Ramli Musa (17). DASS is calculated through the calculation of filter scores, in which the most severe depression score is 15 and above, 11 and above for anxiety, and 18 and above for stress. Respondents identified as having high scores were selected for interviews.

A total of four respondents involved in this study were selected purposively. The main criterion of the election is because they are pregnant without marriage. They are Muslim women, aged between 16 and 21 years old. Before being here, they were student secondary school, supermarket worker, unemployed and college student. They stopped their occupation after the decision to stay in this rehabilitation centre. Their academic qualifications were SPM and PMR. Interviews were conducted in Malay but had been translated into English to facilitate the readers. Their background are shown in Table 1.

Table 1: Respondents' background

Test	Age	Occupation	Academic
Respondent 1	16	Student Secondary School	PMR
Respondent 2	19	Supermarket Worker	SPM
Respondent 3	21	Unemployed	PMR
Respondent 4	21	College Student	SPM

RESULTS & FINDINGS

Level of mental health

The result of DASS screening test of 17 participants showed that three of the respondents testified as extremely severe and one respondent has moderate mental health. Respondent 1 has extremely severe

anxiety, followed by severe depression and stress level. Meanwhile, Respondent 2 experienced extremely severe stress, anxiety and depression level. For Respondent 3, her anxiety level is extremely severe, followed by severe stress and depression level. The stress, anxiety and depression of Respondent 4 are moderate but leading to extremely severe. These four respondents were selected for interviews. These levels of mental health can be referred in Table II.

Table II: Respondents' mental health level

Test	Stress	Anxiety	Depression
Respondent 1	10 (moderate)	11 (extremely severe)	12 (severe)
Respondent 2	19 (extremely severe)	18 (extremely severe)	19 (extremely severe)
Respondent 3	16 (severe)	13 (extremely severe)	12 (severe)
Respondent 4	11 (moderate)	5 (moderate)	10 (moderate)

It was discovered that the mental health experienced by the respondents are depression, seclusion, insomnia, lips dry, easy to sweat, uncontrolled emotion, no appetite, headache, anxiety, and fear. Most of the respondents are found to have lips dry when being interviewed. Respondents also display uncontrolled emotions when being interviewed, as they could not contain their inner feelings. Most of them expressed their feelings in tears.

Analysis data shown that all respondents experience anxiety and fears symptoms. While, the most infrequent sign experienced by the respondents were difficulty in sleeping and negative thoughts. These conditions were experienced by the respondents as displayed in Table III. For example, Respondent 1 gave the response:

"...[I do] stay silent, always alone in the room. Sometimes depressed. And then [I] can't believe this happens so fast". (Respondent 1)

This expression exposed that the respondent was depressed and always want be alone in her room because she was still not able to believe the situation that happened to her. Apart from that, she also mentioned about her schooling that had stopped due to pregnancy and she was worried into thinking as to how she will manage to take care of a fatherless baby who was going to be born while she was still schooling. She added as follows:

"[I] feel like, how can [I] say this. [I'm] worried about school. How can [I] attend school. And then if the baby is born, how can [I] take care of the baby when attending school". (Respondent 2)

Likewise, Respondent 3 had signs of mental health issues such as feeling anxious and difficult to relax in which she said:

"At first, [I] did feel that way, anxious, depressed, difficult to relax". She also found herself having

trouble sleeping. She said *"...like [I] can't sleep in a day or two or so".* (Respondent 3)

Moreover, this respondent also experienced signs such as headache and dry lips. According to her:

"[I] probably have headache...dry lips..." (Respondent 3)

This situation shows that respondents are facing psychological and emotional issues.

Table III: Symptoms of mental health

Symptoms	R1	R2	R3	R4
Depression	x	x	x	-
Seclusion	x	x	-	x
Difficulty in sleeping	-	-	x	-
Dry lips	x	x	x	-
Easy to sweat	-	x	-	-
Uncontrolled emotion	x	x	-	x
No appetite	-	x	-	x
Headache	-	x	x	-
Anxiety/Worry	x	x	x	x
Negative thought	-	x	-	-
Less energy	-	x	-	-

Table IV: Respondents' early reaction after confirmed pregnancy

Early Reaction	R1	R2	R3	R4
Suicide	-	x	-	-
Confused	x	x	x	x
Repent	x	-	-	x
Lodge police report	-	x	-	-

Reactions after finding out that they are pregnant

Table IV illustrates several spontaneous reactions of the respondents when they found out that they were pregnant. Respondent 2 stated that she had suicidal thought. Her statement was:

"...[I] do feel like to kill myself..."(Respondent 2)

Even so, she did not pursue that desire because she reckoned that there was not a single way without troubling others. She lodged a police report for her pregnancy caused by rape. She refused at first because of shame, fear and confused what happened to her. She said:

"...I lodged a police report only when I found out I'm pregnant". (Respondent 2)

Meanwhile, Respondent 3 always thought negatively as she regards women's virginity to be very valuable and she thinks that she was not normal rather other women, in which she said:

"...I feel like when these things happen to us, we will feel like we are left with nothing, we are not

like other women, not like other normal women".
(Respondent 3)

For this reason, she felt that she should not live in this world and she also mentioned about her refusal to take care of the soon-to-be-born baby. She expressed:

"...that's why I think I shouldn't live. If possible, I don't want to continue this life and if possible, I don't even want this baby..."(Respondent 3)

She also had the impression in which she did not deserve to befriend with anyone. Her statement was:

"...I have lost contact with my friends. They wonder why., if I check the WhatsApp and they ask me, or anything like that, I have no feelings to respond. Meaning, if possible, [I] want to be alone. [I] feel like [I] don't deserve to befriend with people outside..."(Respondent 3)

Furthermore, there was a respondent who took the ablution and performed repentance prayer because feeling so dirty and sinful. She said;

"...after the doctor confirmed that I was pregnant, I felt very guilty, dirty and sinful. I take a wudu and do a repentance prayer." (Respondent 4)

Moreover, there was a respondent who answered "no feelings" when asked on what do you feel after your pregnancy was confirmed? This shown that the respondent became confused and did not have a clue on how she could face the situation. According to her:

"Like... okay. It's like there's no feeling, when [I] go in the room, then only [I] feel the need to take ablution and do whatever that's necessary. Something like that. No, in the beginning [I] was shocked and [I] felt like it can't be. No way".
(Respondent 2)

In the aspect of feeling, Table V illustrates the respondents' feelings that were filled with all kinds of unstable and negative emotions such as sadness, anger, shock, perplex, guilt towards family, and fear.

Table V: Respondents' feelings

Respondents' Feeling	R1	R2	R3	R4
Sad	-	x	x	x
Angry	x	x	x	-
Scared	x	x	x	-
Shocked	x	-	-	x
Stress/perplex	-	x	x	-
Acceptance	-	x	-	-
Guilt	-	x	-	x

These various negative emotions were caused by their realisation on their action that has spoiled their families' dignity and pride. This was because pregnancy unwed is an immensely shameful situation in the society. Respondent 1 stated that she felt angry when she was confirmed pregnant. Her statement was:

"... [I was] angry, thinking how could it turn out to be like this". (Respondent 1)

Aside from that, Respondent 2 felt shocked with the situation that had happened to her because she did not know that her deed would have made her pregnant. She also felt scared because she was scared of her family if they found out about it, as she said:

"First, [I] was shocked, later [I] became scared, scared of [my] family finding out about everything. What If my family finds out [about this], what will they do. Hmm [I'm] scared". (Respondent 2)

Meanwhile, Respondent 3 felt so stressed, confused and unable to show that feeling in words because she experienced numerous emotions when she was confirmed to be pregnant. She said:

"Urgh...it's stressful (became quiet for a moment) ...there are all kinds of feelings". (Respondent 3)

Due she had a variety of feeling and fear, she became perplexed. She said: "it's perplexing...[I'm] afraid..." because of the situation that has happened to her.

Nevertheless, Respondent 4 felt sad because she was someone who wore a covering clothes and took care of her intermingling with guys, and yet, still commit adultery. She said:

"...hm, it's sad. [I] didn't expect that [I] would get entangled in this situation even though [I] take good care of myself". (Respondent 4)

Inversely, she said that she could not run away from the fact that this situation had happened to her and she always cry and felt regret on the things that she has been done. She said:

"...but [I] can't run away from all of this. Hmm, lots of tears has fallen..." (Respondent 4)

Similar with Respondent 2 that she could not believe on the situation that has happened to her:

"...I'm sad. I didn't think that this situation would happen to me myself; who is not sad about this".
(Respondent 2)

Other than that, Respondent 4 also felt sad and shamed

on her parents, despite she was the only child who had the opportunity to pursue higher education in her family. According to her:

"...I'm sad because I can't help my parents, I have embarrassed them ..." (Respondent 4)

Apart from that, she also felt sad because she had disappointed her siblings, her friends, and herself as well. This was her statement:

"...after that, [I'm] sad because [I] have disappointed my siblings, because they expect something good out of me. [I] have disappointed my friends and myself". (Respondent 4)

Despite, there was a respondent who could accept the news of her pregnancy without the feeling of guilt. This respondent knew that adultery could result in pregnancy and she was prepared to face it. For this respondent, no feeling of remorse and repentance were portrayed.

DISCUSSION

The National Health and Morbidity Survey 2015 reported that there are 4.2 million Malaysians aged 16 years and above who are facing mental health problems (18). This study suggested that unwed pregnant teenagers also experience mental health issues particularly stress, anxiety and depression.

Other research revealed that teenagers get involved in social problems such as pregnancy out of wedlock because of their partners' coaxing and sweet-talking. Through social learning process, social control, limited opportunities, and religious faith, teenagers' sexual behaviour will become limited (19,20).

Indeed, the intermingling between genders has to be controlled. From the words of Rasulullah PBUH:

"Behold! A man is not alone with a woman but the third of them is Ash-Shaitan."
(Jami` at-Tirmidhi, Hadith 2165)

This Hadith explains the prohibitions that men and women who can marry cannot be together alone without being accompanied by her brother. If this happens, the devil will incite them both to commit adultery. Moreover, prohibited to commit adultery (zina) has also been mentioned in the Qur'an.

"And nor draw near to adultery, for it is a shameful deed and an evil way (leading to destruction)"
(Surah al-Isra', 15: 32)

In above verse, Allah s.w.t is forbidding His servants to commit zina or to approach it or to do anything that may lead to it. This is because zina is a great sin and an evil

way or a terrible way to behave.

Therefore, adultery is an evil way to satisfy a person's sexual drive. Islam does not oppose sexual desire because Allah s.w.t had created this desire for human survival and as a method of mate to enhance affection between them. This is regarded as one of the permissible pleasures. There is a significant difference between adultery and marriage. Adultery is condemned and punished while marriage is encouraged to live a healthy sex life.

This research finding also corresponds to the model of depression formation by Padesky (21), in which depressive individual's thoughts will make that individual to fail in thinking rationally. In this research, the respondents have several negative thoughts such as wanting to kill themselves, feeling useless and blaming the fate.

Many respondents feel shocked, extremely sad and one of the respondents even cry heavily when answering the interview questions by the researcher. This is in line with Knight (13), in which the respondents interviewed by them also expressed the reaction of shock when finding out about their pregnancy followed by crying during the interview. A research (22) also reported that all of the respondents showed the reaction of shock and trauma with the situation that has happened to them.

From the aspect of ways to handle mental health issues, many respondents spend their time with their families and friends to alleviate issues faced by them through social support. This helps to calm them down once they discuss their problem with their family and friends (23). For depressive disorder, behaviour therapy utilizes techniques in reducing tension, firmness training, technique to face possibilities as well as improving self-control (24).

The respondents also perform religious practices such as praying, reciting the holy book, remembrance (zikir), and other religious practices in overcoming the mental health problems. In addition, Roslee Ahmad (25) suggested that interventions oriented towards spirituality have increased the awareness regarding sex out of wedlock.

Based on the Islamic perspective, one of the coping strategies by Muslims for the peace of mind is through remembering Allah SWT, as highlighted in the Al-Quran:

"Those who have believed and whose hearts are assured by the remembrance of Allah. Unquestionably, by the remembrance of Allah hearts are assured."

(Surah Ar-Ra'ad: verse 28)

Besides, cognitive behavioural intervention focuses

on modifying thoughts and behaviours that causes the mental health issues suffered by the patients. One of the behavioural techniques is the relaxation technique (26). According to a research (27), a Muslim can improve his mental health by addressing rational thoughts based on the cognitive therapy approach. They found that pure values of Islam such as patience, surrender (reda), trust in destiny, forgive others' faults, accept themselves and believe that in every event have the wisdom and virtue, are the values that must be used to replace and dispute the negative and irrational thoughts. When this kind of thought can be replaced with these Islamic values, it creates positive and rational thought, capable of controlling emotions, behaviors and thereby enhancing the mental health of a Muslim.

In addition, In Islam, Allah s.w.t has obligated worship (ibadah) as a form of manifestation to the obedience, submission and compliance of servants to Him. Apart from these goals, ibadah also has a great role in mental health. From a point of view, prayer approaches such as prayer, fasting, zikir and supplication can be used as a form of treatment to the problems experienced by people suffering mental health issues such as stress and depression (28).

Likewise, faith in Allah SWT can prevent and heal people from mental distress and provide a sense of security and peace. In addition, a believer also escapes from awe and sadness that causes his emotion to be hostile. The role of faith that produces a sense of peace and serenity when all hope, relief, help, protection and guard are handed over to Allah s.w.t, Lord of the universe, the Almighty, the Wise, the Hearing and the Seeing (29).

Consequently, there is no doubt that despair, disappointment and sadness as a believer is convinced and believes that there is no evil and pain but with the will of Allah SWT. Thus, faith and faith that produces the feel of patience, peace, calm and happiness.

CONCLUSION

The issue of mental health issues in relation to unwed pregnancy has to be highlighted in order to curb the inclination of risky behaviours such as suicide, baby dumping and other behaviours. Teenagers have to be closely observed and monitored so that they will lead a healthy life based on the teachings of religion and the ways of the Prophet PBUH. Everyone should cooperate in producing a generation of healthy mind and soul so that they can avoid unhealthy environments during their challenging course of life.

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