

Challenges Faced by Young Women with Premarital Pregnancy: A Qualitative Exploration through A Multiple-Case Study

Cabaran yang Dihadapi oleh Wanita Muda yang Mengandung di Luar Nikah: Ekplorasi Kualitatif melalui Kajian Kes Berganda

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ABSTRACT

Unplanned and unwanted pregnancy is a challenging life event, especially to young unmarried women in Malaysia as they often left unsupported. Using theory of resilience, this study aimed to explore challenges faced by non-institutionalised young unmarried women who decided to keep their pregnancy. By understanding their challenges, we could recognise their main needs for planning of effective strategies and policies that can help them to cope better with their pregnancy and prepare for their future. This was a qualitative exploration study using a multiple-case study design. Five pregnant women recruited from two primary care clinics, aged 18 years and above, with different life experiences and at different trimester underwent in-depth interviews. Data was examined using thematic analysis and compared across the five cases. The main challenges during pregnancy faced by the unmarried women were: (1) avoiding social stigma, (2) having poor psychosocial support from family, and (3) preparing for future. They were worried about financial security, childcare, illegitimate status of their child, housing arrangement and stable employment. Thus, they need to be supported in these areas. Although these young women in the community appeared to be self-reliant, independent and strong minded, they need to be supported especially from their own family members, parents, peers, health care providers and organisation for a better future for them and their children.

Keywords: Premarital pregnancy; challenges; stigma; support; qualitative

ABSTRAK

Kandungan tidak dirancang dan diingini adalah satu peristiwa kehidupan yang mencabar, terutama bagi wanita muda yang belum berkahwin di Malaysia kerana mereka sering dipinggirkan tanpa sokongan. Dengan menggunakan teori kebingkasan, kajian ini bertujuan untuk menyelami cabaran yang dihadapi oleh wanita muda belum berkahwin yang tidak menghuni mana-mana institusi dan telah mengambil keputusan untuk meneruskan kandungan mereka. Dengan memahami cabaran-cabaran mereka, kita dapat mengenalpasti keperluan utama mereka bagi merancang strategi dan polisi yang efektif dan dapat membantu wanita muda ini menghadapi kandungan mereka dengan lebih baik dan bersedia untuk masa hadapan. Ini adalah kajian kualitatif eksplorasi dengan menggunakan kajian kes berganda. Lima wanita mengandung berumur 18 tahun dan lebih, mempunyai pengalaman kehidupan berbeza dan berada pada pelbagai tahap kandungan dari dua klinik kesihatan telah ditemuduga secara mendalam. Data diproses menggunakan analisa tematik dan tema perbandingan dilakukan untuk kesemua kes. Cabaran utama mengandung yang dihadapi oleh wanita belum berkahwin ini adalah (1) mengelakkan stigma sosial (2) mempunyai sokongan psikososial keluarga yang lemah dan (3) bersedia untuk masa hadapan. Mereka bimbang mengenai kedudukan kewangan, penjagaan anak, status sah anak, penginapan dan pekerjaan yang stabil. Oleh itu mereka memerlukan sokongan dalam perkara-perkara ini. Walaupun mereka kelihatan tidak bergantung kepada orang lain, berdikari dan tegas, mereka memerlukan sokongan terutama daripada keluarga, ibu bapa, rakan-rakan, warga kesihatan dan organisasi untuk masa hadapan yang lebih baik bagi mereka dan anak mereka.

Kata kunci: Kehamilan luar nikah; cabaran; stigma; sokongan; kualitatif

INTRODUCTION

Importance of family lineage through marriage has been put upon great emphasis by Asian traditions. However, westernisation has led to changes in values of marriage over the recent years in East Asia like Japan, Taiwan and Korea. Despite this change, marriage still remains an essential requirement for childbearing in these countries (Raymo et al. 2015; Hertog and Iwasawa, 2011). In Islam, marriage is a sacred institution in the society with an aim to maintain purity of lineage. Since Malaysia is mostly populated by Muslims, premarital sex is regarded as forbidden and it is even frowned upon by conservative non-Muslims who still value their traditions and culture. As a result of this, premarital pregnancy is stigmatised by Malaysian community as a product of forbidden act (Tan et al. 2014) and children born out of wedlock are commonly labelled as '*anak haram*' or '*anak luar nikah*' (illegitimate child). Under the Common Law and the Islamic Law in Malaysia, the illegitimate children do not have the right to inheritance, maintenance and guardianship (Raja Gopal 2015). The child has no legal ties with their biological father and they are registered without the father's name (if non-Muslim) or with '*bin/binti Abdullah*' (if Muslim). The biodata of the father in their birth certificate is also left empty. As this document is used for various formal matters, many unwed mothers fear of stigma by society and opt for not registering their child or giving up their child for adoption (Raja Gopal 2015).

In the USA, 39.8% of all births in 2017 was to unmarried women (Martin et al. 2018). The rate has plateaued recently after a peak in 2009 at 41.0%. However, non-marital childbearing in Asia remains low at 2 to 4% (Raymo et al. 2015). In Malaysia, the percentage of all births to unwed mothers in 2011/2012 was only 1.99% (Ruhaizan et al. 2013), on the other hand the statistics from the National Registration Department has shown an increasing trend of registration of illegitimate child. In 2006, there was about 8.1% of all birth registered with this status and in 2013, the percentage increased to 10.4% (Augustine 2011). The low rate of out of wedlock births in Asia may be due to marriage before delivery and abortion as shown by Hertog and Iwasawa (2011). In Japan, about 90% of unwed pregnant women delivered their child within marriage but only 10% of unwed pregnant women in the USA were married before the delivery (Hertog & Iwasawa 2011).

Based on previous studies done in Malaysia, many unwed mothers considered and attempted abortion using various methods when they discovered about the unwanted pregnancy (Jamaludin & Wan Abdullah 2013; Jamaluddin 2013; Tan et al. 2012; Mohamad Nor et al., 2019). They were worried about the stigma, punishment by family and own competency to take care for the child (Tan et al. 2012). Some of them felt they were too young to have a baby or get married (Jamaluddin 2013). The abortion rate in Malaysia remains unknown due to unreported illegal abortions, however there are studies that showed successful abortion by some teenagers (Jamaluddin & Wan Abdullah, 2013; Jamaluddin 2013). Interestingly, a study by Mohamad Nor et al. (2019) highlighted the presence of a turning point during the second trimester when the teenagers accepted their fate and decided to keep their pregnancy. Those who chose to carry the pregnancy to term would try to hide their pregnancy from the society to avoid stigma and maintain their family's dignity by staying at shelter homes (Saim et al. 2014). Many residents of these homes planned to give their child away for adoption (Tan et al. 2012; Mohamad Nor & Sumari 2013; Jamaluddin 2013; Mohamad Nor et al. 2019). However, some of them changed their mind towards the end of their pregnancy when they felt the emotional bond and love for their unborn child (Mohamad Nor & Sumari 2013; Mohamad Nor et al. 2019). They were determined to raise their child, usually with the help of their own family (Tan et al. 2012; Mohamad Nor & Sumari 2013; Mohamad Nor et al. 2019). According to a retrospective study among 266 unwed mothers aged 14 to 44 years who gave birth at a government hospital, only 18.8% of them decided to give their child away for adoption or foster care (Mohd Suan et al. 2018). Nonetheless, some of the newborn babies were dumped by the desperate unwed mothers. In Malaysia, about 64% of 1010 dumped babies reported over a decade were found dead (Tang 2019).

According to Werner (1989), teenage pregnancy was one of the negative outcomes of exposure to adverse psychosocial environment such as poverty, raised by unmarried mother, separation from mother, permanent absence of father, family disruption, closer-spaced siblings and unstable childcare. However, some children who were raised in similar adversities turned out to have successful life and they were regarded as resilient children. This phenomenon was explained by Werner (1989)

through the theory of resilience that emphasised the ecological interactions between risk factors and protective factors at various levels: individual (e.g. responsible, internal locus of control, determination, sociable and flexible attitude), family (e.g. affectional ties within families) and community (e.g. organisational support). In Malaysia, similar adverse factors such as high level of external locus of control, low socioeconomic status and poor social support from family, friends and significant others were found to be associated with premarital pregnancy (Mohd Zain et al. 2015; Shahrudin et al. 2018). Based on this theory, these unwed pregnant mothers could be considered as having low resilience as a result of previous exposure to life adversities.

Challenges and needs of unwed mothers who decided to keep their pregnancy were not well identified by previous studies in Malaysia. Su et al. (2014) showed that emotional difficulties were the most common problem faced by 26 pregnant teenagers in a shelter home. They usually suffered from emotional insecurities and feelings of guilt, sad, unworthiness, shame, isolation, loneliness and being rejected (Saim et al. 2013; Saim et al. 2014; Su et al. 2014; Mohamad Nor et al. 2019). Many of them had to deal with conflicts with their family and dilemmas of future arrangement when they decided to keep the pregnancy to term, causing confusion and anxiety (Mohamad Nor & Sumari 2013; Saim et al. 2014). Only a few were actually stigmatised by the society, perhaps because they stayed in a secured environment of shelter homes (Su et al. 2014). They considered shelter home as a place for hiding and repentance and this external support can be regarded as a form of protective factor (Saim et al. 2014; Su et al. 2014).

In view of our local culture and religious belief against premarital pregnancy, non-institutionalised unwed mothers were hypothesised to have a challenging life as they had to live independently in the community without a secured environment like

shelter homes. Based on the theory of resilience, they were also hypothesised to have low resilience due to their previous adversities while growing up. Challenges they faced during pregnancy can act as additional risk factors which could lead to negative health and psychosocial outcomes. However, their challenges remain poorly understood as there are limited studies in this area. Thus, this study aimed to explore challenges faced by non-institutionalised young unmarried women who decided to keep their pregnancy. By understanding their challenges, we could recognise their main needs and this information could help us to plan for effective strategies and policies that could help them to cope better with their pregnancy, prepare them for their future of childrearing and empower them to be self-sufficient.

METHODS

This was a qualitative exploration study that used a multiple-case study design. In this study, we aimed to understand challenges faced by non-institutionalised young women who had premarital pregnancy and received antenatal care at two primary care clinics in southern Malaysia. The data collection was carried out in 2016 through in-depth interviews by two trained family medicine specialists (FMS) who provided antenatal care to these young women. This doctor-patient relationship provided an advantage as they already had good rapport that allowed unrestricted sharing of experience. A semi-structured interview protocol (Table 1) was used to guide the interviewers in exploring the participants' lived experience before and during the current pregnancy in depth, focusing on the challenges and difficulties that they faced. The interview was carried out in a consultation room at the primary care clinics where the participants' privacy was secured. The interview took about an hour and it was recorded using a digital audio recorder.

TABLE 1. Interview protocol

Topics	Core Questions
Basic profiles	Describe a little bit about yourself
Introductory questions	We know that you are going through a lot of challenges during this pregnancy. That is why we hope that you can help us to understand better your situation. Tell me about your life now? (<i>Probe using open-ended questions – why, how, describe</i>) • <i>Emotions, physical well-being, challenges (including stigma & confidentiality)</i>
General view	What are your views regarding pregnancy before marriage?

continue ...

... continued

Transition questions	Do you have any worries now? (<i>Probe using open-ended questions – why, how, describe</i>) Could you please describe your concerns? (during & after pregnancy)
Needs & support (during pregnancy)	What do you think about the support that you are getting now? What do you wish to have now? Let's discuss about the needs that you might require in detail. • Emotional support, basic needs, financial support, medical care, knowledge in antenatal care and baby care, education & employment, spiritual needs
Needs from family	You have mentioned about your family. How your family can help you? (<i>Probing - why, how, describe</i>)
Factors leading to pregnancy	We have talked about your present life. We are interested to know about your life before pregnancy. Can you tell me more about it? How do you think your previous life has led to your pregnancy?
Initial reactions & decision making	I am also interested to know your reaction the first time when you knew you are pregnant. Tell me more. What was your plan at that time (initial plan)? Explain why. Most of the young adults in your situation consider aborting their baby. Have you ever considered abortion? Tell me more about it (reasons). However, eventually you have decided to keep your baby. Explain how you made that decision.
Future plan	What is your plan after delivery? • Baby care, education/employment, relationship & marriage, spiritual etc.
Needs & support (after delivery)	After delivery, what kind of help do you wish to receive from others (family, friends, community & government)

The unmarried mothers were purposively identified based on a number of characteristics: aged at or more than 18 years old and decided to carry the pregnancy to term. There were five unique young women selected by the two FMS. These young women were at different trimester of pregnancy and had different living arrangements, that indicated various psychosocial adversities prior to and during their pregnancy.

THEORETICAL FRAMEWORK OF THE STUDY

Resilience is a process of coping, overcoming and adapting to challenges that results in positive outcomes or reduction/avoidance of negative outcomes (Fergus & Zimmerman 2005; VicHealth 2015). Theory of resilience emphasises adolescents' strength to lead to a positive or less negative outcome despite being exposed to a risk. In this study, triangulation of three theories of resilience by Werner (1989), Garmezy (1984) and Rutter (1979; 2006; 2013) was used as the study's theoretical framework. The theory of resilience by Werner (1989) emphasises the ecological interactions between risk factors and protective factors at individual, family and community levels. Similarly, Garmezy (1991) also emphasises the ecological view of resilience that reflects individual's capacity to adapt and recover after being exposed to an adversity. The third theory of resilience in this study was the one by Rutter (1979; 2006; 2013). According to this theory, positive outcome is a result of reduction in the accumulated impacts of risks by

increasing the protective factors through positive chain reactions and new opportunities ('turning-point' effects). Rutter (2013) also highlights the importance of genetic and environmental factors in influencing one's vulnerability to an adversity.

In summary, all theories of resilience describe the interactions between risk factors and protective factors. Presence of effective protective factors can result in positive (or less negative) outcomes despite being exposed to a risk. These protective factors include individual factors (e.g. competency, coping skills and self-efficacy), familial factors (e.g. parental support and family cohesion) and community factors (e.g. support from health care providers and community support) (VicHealth 2015).

DATA ANALYSIS

All audio recordings were transcribed into text by a transcriber and the accuracy of transcriptions were examined by two researchers. Analysis of each transcription was done successively using thematic analysis by the main researcher allowing her to spend enough time with the data and do the cross-case analysis. For each case, the researcher started by reading the whole transcript to familiarise with the data. Initial codes were developed by tagging the meaningful verbatim. The coding was guided by the study's research questions and theoretical framework that focused on risk factors (previous adversities and current challenges or problems), protective factors and needs of the pregnant mothers

(theory-driven codes). Any meaningful codes with uncertain connection to the theory or research questions were collected in a special file and its significance examined when data of another case was analysed (data-driven codes).

Initial themes were generated by identifying patterns of the codes. Abstraction of meaning for each theme and patterns of the themes aided the researcher to recognise the connections between the themes. Subsequently, main themes and sub-themes were identified and its definitions were recorded in a journal. Similar process of analysis was repeated for another case and crossed-case analysis was carried out. The developed themes were then reviewed and refined at every steps of the analysis. Any changes made in the definitions and mapping of the developed themes were recorded to allow an audit trail of how the final themes emerged. Throughout the process of analysis, peer checking was carried out with another researcher who is a consultant of family medicine and an expert in qualitative and adolescence health. The researcher reviewed the codes and themes by returning to the raw data to ensure the trustworthiness of the analysis. Subsequently, the final themes and its interpretation were vetted by other co-researchers.

ETHICAL CONSIDERATIONS

This study was registered with the National Medical Research Register (NMRR ID NMRR-13-1680-17975) and received approval from the Medical Research and Ethic Committee (MREC) Malaysia and the National Institute of Health (NIH). All the participants provided written consent before participating in this study. Their confidentiality was ensured during analysis and reporting by using pseudonyms. The information obtained through this

exploration was also used by the FMS in the clinical management of these patients where psychosocial support were provided accordingly. Antenatal care was given to each participant as per guideline by the Ministry of Health Malaysia.

RESULTS

The findings of this study were presented in three main sections: (1) Participants' characteristics, (2) Participants' narrations on challenges of premarital pregnancy, and (3) Cross-case analysis: Challenges and needs of young mothers with premarital pregnancy. Such presentation allowed better understanding of lived experience of each participant: Willemite, Iolite, Fluorite, Amethyst and Sapphire (pseudonyms based on gemstones).

PARTICIPANTS' CHARACTERISTICS

The age of the young mothers in this study ranges between 18 and 23 years old; the youngest was Sapphire and the oldest was Iolite (Table 2). Fluorite was in her first trimester, whereas Sapphire was in her final trimester. Other participants were in their second trimester. All of them, except Amethyst, were working at the time of their interview but it was a low-income job. All had different living arrangements, either staying with own family (Willemite), extended family (Sapphire), elder sister (Iolite), boyfriend's family (Amethyst) or work colleague's family (Fluorite). However, Willemite's parents planned to send her to a shelter home in near future. Three of the participants became pregnant due to consensual sex with their boyfriend, but Iolite was coaxed to have sex by her boyfriend while Sapphire was raped by her boyfriend.

TABLE 2. Description of cases

Identification	Willemite	Iolite	Fluorite	Amethyst	Sapphire
Age (years)	19	23	19	20	18
Ethnicity	Malay	Malay	Malay	Chinese	Malay
Education attainment	SPM	SPM	School drop-out at 14	SPM	SPM
Current employment	Shop assistant	Cook assistant	Cook assistant	Unemployed	Working at father's restaurant
Duration of pregnancy during interview	Second trimester	Second trimester	First trimester	Second trimester	Third trimester
Living status	Stayed with family	Stayed with elder sister	Stayed with colleague's family	Stayed with boyfriend and his family	Stayed with mother and extended family (grandmother, uncle, aunty and cousins)
Reason of pregnancy	Consensual sex with boyfriend	Coaxed to have sex by boyfriend	Consensual sex with boyfriend	Consensual sex with boyfriend	Raped by boyfriend

PARTICIPANTS' NARRATIONS ON CHALLENGES OF PREMARITAL PREGNANCY

All the participants were determined to keep the pregnancy and raise their children, although two of them (Fluorite and Iolite) did consider aborting their pregnancy initially but they abandoned the idea to avoid making more sinful mistake. They felt premarital pregnancy was challenging as they had to remain independent and face various problems on their own. All of them had to continue working during pregnancy to support themselves except Amethyst.

"It is extremely challenging (to be pregnant before marriage). It is mentally and emotionally torturing, especially to those who cannot accept it. The struggle is real to live through this journey on my own. Declaring to the family is another issue after all." (Fluorite)

"Countless troublesome events and struggles after this... (I will have) many responsibilities." (Sapphire).

"(Out-of-marriage pregnancy) is... challenging. Getting pregnant before married really means that I have to face various problems on my own." (Willemite)

"I endured the pain on my own, I'm suffering and experiencing the pain... no one can bare all these." (Iolite)

All of them experienced various degree of challenges depending on the support that they received. There are three main themes of challenges emerged through their narrations, which are: (1) avoiding stigma, (2) gaining psychosocial (emotional and financial) support, and (3) preparing for future. These challenges are described further according to each case.

Willemite (19, Malay, salesgirl, in her second trimester; staying with family): Willemite felt restricted and stressful due to her parents' preoccupation to keep her pregnancy a secret from the society. She felt staying at a shelter home is better to maintain family's dignity. (Theme: Avoiding stigma).

"I feel restricted. My parents want to keep this (pregnancy) a secret. I am worried about the negative judgement by the society regarding this pregnancy... Since being pregnant, I feel different. I feel restricted." (Willemite)

"(It is better to live in) a shelter home to maintain my family's dignity. My family wants me to stay there. They are planning to send me there. I've decided to fulfil their wish and stay in the shelter home until delivery." (Willemite)

Despite having enough basic needs and staying with her family, Willemite still felt she needed emotional support and attention from her parents. (Theme: Gaining psychosocial support).

"(To reduce stress) family should give more attention ... like make me more important than others. In this condition, I surely need attention... attention from my family" (Willemite)

"My mother is alright... she gives me some support. She gently persuades me to change. She takes care of my foods and drinks." (Willemite)

Willemite felt unready for motherhood and expected to learn about childcare from healthcare providers. She was worried about future financial security and her child's welfare if the baby was born without a father. She realised that she had to work to support her child, but expected financial support from her family too. She also determined to improve her own spirituality and had sense of responsibility to provide religious teaching to her child. There was no plan to pursue further study. (Theme: Preparing for future)

"I am not ready for motherhood. I was embracing my young days, enjoying the time and it feels surreal to suddenly have a child at this age. It is really a challenge...I need to learn about childcare, since I am not experienced." (Willemite)

"I'm worried to have a baby born without a father." (Willemite)

"I need to be financially prepared for this baby" (Willemite)

"If we uphold the religious teaching, this premarital pregnancy would not happen. Since it has happened, we need to learn from this... need to practice the religion. Since this pregnancy, I've received my family's support. They expect me to change. So, I'm trying to change, performing the daily prayers. We must instil spiritual knowledge in our children" (Willemite)

Iolite (23, Malay, cook assistant, in her second trimester; staying with sister): Iolite experienced substantial impact related to stigma. Her parents could not accept her pregnancy and ostracised her. Her siblings distanced themselves from her. She tried to ignore when other people looked at her in the public, but she still felt ashamed. (Theme: Avoiding stigma).

"Emotionally... it is undoubtedly stressful [Iolite cried] when my parents knew about this pregnancy... they could not accept it. They distanced themselves from me. They did not even talk to me... they made me felt isolated [crying still]. It was stressful. Even my siblings who were previously my best of people had suddenly distanced themselves from me, not talking." (Iolite)

“(I) don’t care about other people’s view on me. But when I’m walking alone in the public, I feel their eyes are on me. It is always unpleasant. I felt ashamed.” (Iolite)

She felt estranged, isolated and alone, causing stress and depression. She felt that she had to face all challenges on her own and the only support she received was from her elder sister, who provided a place to stay but she felt inadequate. Even though she received emotional support from her boyfriend, she still longed for the support from her family. She had to work to maintain her basic needs even though she felt tired and had body ache. She believed shelter home would be a good place for her to get guidance and support. (Theme: Gaining psychosocial support).

“My sister does her own things. I feel estranged, isolated and alone. No one closed to me give me support to improve my spirit. I literally left alone [Iolite cried]. I could only rely on myself. My own self.” (Iolite)

“Yes (received support from boyfriend) ... but I still feel it is better to have support from my own family to improve my spirit because my family is my strength, my flesh and blood.” (Iolite)

“In this situation, (shelter home) is great because there are guardians, those who take care of us, look after us and give us support and guidance.” (Iolite)

Iolite also felt unready for motherhood and expected to learn about childcare from those who are experienced like her mother or sister. She was worried about her child’s future due to ‘illegitimate’ status and its stigma. She wanted to improve her spirituality and plan to continue working after confinement. Pursuing further study was not her main priority. (Theme: Preparing for future).

“I am worry for the baby. I have to think about my baby’s future... because the society sees an extra-marital child negatively. I am sorry for him.” (Iolite)

“(I) have to improve and make myself closer to the God.” (Iolite)

Fluorite (19, Malay, cook assistant, in her first trimester, staying with colleague): Fluorite was considering a new job to avoid stigma from her employer’s family and colleagues. She also feared that her mother would be stigmatised by her stepfather’s family if they knew about her pregnancy (stigma by association). Thus, she kept this pregnancy a secret from them. (Theme: Avoiding stigma).

“It is fretful to let her (mother) knows. She might be stigmatised and isolated. I really need to avoid this, hence I kept it a secret. I do not want her to be isolated from my step-father’s family.” (Fluorite)

“I am considering another job... (because) I do not want his (employer) parents to know regarding this.” (Fluorite)

She received good emotional support from her unemployed boyfriend, employer (her boyfriend’s friend) and some colleagues at work. She felt her basic needs were adequate but need to keep working to support herself. She still longed for emotional support from her mother. She felt health care providers should provide continuous psychosocial support too and staying at a shelter home would be a good option. (Theme: Gaining psychosocial support).

“I really wish my mother knew about this (pregnancy), because I really need her support... I really need her now. We are close. I still need her at this moment.” (Fluorite)

“It is better to stay at a shelter home because when they (pregnant women) have nowhere to go, afraid to tell the truth to the family, it is good for them to stay in the shelter home. At least, there are people to care for them and motivate them throughout the challenging journey. Living in the shelter home can avoid them from thinking negatively.” (Fluorite)

She felt accountable for the mistake she made and wanted to better herself, including spirituality. She planned to get married before delivery, but she knew it was impossible as her boyfriend’s family disapproved it. She felt unready for motherhood and worried about her child’s future due to the ‘illegitimate’ status and her future in terms of financial security and living arrangement. She did not have plan to pursue further study. (Theme: Preparing for future).

“He (boyfriend) said it’s our fault. Not the baby’s fault. We did it (had unprotected sex), we must be responsible for it.” (Fluorite)

“Now, I am totally clueless (about childcare).” (Fluorite)

“I am scared of having this premarital pregnancy. I’m thinking about the baby. What would happen to him as some people said I will not be able to register the baby to get the birth certificate. Is it true? It worries me when I think about it.” (Fluorite)

“I keep thinking of how to financially support my mother every month. I need to bank in the money to her, help her to support my younger siblings’ schooling. After delivery, I also need a lot of money for the baby. Now, I just focus on my work.” (Fluorite)

Amethyst (20, Chinese, unemployed, in her second trimester, staying with boyfriend's family): For Amethyst, premarital pregnancy is common nowadays. (Theme: Avoiding stigma).

"In my opinion, (premarital pregnancy) is a norm. Too many cases of this kind that I have seen." (Amethyst)

Although her mother disliked her having a baby out-of-wedlock, she did provide emotional support. She was fully cared by her boyfriend and she received adequate basic needs. However, she often had conflicts with her boyfriend's mother which stressed her out. (Theme: Gaining psychosocial support).

"My mother was mad, but she still takes a good care of me. She still gives full attention to me even though she is still mad at me because I am having a child before marriage." (Amethyst)

"I live with my boyfriend because he did not allow me to be home. He wants to take care of me." (Amethyst)

"My boyfriend, my mother and my siblings (gives me support) ... It (family support) is quite important... to take care of me [Amethyst laughed]... to prepare my food, because I am a bad cook [Amethyst laughed]. Most importantly is his (boyfriend) family's support [Amethyst laughed]. (Amethyst)

"Only his mother (dislike her)... I realised about this when we asked her to get us married now. She refused to cook for me. She was mad and refused to come back from her hometown." (Amethyst)

"We (my boyfriend's mother and I) do not fight with each other. It's just she dislikes me. I do not take the problem seriously as my boyfriend advised me to ignore it. He does not want the relationship to break down." (Amethyst)

She and her boyfriend planned to get married before delivery, but unsure whether it can be realised due to disagreement in marriage arrangement with his mother. She was positive and preparing for motherhood, thus she searched information related to baby care on the internet and expected to learn about it from her mother. She also worried about financial security and planned to work after delivery but was unsure about arrangements of childcare and place to stay. There was no plan to pursue further study. (Theme: Preparing for future).

"Our previous plan was to move out from his house once we get married. But now, his mother refused to let us go. Well, I am not sure now." (Amethyst)

"I am just afraid that nobody is going to take care of this baby. I have planned earlier to get a job after this baby is born. I am afraid if his mother refused to take care of this baby later." (Amethyst)

Sapphire (18, Malay, working at father's restaurant, in her third trimester, staying with family): Sapphire was ashamed of being raped by her boyfriend, thus she kept the pregnancy a secret, even from her father. She ended her relationship with her boyfriend to avoid him from knowing about the pregnancy. However, she did not experience societal stigma as she was overweight, and her pregnant abdomen was not noticeable. (Theme: Avoiding stigma).

"I wanted to (lodge a police report) but I was afraid the community would know the truth and cause shame to my family." (Sapphire)

She received good emotional support from her mother, cousins, foster family and close friends. She felt her mother was the source of her strength and she did not need other people's support as her mother's support was sufficient. Her basic needs were adequate, and she was happy with her life. (Theme: Gaining psychosocial support).

"My mother gives a lot of support, strong support. My cousin, foster-mother and foster-sister too (give support)." (Sapphire)

"(I receive emotional support) from my mother. She always shows her empathy and advises me to control my emotion since it will affect my baby. I ventilate all my emotions to her. We talk. She gives her advice. I only talk to my mother." (Sapphire)

"She (my mother) is enough for me." (Sapphire)

She felt accountable and wanted to redeem herself after the mistake she made by raising her child properly. She was quite certain with her future plan. She had prepared herself for motherhood by learning about childcare from her mother and the internet. She planned to stay with her foster family during confinement and subsequently move to a rented house with her mother who will babysit her child while she is at work. She did not plan to pursue further study. (Theme: Preparing for future).

"(After delivery) I may stay with my foster mother. For the time being, I'm staying with my mother. After delivery, I plan to move to a new home with my mother. Stay in our own house. My mother wants to take care of the baby at home." (Sapphire)

"After the baby is born, I want to go back straight to work. I need money. If possible, I want to find a better job so that I can sufficiently support my family." (Sapphire)

"I want to improve... What's done is done. But I want to take a good care of my baby. I don't want him to repeat the same mistake." (Sapphire)

CROSSED-CASE ANALYSIS: CHALLENGES
AND NEEDS OF YOUNG MOTHERS WITH
PREMARITAL PREGNANCY

Based on the participants' characteristics and narrations, Table 3 summarises all the challenges

(risk factors) and protective factors that can influence their resilience. Their current psychological state reflects the result of interactions between their risk factors and protective factors. Through the crossed-case analysis, the gaps in their needs were identified.

TABLE 3. Participants' challenges (risk factors) and protective factors based on theory of resilience

Participant	Challenges (Risk factors)	Protective factors	Current psychological state
Willemite	<ul style="list-style-type: none"> • Social person; freedom to go out; weak religiosity • Youngest of two siblings; lenient parents • Inadequate emotional support from parents • Had perceived stigma and parents felt 'stigma by association' • Had a low-income job; No financial security • Unready for motherhood 	<ul style="list-style-type: none"> • Planned to go to a shelter home soon and get married before delivery • Adequate basic needs • Determined to improve herself • Had a sense of responsibility • Had fairly clear plan after delivery 	Stressed and restricted
Iolite	<ul style="list-style-type: none"> • Social person; freedom to go out; friends with high risk behaviour; weak religiosity • Middle child of 10 siblings; Mother selling 'nasi lemak' but father was unemployed • Had dilemma to abort her pregnancy initially • Stigmatised and ostracised by parents and siblings; poor emotional support from family • Had perceived stigma in the public • Had a low-income job; No financial security • Unready for motherhood 	<ul style="list-style-type: none"> • Received support from boyfriend; planned to get married after delivery • Adequate basic needs • Determined to improve herself 	Estranged, stressed and depressed
Fluorite	<ul style="list-style-type: none"> • Social person; left home at 14 years old; had multiple jobs including working at a gambling centre; weak religiosity • Third of five siblings; mother divorced when she was 1 year old and remarried 10 years later; had poor relationship with her biological father and step-father; family disharmony • Had dilemma to abort her pregnancy initially • Inadequate emotional support from family • Perceived stigma and worried about stigma-by-association • Had a low-income job; No financial security • Unsure of future plan; Not ready for motherhood 	<ul style="list-style-type: none"> • Supportive boyfriend, employer and colleagues • Adequate basic needs • Had a sense of responsibility • Determined to improve herself 	Worried
Amethyst	<ul style="list-style-type: none"> • Had frequent stay over at boyfriend's home before pregnancy; weak religiosity • Second of 5 siblings; Father passed away when she was 14 years old; mother was working in Singapore • Conflict with boyfriend's mother • Unsure of future plan; Not ready for motherhood 	<ul style="list-style-type: none"> • Responsible boyfriend - fully cared by boyfriend and his family • Adequate basic needs • Good relationship with own family 	Concerned but satisfied
Sapphire	<ul style="list-style-type: none"> • Social person; freedom to go out; weak religiosity • Only child; father stays with his second wife • No financial security 	<ul style="list-style-type: none"> • Good relationship with her parents • No perceived stigma • Adequate basic needs • Certain about future plan • Had a sense of responsibility and purpose • Determined to improve herself 	Happy and content

Generally, all the participants experienced adversities of various degree prior to their pregnancy. All of them had stopped pursuing their education and were working prior to their pregnancy, but their job was without financial security. According to the theories of resilience by Werner (1989), these young mothers' resilience might be low to begin with as a result of prior life adversities. However, these women appeared to be self-reliant, independent and strong-minded who were determined to keep their pregnancy and raise their child despite facing various challenges. These characteristics may indicate some degree of resilience in them.

In the presence of multiple challenges (risk factors) and lack of protective factors in terms of supports from family and significant others, Willemite, Iolite and Fluorite experienced negative psychological impacts. Even though they could still live independently, their emotions were affected, particularly Iolite who felt estranged, stressed and depressed. However, Sapphire and Amethyst seemed contented and less affected by their situations. This probably because they received significant supports in all aspects of their life (basic, financial and psychosocial needs) and had better relationship with their family compared to the others. All of them felt that their health was under good care by healthcare providers. In view of this observation, having holistic support and strong connection with family could be the significant protective factors that could lead to better outcomes.

The young mothers also expressed their determination to improve themselves and maintain their independence after delivery by working to support themselves and their children. This sense of responsibility and purpose provided them the motivation to achieve a self-reliant life. However, none of them had the aspiration to pursue further study as childrearing was their main priority. Even though they had plan to continue working after delivery, their plan for other aspects of their future was unclear especially with regards to marriage, childcare and housing arrangements. Only Sapphire was certain with these future arrangements, thus feeling contented with her life.

Apart from holistic support and improved relationships with family and significant others, this study also highlights gaps in the young mothers' needs and support that can help them to plan their future. There were several specific issues related to their future that these women were worried about. These issues include: (1) financial security, (2) issues

related to 'illegitimate child', (3) childcare, (4) housing arrangement, and (5) stable employment. Due to poor support from others, their concerns and needs related to these issues were not addressed and clear future plan could not be made.

DISCUSSION

Premarital pregnancy at young age has always been perceived as negative due to stigma. Young unwed mothers are commonly perceived to be immature, irresponsible, sinful, and unfit parents (Benito 2018). Thus, issues related to premarital pregnancy are largely undiscussed; challenges experienced by unwed mothers are poorly understood and support that they need leading to a self-reliant life as a single mother in the community remain unknown. This study provides insight into challenges and needs of non-institutionalised unmarried young women who opted to keep their pregnancy to term and raise their children.

CHALLENGES FACED BY UNMARRIED YOUNG WOMAN TO CONTINUE THEIR PREGNANCY

Generally, life with pregnancy outside the wedlock was perceived as challenging by the young unwed mothers in this study as they had to face various challenges on their own. The main challenges during pregnancy highlighted by them were related to problems in three main areas: (1) avoiding stigma by society, (2) gaining psychosocial support from others, especially own family, and (3) preparing for future. They were worried about financial security, childcare, status of their illegitimate child, housing arrangement and stable employment that can influence their ability to carry out their role as a mother. Some of them were already affected by the challenges they faced, but there were others who appeared to be contented with their life. Similarly like our study, previous studies have highlighted that premarital pregnancy was perceived challenging by young mothers and the challenges persist after delivery as they tried to maintain self-reliant life (Jamaluddi, 2013; Kim et al. 2018; Anwar & Stanistreet 2014).

Stigma and poor relationship with family are among the common challenges faced by the young unwed mothers (Jamaluddin et al. 2013; Saim et al. 2014; Su et al. 2014). The poor relationships occurred even before they got pregnant which caused them to leave their home and lived independently

(Jamaluddin et al. 2013). The relationship with family worsened after they disclosed the pregnancy and some parents even rejected their daughters because they regarded premarital pregnancy as shameful (Saim et al. 2014). As a result, the young mothers felt repressed, alienated, alone, abandoned and unworthy (Saim et al. 2014). Similar impacts of rejection by own family were noted in this study, all due to the family's fear of stigma by association. Family's preoccupation to avoid stigma by association had caused one of our young mothers to feel neglected and lonely, wishing to have her family's attention and support.

One participant felt longing for emotional support from her mother who did not know about her pregnancy but decided to repress the feeling to protect her mother from being stigmatised by associating with her. Restricted emotional support from family was also reported by unwed pregnant teenagers in shelter homes (Saim et al. 2013). In a Korean study, unmarried pregnant mothers with poor support from family and friends faced difficulties to maintain stable income because they could not keep their job due to stigma (Kim et al. 2018).

The young women in our study appeared to be self-reliant, independent and strong-minded. They were determined to keep their pregnancy, raise their children and maintain their independence after delivery by having a job that could support themselves and their child. At the same time, they know their future as a single mother would be challenging and it worried them. They anticipated many problems related to childcare, stigma related to illegitimate child, housing arrangement and unstable employment with financial insecurity. These characteristics indicate that they may have some degree of resilience, previous adversities had provided them inner strength to face life challenges. This resilience could be an asset and a protective factor for positive outcome (Roberts et al 2011). Sense of responsibility and purpose with an aim to become a role model for their children appeared to provide the young mothers in this study motivation to improve their life and be a responsible and self-reliant mother as shown in other studies (Mohamad Nor et al. 2019; Clarke 2015; Anwar & Stanistreet 2014; Roberts et al. 2011).

NEEDS OF UNMARRIED YOUNG WOMAN TO CONTINUE THEIR PREGNANCY

The challenges discussed earlier indicate their needs for support to deal with social stigma,

improve psychological well-beings and prepared for better future in raising their child and maintaining independent life. This study emphasised the importance of having holistic support and strong family connection as protective factors that could lead to better outcomes. Two of the young women in this study felt contented with their life as their family's support particularly from their mother was enough to give them strength to face challenges related to premarital pregnancy. Similar claim was uttered by unwed teenage mothers in Saim et al. (2013). Good relationships with family and significant others such as peers (e.g. other young mothers), healthcare providers and organisations were also shown to empower and motivate single young mothers to improve their life and overcome any difficulties they faced during pregnancy and after delivery (Clarke, 2015; Anwar & Stanistreet 2014). With such support, they were able to complete higher education and have a stable job with secured income (Clarke 2015; Anwar & Stanistreet 2014). As many non-institutionalised young mothers have poor relationship with their family, support to improve this relationship perhaps through family therapies should be offered. Furthermore, connectedness among family members with strong emotional support could help the young people to develop resilience (Yee & Wan Sulaiman 2017). This holistic support would ensure their biopsychosocial well-being and assist them to achieve a self-reliant life despite the multiple challenges. Programmes that provide help related to their health, social isolation, financial hardship, housing, childcare as well as educational and employment opportunities was emphasised by Anwar and Stanistreet (2014). Such programmes could turn early premarital pregnancy as a positive experience for better outcomes.

None of the women in this study had the aspiration to pursue further study. At that moment of their life, working to earn enough money for their survival and childrearing was their main priority. They might not perceive there is a need in pursuing their formal education to improve their financial status and have a better job opportunity as viewed by other Malaysian youths (Mohd Zin et al. 2020). Since other studies showed the positive impacts of completing higher education and further training on the life of young unwed mothers (Clarke 2015; Anwar & Stanistreet 2014), the low educational attainment among our participants is worrying. It could hamper the effects of their inner strength and determination to achieve a better future as life

without financial security and stable income would be way too challenging (Kim et al. 2018). They were at risk of living in poverty (Kim et al. 2018). Even in countries where 'welfare to work' interventions and benefits were provided to single parents, they often suffered from stress, fatigue and depression as they were poorly paid and the training activities were often conflicted with childcare responsibilities (Campbell et al. 2016). Based on other studies that showed how young single mothers became more mature, responsible and successful as they had secured employment and stable relationship with partner (Clarke 2015; Anwar & Stanistreet 2014; Campbell et al. 2016; Kim et al. 2018), there was a need to provide these young women with such skills and thus, reduce the negative impacts of early premarital pregnancy.

Having a clear future plan seems to be a protective factor for the young unwed mothers in this study. All of them were determined to continue working after delivery, but their plan in other aspects of their future was unclear especially with regards to marriage, childcare, housing arrangement and employment with financial security. These uncertainties had caused them to be worried and unsettled. Due to poor support from others, their concerns related to these issues were not addressed and clear future plan could not be made. They also had queries about status of illegitimate child and worried it would affect their children's future. Previous studies also reported similar dilemmas and uncertainties faced by young unwed mothers (Saim et al. 2014; Mohamad Nor et al. 2019; Kim et al. 2018; Clarke, 2015). These uncertainties were related to arrangements of future childcare, housing, education and employment (Saim et al. 2014; Mohamad Nor et al. 2019; Kim et al. 2018; Clarke 2015). In the UK, the young mothers receive practical advice related to these matters from other young mothers and staff of children's centres. These significant others had become their new support networks (Anwar & Stanistreet 2014). In view of these findings, support should be given to prepare the young mothers for their future by providing information on childcare, their child's right and the available benefits and support for single mothers. Training in childcare, employment and life skills (e.g. cognitive appraisal, decision making, problem-solving and stress management) could help the young mothers to be more competent in dealing with their life challenges (Clarke, 2015). They should also be given opportunities for vocational training or higher

educational attainment for a better job with financial security (Clarke 2015; Anwar & Stanistreet 2014; Kim et al. 2018). Accessibility for public housing, childcare and healthcare without prejudice should also be ensured for single mothers to have a healthy independent life (Kim et al. 2018).

The strength of this study is on its methodology using the qualitative approach in which five pregnant women with different family background and support were interviewed individually and in-depth. This had allowed the researchers to explore and understand the life experience especially on their challenges and needs of being pregnant in a non-conducive or idealistic environment. They were the young pregnant mothers living in the community, surviving on their own with minimal support from significant others. The limitation of this study is related to the involvement of resilient young women who decided to continue the pregnancy and were under the care of healthcare professionals. This study did not involve young women who decided to terminate their pregnancy and thus the findings of this study could not be generalised to this group of women.

CONCLUSION

Various adversities and life circumstances had made the young women succumbed to this challenging unplanned pregnancy. As they were determined to keep the out-of-wedlock pregnancy, they faced many challenges particularly related to social stigma and isolation, poor support from their families and uncertain future in terms of financial security, illegitimate status of their child, childcare, housing arrangement and stable employment. Although these young women were self-reliant, independent and strong-minded, they still need to be supported to deal with the challenges mentioned. A holistic psychosocial support, vocational training and childcare from family, peers, healthcare professionals and organisations should be included in the overall care plan of these young mothers, in order to ensure a better future for them and their child.

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