

ORIGINAL ARTICLE

The Turning Point in an Unwanted Teenage Pregnancy: A Psycho-emotional Perspective

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ABSTRACT

Introduction: Malaysia is a multiethnic country that allows freedom of religion with Islam being the most professed religion. Under the Islamic teachings, premarital sex is forbidden. Nonetheless, at present, there is an increasing number of teenage pregnancies among the Malay Muslims as a consequence of premarital sex. The objective was to obtain a detailed understanding of how pregnant teenagers make sense of their experience with unwanted pregnancy from a psycho-emotional perspective. **Methods:** Purposive sampling through the application of Interpretative Phenomenological Analysis (IPA) was employed. Face to face interviews were conducted with 10 participants that were 17 years old. **Results:** Three themes emerged from the present research (a) transformation of self, (b) transition to motherhood and; (c) spiritual strengthening. **Conclusion:** All participants experienced turning points in their lives in which they made sense of their experience resulting in positive changes.

Keywords: Teenagers, unwanted pregnancy, turning point, psycho-emotional

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to maintain adequate nutrition during their pregnancies (3). Furthermore, pregnant teenagers may also face harmful psychological and social consequences such as being rejected or taunted by their family members and society, resulting in unsafe abortion practices or baby abandonment (4).

INTRODUCTION

Pregnancy is a life changing experience and a vital part of a woman's life. Nonetheless, when one is not prepared or had planned to carry a child, she may be flooded with a torrent of worries in which she faces difficulties on having to face the harsh facts of life. This is especially true in the case of teenagers aged between 13 to 19 years old getting pregnant out of wedlock (1). Teenage pregnancy is a global epidemic that occurs in low, middle and even high-income countries and the numbers are alarming. Approximately, 21 million girls between the age of 15 to 19 years old and 2 million girls under the age of 16 give birth in developing countries on a yearly basis (2). Teenage pregnancies pose a threat to both the infant and mother's health. Teen mothers face higher health risks of systemic infections, eclampsia and puerperal endometritis (2). While the infants face a greater risk in low birth weight, preterm delivery, development delays and higher mortality rates as a result of the teen mothers failing to take proper prenatal vitamins or attend medical checkups in order

Malaysia is a multiethnic country that allows the freedom of religion with Islam being predominantly professed. Nonetheless, at present, there is rising number of teenage pregnancies as a result of sex before marriage (5). Under the Islamic teachings, abortion is not permitted as the unborn child has the right to life (6). The only exclusion is if the fetus is under 120 days of conception and the mother's life is at threat or if the fetus itself is abnormal (Syariah law applicable to Muslims only) (6). As for Malaysia's civil law (Section 312, Penal code), abortion is permitted if the pregnancy poses a threat to the mother's life. As such, pregnant teenagers are not able to perform abortions legally. Due to negative stereotypes and discrimination associated with teenage pregnancy out of wedlock, the number of babies being abandoned at unimaginable places such as toilet bowls, garbage dumps, door steps and more has increased from 90 to 115 babies from 2013 to 2016 respectively (5,7). Nevertheless, the exact prevalence is uncertain due to the underreporting and illegal abortion performed by teenagers.

The primary risk factors that are associated with teen pregnancy are lack of sex education, poverty, poor academic achievement and lack of affection and parental supervision (8-9). As a consequence, these teenagers are not aware of the repercussions such as delay in their prenatal care; engage in unsafe abortion techniques and sexual relationships with partners. Hence, they turn to the opposite sex for sense of love and belonging and are likely to engage in premarital sex (10). Also, exposure to pornography and lack of religious knowledge have been said to be associated with premarital teenage pregnancy (11-12).

The impacts of unwanted pregnancies among teenagers include physical impact (sleeping and self-care issues), psychological impact (emotional issues and low self-efficacy) and social impacts which includes stigma, discrimination, school dropouts, financial difficulties and poor relationships with peers (4). Unwanted pregnancies among teenagers almost always affect their psychological wellbeing. It not only disrupts the individual's life development but also prevent her from achieving her full potential.

A plethora of research have shown that unwed pregnant teenagers face challenges like discrimination, violence and forced marriage (4;13-14). These teenagers would continue to suffer verbal and/ or physical abuse from their family members or the society as a result of their pregnancies (14). Some of the emotional impacts include sleeping issues, nightmares, lack of self-care, constant feelings of anger, sadness, guilt, fear, confusion, hopelessness, lack of confidence, low motivation and stigmatisation (4,15-18).

METHODOLOGY

Research design

A qualitative research design was used in this research to investigate the emotional perspective of unwanted teenage pregnancy. To further understand the phenomenological concept applied in this research, Interpretative Phenomenological Analysis (IPA) that is based on concepts and debates on phenomenology, hermeneutics and symbolic interactionism was adopted (29-31). This niche research technique is concerned with the in-depth examination of each of the participants' personal lived experience. It aims to understand how the participants eventually make sense of their experience in their personal and social world.

Participant

Purposive sampling method was used to gather 10 Malay Muslim pregnant teenagers between the ages of 16 to 18 years of age on a voluntary basis as participants for this research. The age criterion was set in order to avoid statutory rape cases in reference to the Child Act, 2001 and Penal Code, section 375(g) in which clearly states that statutory rape applies to all female teenagers

under 16 years old even if the act performed were on consensual basis.

At the time of research, all participants gathered were residing in a shelter home located in Selangor, Malaysia. The sampling was also made based on the participants' first pregnancy as a result of consensual sexual encounters with their partners. Pseudonyms are used to maintain participants' confidentiality. All participants were pregnant out of wedlock and were in their third semester of pregnancy at the point of research. Table I displays the pseudonyms and age of the participants at the time the interviews were conducted.

Table I: Pseudonyms and age of participants

Pseudonyms	Age
Sunflower	
Cherry Blossom	
Ixora	17
Frangipani	
Daisy	
Lily	
Jasmine	
Chrysanthemum	
Dahlia	
Tulip	

Data collection method

At the very outset of the research, permission, informed consent and assents were collected from the gatekeeper of the shelter home, participants and relevant authorities. The data were collected using a three-interview series conducted over a period of four months. The semi-structured interviews were conducted on a one-to-one basis and it was an ideal method in encouraging the participants to share and express their personal stories of their own accord, providing them with the space to think, speak and be heard (30). All the participants were interviewed individually for approximately 90 minutes. The interviews were audio taped and transcribed verbatim. Most of the interview questions were open ended and probing questions as displayed in Table II.

Table II: Interview question examples

Type of question	Question
Building rapport	Please introduce yourself.
	You can perhaps share your current experience.
Observational based questions	You behaved differently today. Perhaps you want to share how you are feeling right now?
Probing questions and the need to paraphrase.	How do you feel now?
	What are your future plans?
	Where do you see yourself in months to come?

In addition, observations were conducted to get a better understanding of the studied phenomenon (32). The participants' body language and nonverbal indications such as facial expressions, bodily tone and clothing were observed and recorded. This is done to examine if

their narrative descriptions are in congruence with their body language.

RESULTS

These research findings were based on the turning points of participants. Three themes emerged: (a) transformation of self, (b) transition to motherhood and; (c) spiritual strengthening. The turning points are different for each participant from their emic perspectives. Each of the themes will be discussed separately as interpreted by direct quotations from the transcripts.

Initially all the participants wanted to terminate their pregnancy and tried unsafe abortion techniques such as eating pineapple, taking medicines bought from the internet, eating yeast, drinking mixture of paracetamol and carbonated drinks etc. They associated their pregnancy with misery and failure. Nevertheless, towards the end of their pregnancy (third trimester), they started to form an emotional bond and love for their unborn child, a transition to motherhood. Some of them began to rub their bellies tenderly; some started talking and even singing to their babies. All of them agreed that going through their pregnancies were the right decision and were content that their attempts at abortion earlier had failed.

Lily experienced her turning point during her seventh pregnancy month after she witnessed the ultrasound scan of her infant. She viewed the infant as a human being, started to love her child and wanted to keep it. Daisy experienced her turning point during her seventh month pregnancy when she first saw her infant's heart beating at a doctor's appointment. After which, she felt a deep emotional bond with her baby and started talking to her unborn baby on a regular basis.

As for Frangipani, she experienced her turning point during her eight-pregnancy month when her partner (father of the baby) promised to marry her after she gives birth to the baby. She was full of joy and started to take care of her health (physical and mental) as she was now able to keep her baby.

Jasmine experienced her turning point during the third month of her pregnancy, after an attempted abortion that failed. Hence, she decided to keep the baby and obtained the consent from her family. She also started to feel a strong bond with her baby. With the emotional support received from her family and shelter home, she forgave and accepted herself. She was also thankful that her attempted abortion was not successful.

My first thought was to abort the baby and I tried but to no avail. I believe that it is alright if I let it be.
Jasmine/ Interview1/lines 335-338)

A diagram of the turning point is displayed in Fig. 1.

Theme 1: Transition to motherhood

It was found that all the participants did not plan nor wanted to be pregnant but after the second trimester of pregnancy, all ten of the participants longed to keep their babies. They experienced the transition to motherhood. During their early stages of pregnancy, many of them felt a blend of emotions but later then, they saw their babies as more of a blessing than a curse. They mentioned that the feelings came from within their heart and it is only natural for them to care for their own offspring. They faced mixed reactions when revealing their decisions to their family members and others.

Sunflower revealed to her parents that she planned to keep her baby during her third trimester. She was overjoyed to learn that her parents gave their consent to keep the baby. Nonetheless, she had not revealed her decision to the gatekeeper of the shelter home as she is afraid that the gatekeeper will not agree with her decision.

I felt how others have said, there is a special bond. I felt blissful. If viable, I want to care for my own child.
Sunflower/ Interview1/Lines 401-402)

As for Cherry Blossom, she initially resented her baby and tried to terminate her pregnancy numerous times. After then, she wanted to keep her baby but her parents and the gatekeeper had strongly advised her not to. She

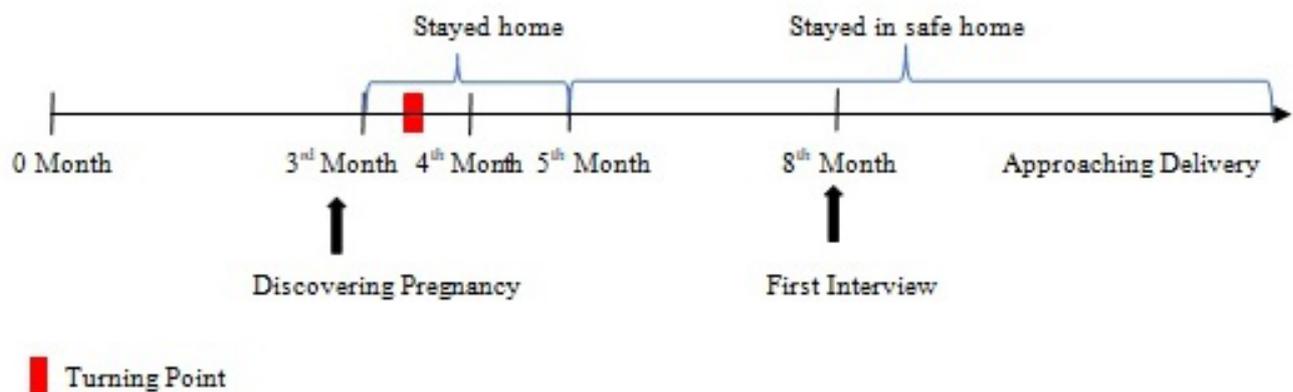


Figure 1: Jasmine's turning point. Discovery of pregnancy occurred during the third month of pregnancy. A turning point was observed between the third and fourth month of pregnancy. Stayed in the safe home from the fifth month of pregnancy and the first interview was conducted during the eighth month.

hopes to keep the baby for at least a couple of days after giving birth before having to give it up.

At the beginning I hated it, after some time and when I saw him moving, I felt happy, like a mother carrying a child, those kinds of feelings.

(Cherry Blossom / Interview3/Lines 63-64)

Meanwhile, Ixora decided to keep the baby but was not sure of what to do. Her parents forced her to get married to another man (not the father of her baby) if she wants to keep the baby.

I want to be with my baby and my family. But I do not know what to do now.

(Ixora/Interview2/Lines24-25)

Frangipani's family members were agreeable to her decision in keeping the child. In addition, Frangipani was overjoyed when her partner agreed to marry her after her confinement, thus she is able to keep her baby enabling her child to be made legitimate and have a father.

I am blessed to have such a supportive family and am able to take care of my own child. Although I am not sure what will happen in the future, I need to face the challenges ahead.

(Frangipani/Interview 4/Lines 345-347)

I am ecstatic that my partner is willing to take care of our baby. I am sure he will be responsible.

(Frangipani/ Interview 3/ Lines 210-211)

Theme 2: Transformation of self

The pregnant teenagers came to realise that familial support is lacking.

For instance, Chrysanthemum disclosed that she felt very lonely and was unsure of what to feel and how to behave while being pregnant.

Why am I being abandoned? I realised what I did was wrong but they left me to be all alone. I need to take care of myself now.

(Chrysanthemum/ Interview3/Lines 201-202)

The participants were sceptical of what the future holds. Being married is out of the question at this juncture. Dahlia mentioned that she felt 'dirty'; but hopes to be married one day.

I hope to be married one day. I hope that a loving man can take care of me. I am afraid of what the future holds. I felt dirty. What if one day I fell in love and the man knew about my past and cannot accept me for who I am?

(Dahlia/Interview 5/Lines 145-148)

The transformation of self requires positive change

within self that made them reflect upon their future. Their reflection towards life has changed. Their desire to be a better person is now instilled.

Daisy mentioned that economic stability is important to be able to move ahead.

Once I leave this place, I need to work to finance myself and my baby. That is the only way to care for both of us.

(Daisy/ Interview4/Lines 333-334)

Theme 3: Spiritual strengthening

All the ten participants revealed that they found peace upon submitting themselves to God's (Allah) will. According to the participants, seeking solace in God relates to peace within. They achieved this by performing prayers (solah) and regularly reading the Al-Quran which has also serve them as a coping mechanism to stay mentally fit. They have associated their pregnancies as a spiritual pathway that drew them closer to God and viewed them as a positive life experience. Table III presents the direct quotations from the transcripts relating to the current theme.

Table III: Direct quotations from transcripts

Name	Quotations
Sunflower	I conduct prayers and repented for my sins. (Sunflower/Transcript Interview 2/Line 429) Do not do things that are prohibited by God. (Sunflower/Transcript Interview/Line 185) He gave me strength. (Sunflower/Interview1/Line 259)
Tulip	I am stronger each day because of this baby. God is always with me. I have Him. (Tulip/Interview 3/Line 61)
Cherry Blossom	Pray to him with all my heart for the baby to be a good person. (Cherry Blossom/Transcript Interview 2/ Line 336) Pray for myself and pray to him that the baby becomes a good person. (Cherry Blossom/Transcript Interview 2/Line 338)

DISCUSSION

The objective of this study is to understand the teenagers' perspectives on how they make sense of their unwanted pregnancy experience which resulted in the emergences of three themes which are a) transition to motherhood, b) transformation of self; and c) spiritual strengthening. Some of the turning points that resulted in the emergence of these three themes are upon self-evaluation, all the participants wanted to gain responsibility in order to make good life decisions, emotional or physical abandonment by the sexual partners or family members, participants coped with their pregnancy through spiritual guidance that kept them persevering and staying positive. Hence, feelings of depression or frustration transformed into hope and anticipation by seeking solace in the divine.

Here, all the participants experience both transition to motherhood and transformation of self. They mentioned that they positively changed from being a selfish and an irresponsible person to being a mature person who not only cares for their respective babies but also

understands the need of taking care of their own physical and psychological wellbeing. This is in line with findings in a study that mentioned young mothers often neglect their own health when taking care of their babies (33). Therefore, it is important to teach young mothers to not take their health for granted as their health is important in order to effectively care for their children. In general, the participants described the transformation of self and transition to motherhood as a positive experience. They ultimately made life changing decisions (keeping the baby) and understood the responsibility and weight of their decisions. Previous study has indicated that young mothers were found to have a positive experience towards motherhood as they felt that it was of worth and a privilege to be with child (34). Other studies had also revealed that pregnancies among young women brought an increased sense of meaning and happiness towards motherhood (35). The positive experience is described as a turning point into motherhood, contentment, responsibility and maturity.

The final theme was derived based on all participants accepting their fate after praying and reading the Al-Quran on a regular basis (23-24). They found peace and tranquillity after submitting themselves to God. They looked at their condition as an opportunity for a second chance in life. All of them seek forgiveness from God and their family members and pleaded to keep their babies. Their unexpected pregnancy had turned into unexpected joy after finding and becoming closer to God.

This research has implications to medical and the helping professionals who can also gain insight on how to best help by understanding the viewpoints of these teenagers from their own individual perspectives. Additionally, counsellors and therapists may also need to guide parents and family members on how to address their dilemma.

This study has concluded that additional interventions designed around unwanted pregnancies among teenagers needs to be established and implemented by mental health providers, counsellors, educators and physicians. This includes developing support networks with other young mothers and trusted mental health professionals visiting the shelter homes to converse with them. Research has shown that these efforts provide them with significant emotional support and important information associated with child care, educational and employment opportunities (36). Other strategies include a comprehensive understanding on the use of contraceptives and identification of high risk individuals or families. Ongoing parental support and providing a safe environment can also empower the affected teenagers in times of hardships in order to make more responsible choices (37).

The strength of this research includes in depth descriptions

and quality of data as a result of comprehensive one to one interview with all the participants. Nevertheless, there were a small number of participants which limits the ability to make a thorough comparison on their real-life experiences. Thus, the findings of this study cannot be generalized towards the whole population. Furthermore, the participants may underreport their experiences out of fear of exposure or being negatively stereotyped.

CONCLUSION

In summary, all the participants expressed deep regret in having engaged in sexual relationships with their partners whom they blamed on their ignorance and pressure from their partners. This signifies the importance of incorporating sexual education into the school curriculum. The participants experienced a profound sense of guilt and remorse but did not regret having their babies. They viewed their unborn babies as symbols of love and blessings from God.

Although initially their pregnancies were viewed as unwanted, they all encountered turning points towards the end of their pregnancies (transforming of self and transition into motherhood). The findings of the represent study were in compliant with other research (24,34,38-39) in which it is not early pregnancy that had adverse occurrence but rather the responses towards the pregnancies. All of the participants associated their pregnancies as a positive experience of growth, maturity and development. Besides that, the lack of support and condemnation from their family members and society presents the need for policy makers and mental health professionals to focus on the hardships of teenage pregnancies and come up with interventions to help them get back on their feet. Their focus should also be redirected towards concentrating on the teen mothers' potential for growth in the community. Providing awareness towards the community on accepting teen mothers is also important in order to empower young unwed mothers with the opportunity, strength and courage to return and live amongst the community in harmony.

Future research should focus on the usage of contraceptives and sexual knowledge among teenagers. Besides that, the perspectives of the male partners were not considered in this research, thus upcoming researchers can look into the experiences of unwanted pregnancy among males and how they make sense of the experience.

ACKNOWLEDGMENT

The research was funded by the University of Malaya Bantuan Kecil Penyelidikan (BKP) Grant (Project Code: BKP079-2016). Special thanks to all the respondents who participate in this project. To Mr. Irfan Yeoh

Abdullah, thank you for your valuable input. Ms. Janet Fernandez, Research Assistant for this research project, I thanked you for your commitment.

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