



RESEARCH ON THE PROFILE OF **TEENAGE PREGNANCY** IN SARAWAK 2021

[Kajian Profil Remaja Hamil di Sarawak 2021]

SOCIAL DEVELOPMENT COUNCIL
MINISTRY OF WOMEN, EARLY CHILDHOOD AND
COMMUNITY WELLBEING DEVELOPMENT SARAWAK



KAJIAN PROFIL REMAJA HAMIL DI SARAWAK 2021

[Research on the Profile of Teenage Pregnancy in Sarawak 2021]

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ABSTRACT

Teenage pregnancy is a global issue that necessitates a serious approach to deal with. The aim of this research study is to explore the experiences of teenage pregnancies. The other goals of this research are to identify contributing factors and effective strategies. To acquire a better understanding of these issues, the respondents in this study included a variety of groups, including teenagers, parents, government agencies, and non-governmental organisations. This study employed descriptive and thematic analysis of the data. With 202 cases, the majority of respondents came from the Kuching division. Kapit had 92 cases, Sibul and Bintulu each had 37 cases, and Sri Aman and Miri each had 7 cases. A total of 77 adolescents were 17 years old, 68 were 16 years old, 60 were 15 years old, 53 were 19 years old, 41 were 18 years old, 16 were 14 years old, 8 were 13 years old, and just one was 12 years old, according to the respondents' ages. Ibans make up the bulk of cases by ethnicity with 212 cases, followed by Malays with 122 cases, Bidayus with 22 cases, Chinese with 19, and Kayans and Melanaus with each having one case. For research objective one, five themes were developed, which are self-identity, self-motivation, self-doubt, self-acceptance, and the meaning of marriage. Individual factors; environmental factors; problems in romantic relationships; family issues; misused contraceptives; misconceptions about the *berterang* concept; short cuts to securing family approval for marriage; normalisation of immorality acts; low spiritual and morale concept; and illiterate on the consequences of immorality act were developed for objective two, which explores contributing factors. The third objective saw eight themes developed, which included self-empowerment, the role of family, the role of school, career advancement, the role of government agencies, the role of non-government organisations (NGOs), and the role of *Ketua Masyarakat dan Ketua Kaum* (KMKK). To summarize, teenagers need emotional and physical support when dealing with pregnancy experiences. The role of family, community, and culture are the important domains in helping to reduce the number of teenage pregnancy cases in the Sarawak context. In-depth exploration of the above sub-themes, particularly social media influence, may benefit future researchers in developing intervention strategies for 21st century teen pregnancy.

Key words: teenagers, pregnancy, descriptive analysis, thematic analysis and sub-theme

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LIST OF ABBREVIATIONS

MPSS	: Majlis Pembangunan Sosial Sarawak
NPFDB	: National Population and Family Development Board
MOH	: Ministry of Health Malaysia
WHO	: World Health Organization
KMKK	: Ketua Masyarakat dan Ketua Kaum
KWKPK	: Ministry of Welfare, Community Wellbeing, Women, Family and Childhood Development, Sarawak
NGOs	: Non-Government Organizations
NGI	: Non-Governmental Individual
OSTPC	: One-Stop Teenagers' Pregnancy Committee
UNIMAS	: Universiti Malaysia Sarawak

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BACKGROUND

1.0 Introduction

The issue of pregnancy among teenagers has a huge impact on society in Malaysia. If not addressed effectively, this problem will have a significant influence on human resources in the future. The World Health Organization (2020) reported that approximately 12 million girls aged 15 to 19 years and at least 777,000 girls under 15 years give birth each year in developing regions. Furthermore, 3.9 million of the estimated 5.6 million abortions performed annually on adolescent females aged 15 to 19 are unsafe, contributing to maternal death, morbidity, and long-term health concerns.

In the global context, approximately sixteen million teenagers between the ages of 15 and 19 give birth every year and it is around 11% around the world. Developing countries account for 95% of these births, with 89 percent occurring outside of marriage (Nagandla and Kumar, 2020). When this problem arises in developing countries, it will be linked to social and economic issues. This will lead to a slew of other serious issues, including abortion, human trafficking, among many others.

In the year 2020, the Sarawak State Health Department reported 2099 cases of teenage pregnancy. There were 148 cases in Samarahan, 432 in Kuching, 89 in Sri Aman, 88 in Betong, 116 in Sarikei, 283 in Sibü, 165 in Kapit, 62 in Mukah, 245 in Bintulu, 71 in Limbang, 301 in Miri, and 99 in Serian. From January to September 2021, 1269 cases were reported. 60 cases were reported in Samarahan, 287 in Kuching, 42 in Sri Aman, 41 in Betong, 78 in Sarikei, 183 in Sibü, 79 in Kapit, 63 in Mukah, 129 in Bintulu, 30 in Limbang, 222 in Miri, and 55 in Serian.

In addition, Nagandla and Kumar (2020) found that teenage pregnancy is linked to a wide range of issues, including health, social, and economic concerns. They discovered

that 14 out of every 1000 Malaysian girls, or 18,000 young girls, become pregnant each year. Year upon year, this issue becomes far more serious. The findings of the study clearly demonstrated an increase in the number of teenage pregnancies in both the global and Malaysian contexts.

According to statistics released by the Ministry of Health Malaysia (MOH), there were 13, 831 cases of pregnant teenagers in Malaysia in 2015, ranging in age from 10 to 19. Sabah (3084 cases), Sarawak (2910), Selangor (1461 cases), Johor (1319 cases), and Pahang (940 cases) were the states that produced the most cases.

In a more micro setting, the teenage pregnancy rate in Sarawak was revealed to be 2130 cases in 2017, according to The Star dated March 29, 2018, with a considerable number recorded in the divisions of Limbang, Sri Aman, and Miri. In addition, according to a report published by Borneo Post Online on April 27, 2019, the Social Development Council discovered that there were 2153 teenage pregnancy cases in 2018, up from 2130 cases in 2017.

Several studies have investigated the factors that contribute to the rise in teen pregnancy. Mariam Ab Majid et al., (2019) and Brandah (2017) discovered that factors that contribute to adolescent sexual activity, among other things, influence the increase in teenage pregnancy cases. The experience of romanticism and self-will, involvement in harmful sexual behaviour, peer influence, and unsafe sex are some of the factors that involve teenagers in incidents of sexual misconduct (Noor Aliza et., al. 2017).

From a cultural standpoint, Sebli (2011) observed that some Iban communities allow youths to marry young, which adds to the rise in the rate of teenage pregnancy. Furthermore, according to a study conducted by Abd Ghani Ahmad (2017), some families embrace the presence of illegitimate children and are eager to raise them as best they can. Some, on the other hand, are given to adoptive families who can help raise them.

Poverty is one of the factors that contribute to teenage pregnancy. In some parts of the world, such as South Sudan, underage marriage is common due to poverty. The family benefited from the dowries that the husband contributed (Vincent & Alemu, 2016). Cultural views, lack of parental care, unintended pregnancy (not using contraception), girls' suppression, lack of school fees, drug, alcohol, party, love or desire for child, forced marriage, low educational level, peer pressure, and rape are some of the other factors that lead to teenage pregnancy. The highest percentage of these causes is love or desire for a child (34%) followed by unintended pregnancy (not using contraception) (22%) and girls' suppression and lack of school fees (20%) (Vincent & Alemu, 2016).

Teenage pregnancy has had a lot of implications for teenagers. This adolescent could very well drop out from school. They frequently face challenges in making decisions, such as a lack of power at home, and many of them face potential health risks for both mother and offspring. According to Vincent and Alemu (2016), teenage pregnancy causes school dropouts (54%), no decision-making at home (26%), health risks during and after childbirth (18%), inability to support child (16%), other negative outcomes (10%), isolation and rejection by parents (6%), child is unwanted (6%), and teenage abortion (4%). Teenage pregnancy, without a doubt, has a detrimental impact on the system and structure of adolescent life (Vincent & Alemu, 2016).

1.1 Problem Statement

Teenage pregnancy is defined by the World Health Organization (WHO) as a pregnancy between the ages of 15 and 19 (WHO, 2021), the time in an adolescent's life between puberty and maturity. According to Malaysia Kini (2020), 18,000 adolescent girls in Malaysia become pregnant each year. Out of this total, roughly 4500 cases (or 25%) involve pregnancies outside of marriage. They may face serious difficulties, such as negligent or acrimonious relationships with their parents, teachers, friends, and peers (Eccles, 1993). According to Mohd. Hashim (2007), adolescents are confronted with difficulties and distress.

As a result of this stress, some adolescents engage in harmful behaviours such as gangsterism, bullying, drug misuse, sexual misconduct, and criminality.

Aside from that, teenage pregnancies had an increased risk of anaemia, episiotomy, preterm labour, and delivering babies with low birth weight (Nagandala & Kumar, 2020). Furthermore, this problem was prevalent in developing countries. As a result, they endure more problems, particularly in terms of health services and the education of the adolescent mother. In impoverished nations, a teenage mother is likely to be forced to drop out of school and find work to care for her children. They are also likely to be victims of human trafficking as a result of their circumstances.

1.2 Definition of Terms

Conceptual Definition

Teenage pregnancy

Pregnancy occurring among teenagers aged nineteen year or younger (Aishah, et al., 2019). In addition, adolescent pregnancy is defined as the occurrence of pregnancy in girls agreed 10 to 19 years old (Kassa et al., 2018).

Teenage pregnancy is defined by the World Health Organization as pregnancy that occurs among adolescent girls aged 10–19 years old (WHO in Nagandala & Kumar, 2020).

Operational Definition

A teenage pregnancy is defined as someone who is or was pregnant between the ages of 12 and 19 years old.

1.3 Research Objectives

The objectives of this study are to

- 1.3.1 obtain a deeper understanding of teenagers by making sense of their experience with a pregnancy.
- 1.3.2 identify contributing factors towards pregnancy among teenagers in Sarawak.
- 1.3.3 develop effective strategies in dealing with teenagers with pregnancies within the Sarawak context.

1.4 Study Output

- 1.4.1 Researchers and policy makers will be able to gain a better understanding of the factors contributing to teenage pregnancy.
- 1.4.2 Policy makers will be able to develop strategies to address this national issue.
- 1.4.3 To recommend a strategic plan with comprehensive promotion, prevention, detection, and intervention action plans.

LITERATURE REVIEW

2.0 Teenage Pregnancy Issues

Teenage pregnancy is a worldwide issue that is becoming pervasive. According to the World Health Organization (2021), each year in the developing world, around 12 million girls aged 15 to 19 and at least 777,000 girls under the age of 15 give birth. In addition, in the developing world, 10 million unwanted pregnancies occur each year among young girls aged 15 to 19. Adolescent mothers between the ages of 10 and 19 have a higher risk of disorders including eclampsia, puerperal endometritis, and systemic infection than women between the ages of 20 and 24, and their babies are at a higher risk of low birth weight, premature delivery, and serious neonatal problems.

Teenage pregnancy is a problem that exists all throughout the world. In 2015, the United Kingdom had one of the highest teen birth rates in Western Europe, with 6.4 live births per 1000 women aged 15 to 17 (Nagandala & Kumar 2020). In 2010, the United States had the highest rate of adolescent pregnancy, with 57 pregnancies per 1000 adolescents, followed by New Zealand with 51 per 1000. Meanwhile, in Malaysia, over 111 unmarried young females were pregnant, with a birth rate of 6 per 1000 women aged 15 to 19 years (Nagandala & Kumar, 2020). According to Bernama (2020), 18,000 young girls in Malaysia become pregnant each year. In Malaysia, 25 percent (4500) of these pregnancies were not married, signifying that 14 out of every 1,000 young females became pregnant each year, for a total of 18,000 girls. In comparison, Singapore has four pregnancies for every 1,000 teenage girls, whilst Hong Kong has three.

According to the Sarawak Tribune (2021), Kuching had 432 teenage pregnancy cases, followed by Miri with 301 cases, Sibu with 283 cases, Bintulu with 254 cases, Kapit with 165 cases, Samarahan with 148 cases, and Sarikei with 116 cases.

Furthermore, 65.5 percent of the teenagers were between the ages of 18 and 19, 28.3 percent were between the ages of 16 and 17, and the remaining were between the ages of 10 and 15.

The Sarawak Welfare, Community Wellbeing, Women, Family and Childhood Development Ministry (KWKPK) recently recorded 623 occurrences of teenage pregnancy (Dayak Daily, 2021) 59.7% of the 623 cases involved teenagers who had dropped out or did not attend school.

2.1 Factors leading to teenage pregnancy

2.1.1 Family Factors

In the case of teenage pregnancy, family plays a critical role. Peer influences and teens with a history of family conflict are two factors identified by Mariam Abd Majid et al. (2019) as leading to teenage pregnancies. According to Noradila Mohd Faudzi (2019), a teenager's relationship with family members may lead to them engaging in unhealthy activities. Conflict between the child and the parents, a submissive parenting style, a lack of parental support, and the parents' lax attitudes toward sexual behaviour were all highlighted as other familial influences (Siong & Tharshini, 2020).

Poor communication, particularly between parents and children, an unstable family relationship, family environment conflict, and a negative parenting style are all factors that may contribute to the problem of teenage pregnancy (as cited in Noradila Mohd Faudzi, 2019). Family conflict, family disturbance, irresponsible parenting, poverty, and a broken or divorced family have all been recognised by Zakiyah Jamadudin et al. (2011) as factors that may bring teenagers into the out-of-wedlock childbearing setting. The family's economic situation is also a role in this problem (Siong & Tharshini, 2020). Because their families could not afford to send their children to school, children were more likely to drop out. As a result, these kids will be exposed to a potentially harmful environment (Siong & Tharshini, 2020).

2.1.2 Environment factors

Environmental factors have been linked to teenage pregnancy through high-risk behaviours like smoking, consuming alcohol, and using drugs. These activities have been related to an increase in the number of female youths engaging in unsafe sexual activity (Ahmadian et al., 2014).

The involvement of the media and other sources in teen pregnancy has been cited as a contributing factor. According to Zakiah Jamaluddin et al. (2018), teenagers primarily obtained sexual information through the media and their partner. Some of the participants were able to easily access sexual information via the Internet, compact disc (CD), and video compact disc (VCD), which prompted them to engage in sexual activities.

2.2 Strategies dealing with teenage pregnancies

To cope with the challenges of teenage pregnancy, a number of proactive initiatives have been established.

2.2.1 Parental and family support

According to Aishah et al. (2019), family support and dedication are critical for the development of teenagers because they require emotional encouragement, cognitive stimulation, and supervision from their parents. Guidance and assistance from parents can be used as both preventative and supportive approaches. The family's responsibility is to teach and lead their children so that they are aware of the consequences of sexual activity. Because these adolescent mothers were not ready to care for their children, Jehan et al. (2018) discovered that significant family support could boost young mothers' self-efficacy. As a result, family support has had a favorable influence on the development of both the teenager and the infant. Furthermore, the assistance that teenage mothers have acquired from their families may have aided their coping abilities and promoted mother-baby interaction.

2.2.2 Religious support

The role of religion can provide the necessary support for teenage mothers. When teenage mothers entrust themselves to God, they feel at ease. The role of religion in dealing with teenage pregnancy concerns has been underlined by Hamjah et al. (2014). Inadequate religious education offered by parents has caused adolescents to be less conscious of religious teaching practises related to forming legitimate male-female personal relationships, according to the researchers. The researchers have made recommendations for overcoming teenage pregnancy issues, including making the family and parents exemplary role models, providing adequate religious education to children early in life, monitoring children's social lives, being aware of and concerned about peers they mix with, and seeking counselling services in educating the adolescence about teenage pregnancy. In a study on Muslim parents conducted by Nordila Mohd Faudzi et al. (2019), it was recommended that children be guided in a more comprehensive manner regarding matters of sex and sensuality based on the Islamic perspective in order to prevent children from engaging in sexual activities.

Teenage girls who were actively engaged with Christian doctrine had intents to defer sexual behaviour, according to Whitehead, Wilcox, and Rostosky (2001). They also found that teenage boys who had no religious affiliations had greater rates of sexual activity and used fewer condoms. According to Panting et al. (2020), teenagers' perceived religious belief is a protective factor. Personal religious beliefs can help discourage young people from participating in premarital sexual behaviour. Religious activities such as reading the Al-Quran and conducting solah (prayer) were found to be a coping mechanism for teenagers by Mohamad Nor et al. (2019). Another technique for averting teenage pregnancy is education. Sexual health education, understanding of parenting responsibilities, and the implications of teenage pregnancy would be taught in school to children aged 13 and above as part of religion, science, and moral subject (Sarawak Voice, 2020).

2.2.3 Community and related agencies

A number of community and related agencies have been tasked with assisting adolescents who are facing challenges with out-of-wedlock pregnancy. The National Adolescent Health Plan 2006-2020, published by the Ministry of Health Malaysia (MOH), aims to provide guidance to various stakeholders and officials at the national, state, and district levels on strategies and activities related to health promotion, accessible and appropriate health care services, and an adolescent health information system to assist adolescents.

To protect teenagers facing pregnancy issues, Ministry of Welfare, Community Wellbeing, Women, Family and Childhood Development, Sarawak has established the One Stop Teenage Pregnancy Committee. The developed programmes and interventions aim to improve parents' role in supporting their teenage children with pregnancy issues, reduce stigmatisation of unwed mothers, provide teens with access to reproductive health services, and provide targeted comprehensive sexual education and intervention (Sarawak Tribune, 2021).

KafeTEEN, a programme launched by the *National Population and Family Development Board (NPFDB)*, aims to promote the physical, mental, and social well-being of teenagers (LPPKN, 2021). Teenagers can learn about dealing and adjusting to their adolescent growth years with the *KafeTEEN* programme. *KafeTEEN* also offers support in the form of counselling, smart networking, and empowering youngsters through a guiding and education programme.

NPFDB has run several youth-oriented initiatives. NPFDB has also created a family development module based on a combination of current modules such as *Permata Kasih*, *Youth Exploration*, *SMARTbelanja*, *SMARTSTART*, *Bahtera Kasih*, *Belaian*

Kasih, Mutiara Kasih, and POP community. The curriculum is four semesters long and focuses on youth development, financial management, and marriage, parenting, and community preparedness. Upon completing the programme, the teenagers will have the information and abilities necessary to deal with social challenges.

2.3 Theoretical Framework of the Study

This research will be based on Erik Erikson's psychological development hypothesis. Erik Erikson was a psychologist who pioneered the field of developmental psychology. The Erikson Theory divides life into eight stages: infancy, toddlerhood, early childhood, middle childhood, adolescent, early adulthood, middle adulthood, and late adulthood.

To better understand the individuals and the nature of this study, researchers will focus on adolescence. According to the Erikson Theory, adolescents between the ages of 10 and 19 will often deal with psychosocial crises, and they may become confused about their identity and roles. The phase of development during which a teenager or child develops a sense of self is called "identity crisis." The physical self, personality, prospective roles, and occupation are all integrated during an identity crisis.

Adolescents, according to Erikson, "are confronted with the necessity to re-establish limits for themselves." This is difficult since commitments are typically sought before identity roles have formed. One is in a state of "identity confusion" at this point, but society often allows youth to "discover themselves," which is referred to as "the moratorium".

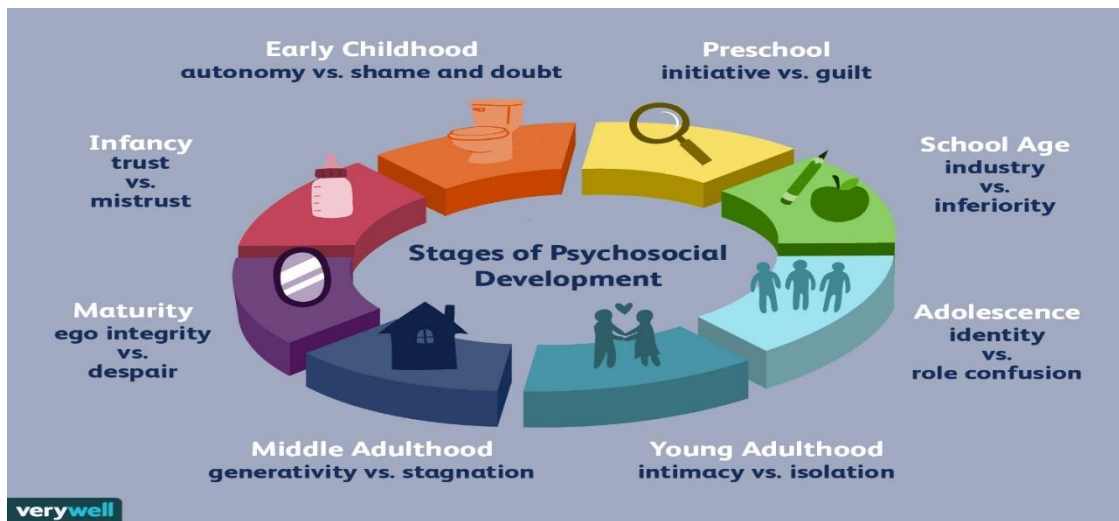


Figure 1: Erikson Theory Source: Verywell / Joshua Seong

METHODOLOGY OF STUDY

3.0 Study Design

A phenomenological approach was used in this research, with a focus on Husserl's descriptive phenomenology. Phenomenology is a descriptive method of approaching knowledge. It is a philosophical viewpoint that allows academics to investigate and comprehend everyday events without assuming prior knowledge of those experiences (Converse, 2012). Phenomenology permits the researcher to be open to what happens throughout a phenomenon, taking into account not only the individual's perception but also the sense of that perception.

The qualitative approach, according to Burns and Grove (2007), is a systematic subjective strategy used to characterise life experiences and situations in order to give them meaning. The qualitative technique is used by researchers to investigate people's behaviour, viewpoints, experiences, and feelings, emphasising the importance of understanding these factors. They believe that through documenting and understanding human experience in the context of that experience, it is possible to comprehend human behaviour (Moule & Goodman, 2009).

This technique will allow the researchers to comprehend and make sense of the lived experience of teenagers who are or were pregnant in Sarawak in the context of this study. In-depth interviews with three target groups of participants was conducted for this study: teenagers with pregnancies (currently pregnant or was pregnant before), parents or caregivers of teenagers with pregnancies (currently pregnant or was pregnant before), government agencies and non-governmental organisations (NGOs) personnels who have dealt directly or indirectly with teenagers with pregnancies (currently pregnant or was pregnant before) in Sarawak.

3.1 Population and sampling

Purposive sampling was utilised in this study because the method is deemed more likely to produce meaningful results. Purposive sampling is a non-probability sampling technique in which the researcher calculated to determine participants based on the study's criteria (Polit & Beck, 2010). Representative and productive individuals were invited to participate in order to increase the diversity and wealth of information gathered.

Teenagers with pregnancies, their parents or caregivers, and other individuals from relevant organisations and institutions in Sarawak who have dealt directly or indirectly with teenagers with pregnancies were all considered for involvement in the study. The findings from all three target groups were supposed to aid researchers in developing a more comprehensive, varied, and thorough grasp of the research topic and issue.

The areas that were covered are the Southern Zone: Kuching and Sri Aman; the Central Zone: Sibü and Kapit; and the Northern Zone: Bintulu and Miri. The inclusion criteria for the participants were as detailed below:

a. Teenager

Participants were teenagers aged between 12 to 19 years old and were experiencing or have experienced pregnancy.

b. Parents/caregivers of teenage with pregnancies

Participants were parents or caregivers who were experiencing or have experienced taking care of their pregnant teenage daughter.

c. Government Agencies

Participants were professionals who have dealt with or were currently working with pregnant teenagers, either directly or indirectly.

d. Non-Governmental Organizations

Participants were professionals or individuals from non-governmental organisations or institutions who were directly or indirectly involved in assisting, supporting, or managing teenage pregnancies in Sarawak.

3.2 Procedure of data collection

Relevant information on teenage pregnancy was collected from the Sarawak Social Welfare Department, Department of Education, Department of Health, and the Royal Malaysian Police. Data collection was also conducted at the three mentioned zones. The study utilised the interview protocol adopted from previous literature (Liamputtong, 2009; Patton, 2002).

Permission was obtained from Resident Offices, the Sarawak Education Department, and the Sarawak Social Welfare Department prior to data collection.

Letters were sent to prospective government institutions, non-governmental organisations (NGOs), and civil society organisations (CSO) to acquire data about teenagers with pregnancies. These organisations aided in the engagement of pregnant teenagers and their parents or caregivers. After sending out permission letters to collect data from the organisations, researchers followed up with phone calls. The following were the organisations involved and their roles:

- a. Sarawak State Educational Department** authorized permission to access the **District Educational Office**. This was a way to identify the students and teachers who were willing to share information about teenage pregnancy issues.
- b. Health Department of Sarawak (JKNS)**, Sarawak State Planning Unit and District Offices shared data on strategies and workable plans to address this issue.

c. ***Ketua Masyarakat dan Ketua Kaum (KMKK)*** was required to provide information on the issue of teenage pregnancies and the strategies and workable plans to address this issue. In addition, they also enabled.

d. **Non-Government Organization (NGOs):**

Sarawak Women for Women Society, HIKMAH, Counselling Centre St Joseph Cathedral Kuching, Persatuan Ibu Tunggal (Sibu), Persatuan Penyusuan Ibu (Sibu), Saberkas and Women of Change, are required to provide information related to the issue of teenage pregnancy and the strategies and workable plans to address this issue. Other than that, these NGOs will assist the researchers to engage with participants.

Upon obtaining data from the organizations, researchers conducted fieldwork to interview teenagers with pregnancy and their parents/guardians. Data was obtained from volunteers who have been assisting the target group. The research used Google Form link to collect the demographic data from government offices, NGOs, and CSOs. These data were analysed in order to answer all research objectives and produce study reports.

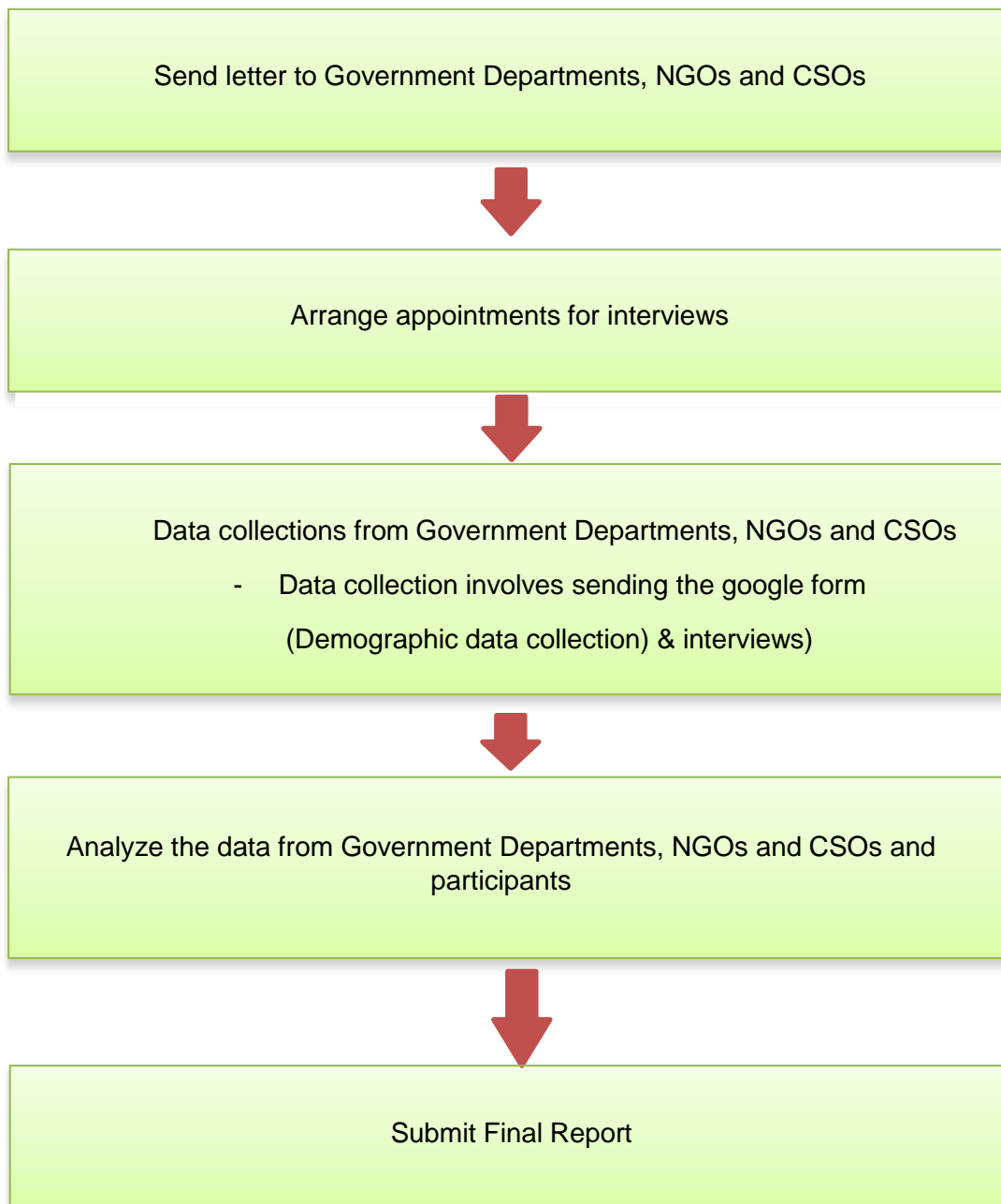


Diagram 1: Procedures of Data Collection

Semi-structured interviews were used to gather information on challenges, causative factors, and strategies and action plans for addressing the issue of teenage pregnancy. Researchers can learn not only about recorded methods and standard data, but also about obstacles and other issues from the interview (Jamshed, 2014).

Semi-structured interviews were utilized in this study to elicit additional information from participants. The semi-structured interview method is a hybrid of the unstructured and structured interview methods. Prior to the interview, certain questions were prepared; nevertheless, the interviewer is likely to follow up on participant responses with extra probing questions to obtain additional detail. The semi-structured interviews enable a free-flowing, comfortable chat with some direction in order to achieve the desired result (Tan & Payton, 2010).

These features enabled the researchers to deal with the examination of reflections, perceptions, and feelings that are most suited for eliciting descriptive insights. This method incorporates the schematic presentation of questions or titles, allowing researchers to go further into any extra material linked to the subject. According to Jamshed (2014), this approach also allows researchers to explore the data systematically and comprehensively, as well as monitor the questions that they ask (refer to **Appendix A** for details of the interview protocol - **teenagers/parents/guardians; Government Department and NGOs/CSOs**).

Semi-structured interviews elicit people's views and descriptions and have the advantage of revealing issues or concerns that the researcher had not anticipated (Zohrabi, 2013). They are widely employed when the goal is to learn about people's perspectives, understandings, and meanings of life events and experiences.

Face-to-face semi-structured interviews were used to collect data. Face-to-face contact allows the researcher to thoroughly describe the study and examine body gestures and facial expressions of participants throughout the interview. Each interview was planned to last between 45 and 60 minutes and recorded via voice recorder. The interviewer took observational notes, which included non-verbal activities and the key points of attention from the interviews. All interviews were transcribed verbatim. Data collection in qualitative research was mostly based on data saturation ideologies, because numbers are not significant in guaranteeing adequate samples as the goal of qualitative sampling is about the depth of the data, not with tentative generalisations (Ziner et al., 2012).

3.2 Data Analysis

Thematic analysis of the textual data was used to analyse the data. The interpretations were reconstructed to reveal common meaning and understanding of what it is like to live as a teenager with a pregnancy, as their parents or guardians, and as the relevant agencies within the Sarawak context. The researcher collected raw data, which encompasses text and tape recordings. The types of textual data available reflected the data collection processes involved. Verbal data, through digital-recording individual interviews, was initially prepared through verbatim transcription, and was then provided with a written record of the conversation that included all verbal interactions noted between the participants and interviewer.

Transcripts of interviews were made accessible electronically as word-processed documents. Transcription was a lengthy procedure, with one hour of recorded dialogue requiring many hours to transcribe. This approach allowed researchers to immerse themselves in the data, from listening to the audio to word processing its content. Once the data was saved in easily accessible and recognisable files, the researcher can retrieve it for additional study.

Thematic analysis, which involves labelling the data for retrieval, was used for data processing. The researcher started with textual or visual data. After taking interview transcripts, the researcher then had several pages of data to analyse. The content of the data was explored, reducing the data by the process of coding. This process was implemented using one of a range of computer packages or through manual processes. The process of coding is one where the researcher retrieves the data, which can then be organised into categories and themes or constructs.

Table 1: Data Analysis of Study

Research Objectives	Data Analysis	Outcome
Profiling of teenagers with pregnancy, their parents/guardian, and NGO personnel's demographic data.	Descriptive Analysis	Percentage, Frequency, Mean, Standard Deviation
Obtain a deeper understanding of teenagers by making sense of their experience with a pregnancy.	Thematic Analysis	Themes and sub-themes of sense of teenage pregnancy
Identifying contributing factors towards pregnancy among teenagers in Sarawak.	Thematic Analysis	Themes and sub-themes of sense of causative factors
Develop effective strategies in dealing with teenagers with pregnancies within the Sarawak context.	Thematic Analysis	List of strategies and workable action plan.

3.4 Ethical considerations

Members of the participating institutions or organisations, persons-in-charge, and directors were briefed about the study. Participants were given a copy of an information sheet that explained the study. In the interim, participants' informed consent was acquired prior to their interviews. Informed consent is essential in all forms of research because it provides valid proof that potential participants understand and are willing to contribute to or participate in a study (Polit & Beck, 2011). Participants will be informed that all pertinent data and conclusions from the interviews conducted for this study are strictly confidential (Polit & Beck, 2011; Wood & Ross-Kerr, 2011).

The interviews were recorded on a digital voice recorder and sent to a password-protected computer immediately after each session. All details and findings from the interviews were kept private and anonymous. Because participation in the interview is completely voluntary, participants were told that they could opt out at any time during the study.

Data from qualitative interviews is often collected, transcribed, and reviewed for evident themes. An audio approach is frequently used for recording, and the researcher has a great deal to offer in this process. The recording can be viewed or listened to repeatedly in case of uncertainty or during dataprocessing, and it also serves as a foundation for reliability and validity (Al-Yateem, 2012). To maintain confidentiality, the respondents were assigned pseudonyms or fictitious names prior to the analysis. In addition, the use of informed consent with comprehensive and correct information about the research, participation, confidentiality, and respondents' rights should be explained in detail before respondents sign the informed consent form (Liamputtong, 2009) (Appendix C: Consent Form for Teenage Pregnancy).

3.5 Conclusion

Teenage pregnancy concerns must be addressed efficiently and comprehensively. Important government institutions and non-governmental organisations (NGOs) can play a role in assisting these groups in creating a promising future. With a better knowledge of the determinants of teenage pregnancy, it may be feasible to create more effective interventions to decrease the incidence of teenage pregnancy.

FINDINGS

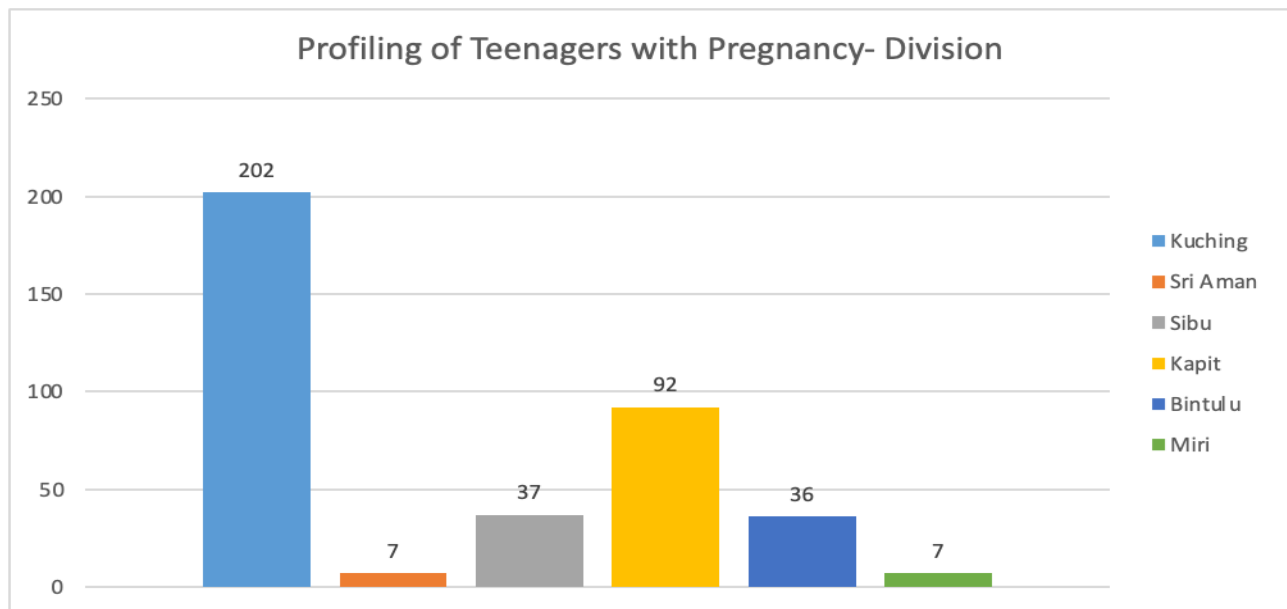
4.0 Analysis of Results

The result of the study was analysed by two approaches: the analysis of quantitative data (descriptive analysis) and the analysis of qualitative data. The descriptive analysis explains the demographic information, including the total number of respondents, age, level of education, ethnicity, religion, and marital status. As for the qualitative data analysis, the focus is on research objectives 1, 2 and 3.

4.1 Descriptive Analysis

4.1.1 Profiling Teenagers with Pregnancy by Divisions

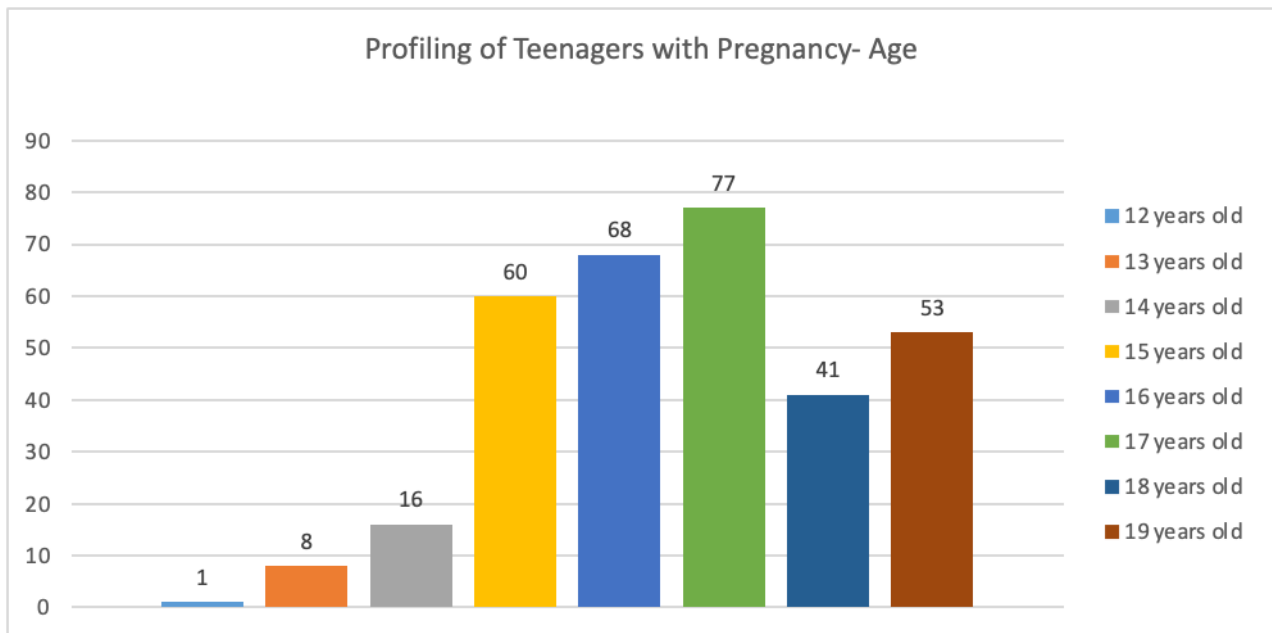
According to data acquired from the Social Welfare Department and Social Workers from the Ministry of Health, there were 381 reported cases of teenagers in Sarawak in 2020 – 2021. There were 202 cases in the Kuching division, 92 cases in Kapit, 37 cases in Sibul, 36 cases in Bintulu, and 7 cases in Sri Aman and Miri.



Graph 1: Profiling Teenagers with Pregnancy by Divisions

4.1.2 Profiling of Teenagers with Pregnancy by Age

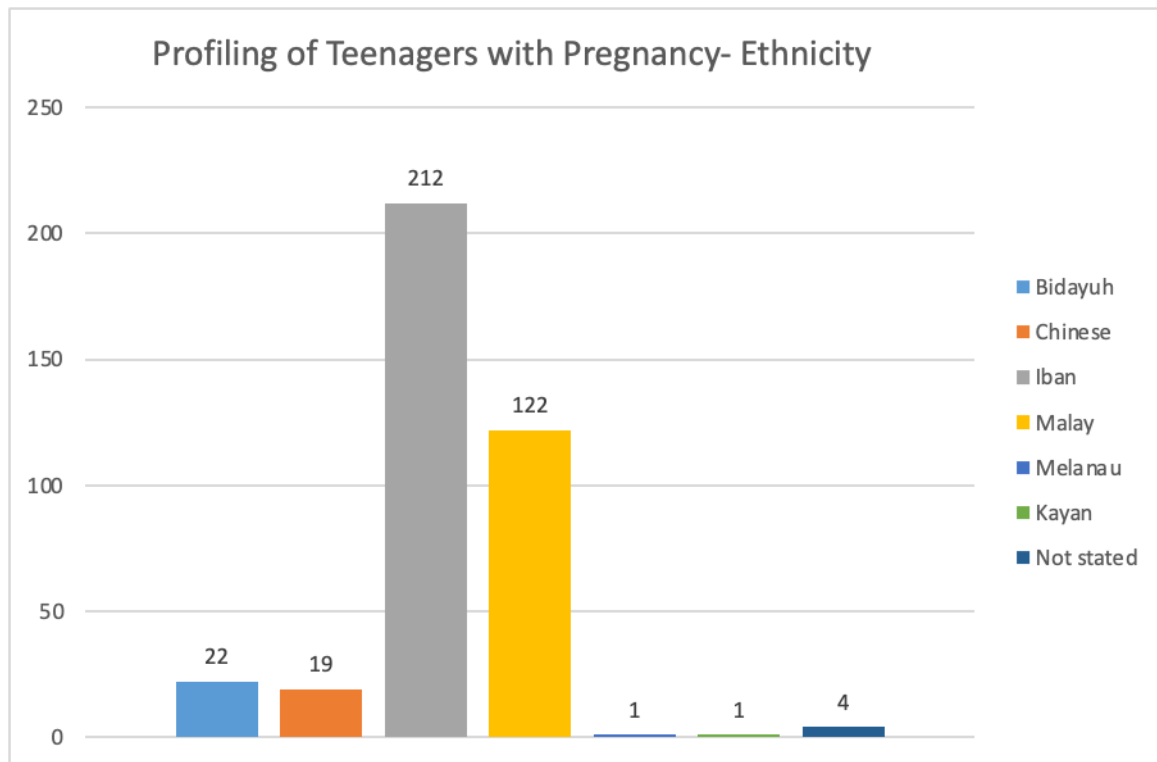
With 77 teenagers, the majority of pregnant teenagers are 17 years old, according to the graph below. 68 teenagers are 16 years old, 60 are 15 years old, 53 are 19 years old, 41 are 18 years old, 16 are 14 years old, 8 are 13 years old, and only one is 12 years old.



Graph 2: Profiling Teenagers with Pregnancy by Age

4.1.3 Profiling of Teenagers with Pregnancy by Ethnicity

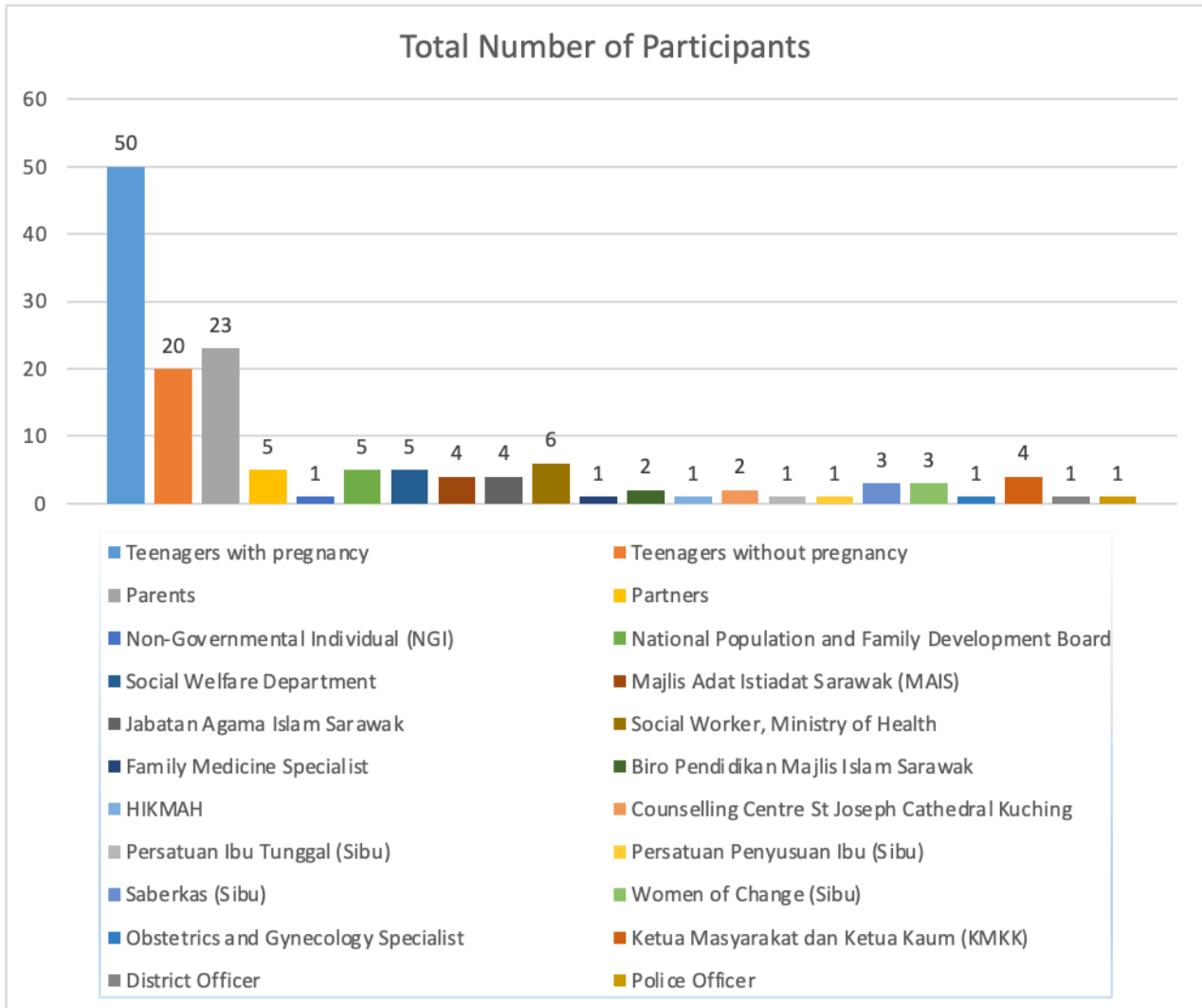
According to the bar chart below, the majority of pregnant teenagers are from the Iban community, with 212 cases, Malay with 122 cases, Bidayuh with 22 cases, Chinese with 19 cases, not stated with 4 cases, and Kayan and Melanau each with one case.



Graph 3: Profiling Teenagers with Pregnancy by Ethnicity

Total number of respondents

A total of 144 respondents took part in this study. Teenagers who were pregnant (50 respondents), teenagers who had never been pregnant (20 respondents), parents (23 respondents), partners (5 respondents), representatives of non-government organisations (NGOs) (11 respondents), non-governmental individuals (NGIs) (1 respondent), government agencies (28 respondents), *Ketua Masyarakat dan Ketua Kaum* (KMCK) (4 respondents), and a police officer (1 respondent) were among the respondents. The following are the respondents' categorised details:



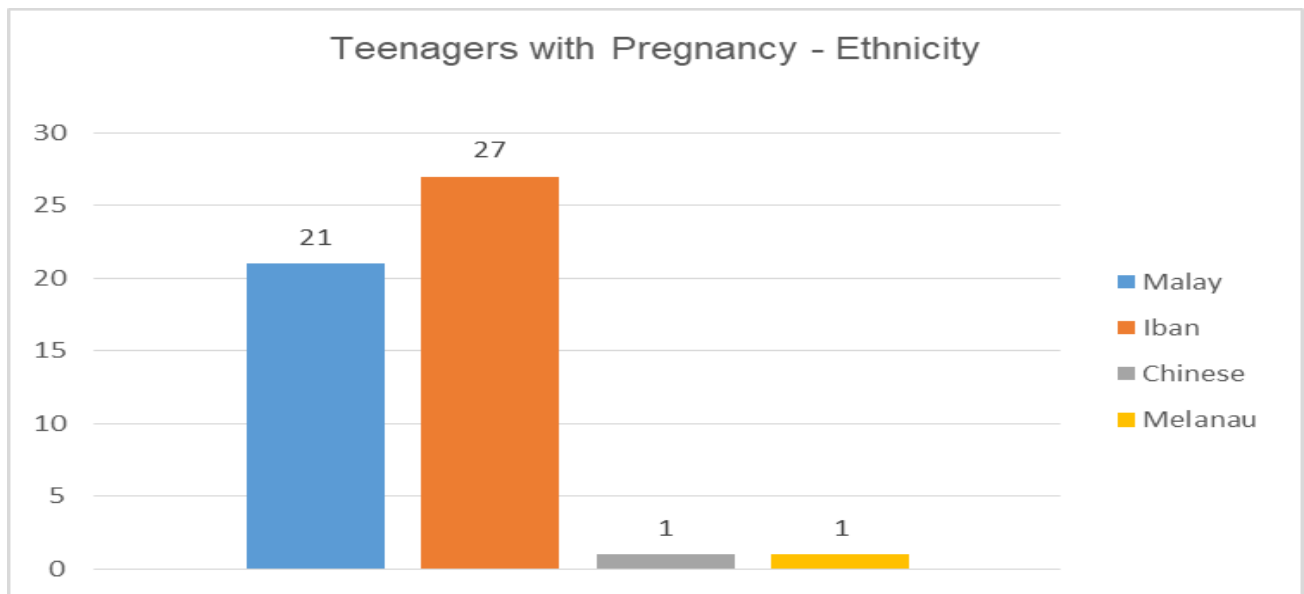
Graph 4: Total Number of Participants

No	Category	Number (Respondents)
1	Teenagers with pregnancy	50
2	Teenager without pregnancy experience	20
3	Parents	23
4	Partners	5
5	Non-Governmental Individual (NGI)	1
6	Government Agencies	
	National Population and Family Development Board	5
	Social Welfare Department	5
	<i>Majlis Adat Istiadat Sarawak (MAIS)</i>	4
	Jabatan Agama Islam Sarawak	4
	<i>Pegawai Kerja Sosial Kementerian Kesihatan Malaysia</i>	6
	Family Medicine Specialist	1
	Biro Pendidikan Majlis Islam Sarawak	2
	Obstetrics and Gynaecology Specialist	1
	Ketua Masyarakat dan Ketua Kaum (KMKK)	4
	Police Officer	1
7	Non-Government Organisations (NGOs)	
	HIKMAH	1
	Counselling Centre St Joseph Cathedral Kuching	2
	<i>Persatuan Ibu Tunggal, Sibul</i>	1
	<i>Persatuan Penyusuan Ibu, Sibul</i>	1
	<i>Saberkas, Sibul</i>	3
	Women of Change	3
Total Respondents		144

Table 1: Total number of participants

4.1.4 Teenagers with Pregnancy – Ethnicity

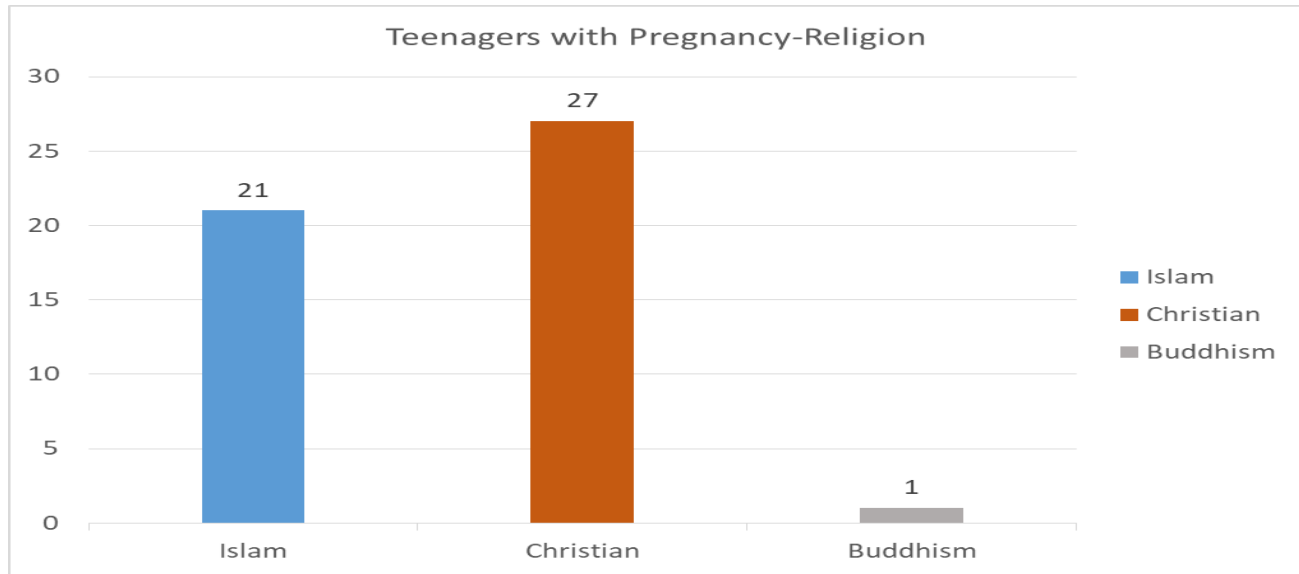
The racial makeup of the pregnant teenagers in this study is diverse. Malay (21 respondents), Iban (27 respondents), Chinese (1 respondent), and Melanau (1 respondent) account for the total number of respondents.



Graph 5: Teenagers with Pregnancy-Ethnicity

4.1.5 Teenages with Pregnancy – Religion

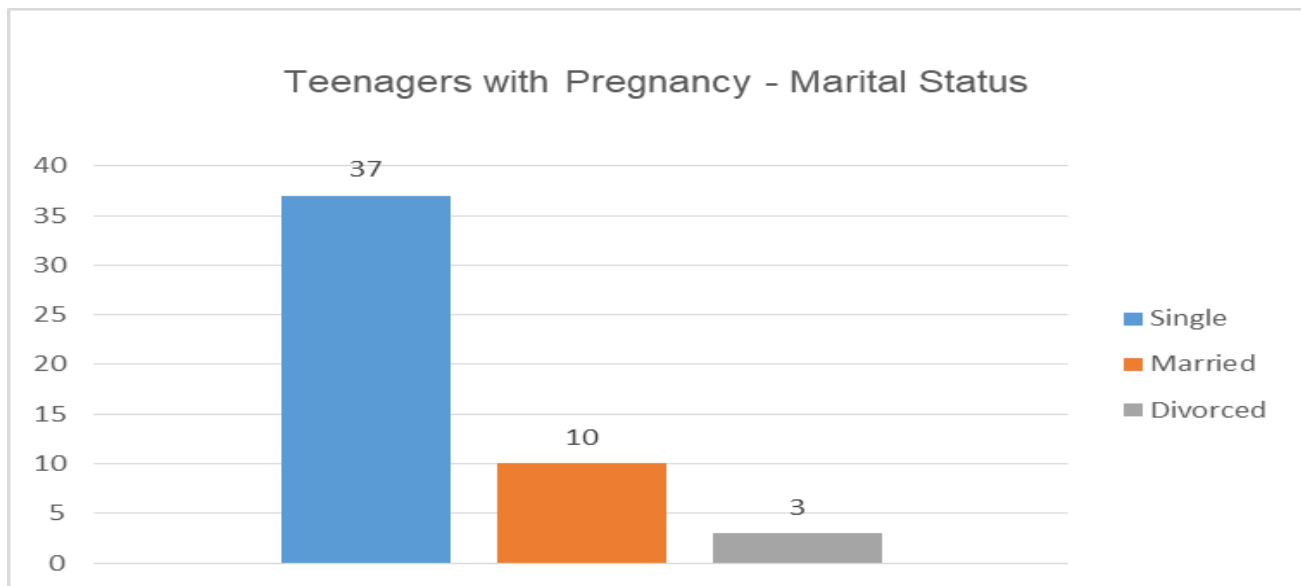
This study's respondents were made up of three religions: Islam (21 respondents), Christian (27 respondents), and Buddhist (1 respondent).



Graph 6: Teenagers with Pregnancy- Religion

4.1.6 Teenagers with Pregnancy - Marital Status

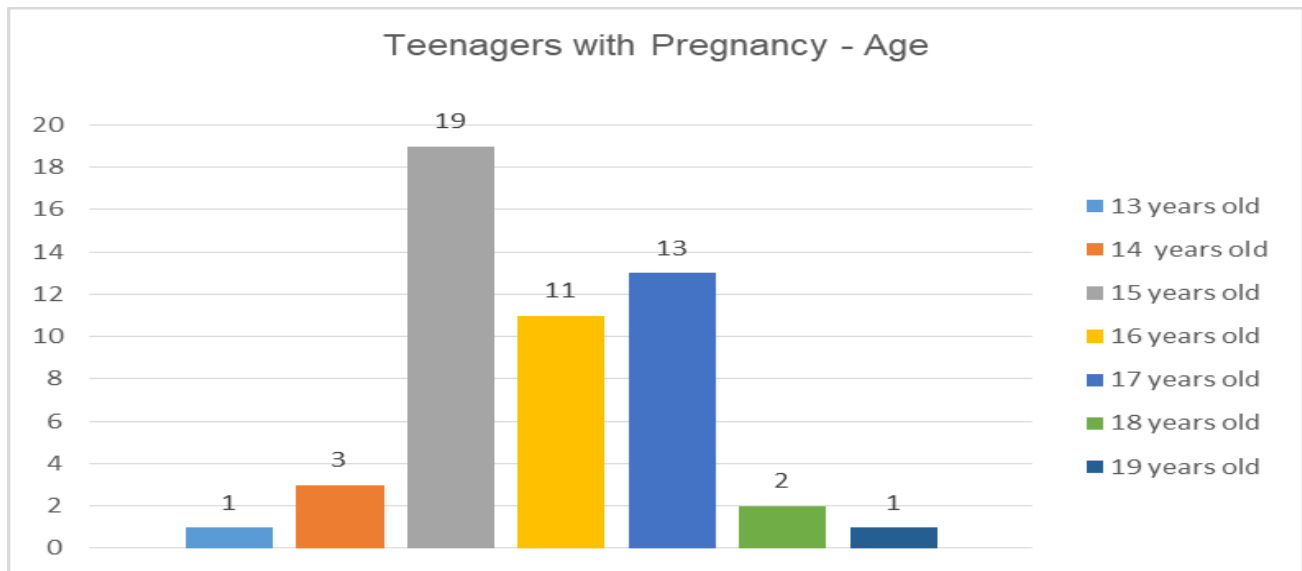
The majority of the respondents are single (37 respondents), followed by married (10 respondents) and divorced (3 respondents).



Graph 7: Teenagers with Pregnancy- Marital Status

4.1.7 Teenagers with Pregnancy - Age

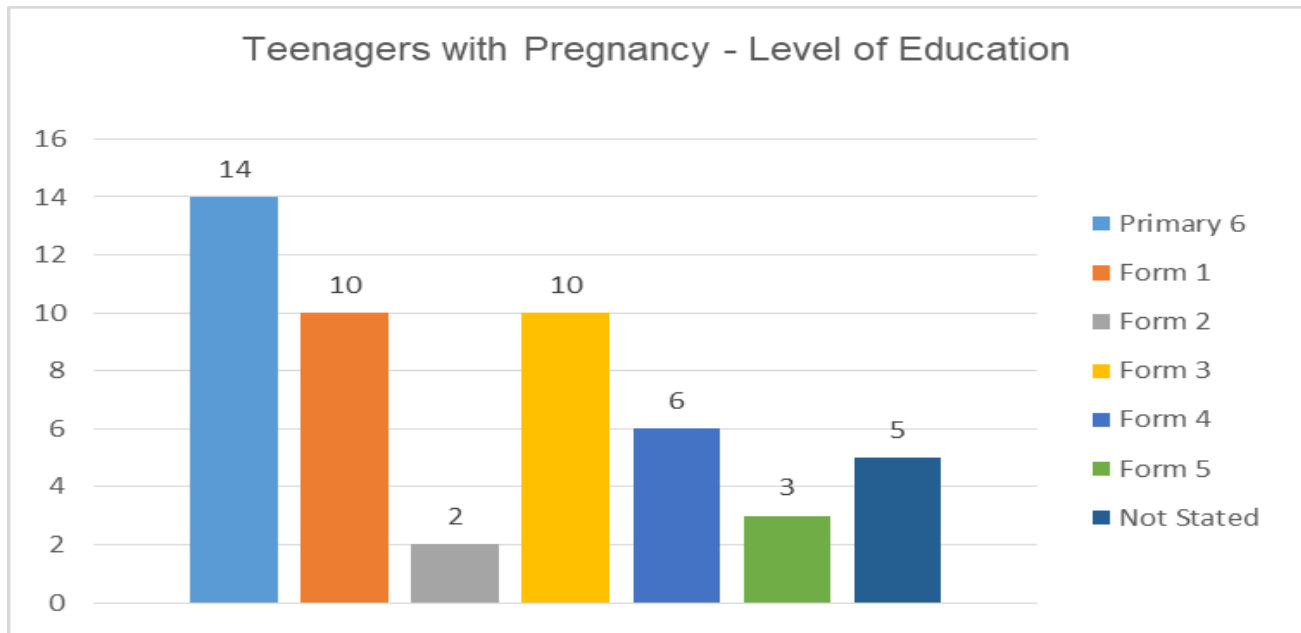
Based on the data collected, most of the respondents are aged 15 years old (19 respondents), followed by respondents aged 17 years old (13 respondents). Eleven respondents were aged 16 years old, three respondents were aged 14 years old, two respondents were aged 18 and only one respondent was aged 19 years old and 13 years old.



Graph 8: Teenagers with Pregnancy- Age

4.1.8 Teenagers with Pregnancy - Level of Education

The majority of the respondents in this study completed primary 6 as their highest degree of schooling (14 respondents). Ten only received form 1 education, two received form 2 education, ten only received form 3 education, and six only received form 4 education. Three respondents managed to complete their form 5 education, while five others did not provide any information about their educational status.



Graph 9: Teenagers with Pregnancy- Level of Education

4.2 RESEARCH OBJECTIVE 1: Obtain a deeper understanding by making sense of their experience with a pregnancy

Teenagers' pregnancy experiences were gathered through interviews and document analysis of respondents who had gone through the pregnancy experience. A total of 21 teenagers from three zones recounted their experiences: the southern zone, which includes Kuching and Sri Aman; the central zone, which includes Sibu and Kapit; and the northern zone, which includes Bintulu and Miri.

To address the first research objective, five themes were developed. **Self-identity, self-motivation, self-doubt, self-acceptance**, and the **meaning of marriage** are among the themes. In addition, sub-themes were developed to explain the teenager's pregnancy experience in greater depth.

4.2.1 Self-identity

Self-identity refers to how respondents look at their experience and how it influences the way they think and behave. There are two sub-themes under self-identity.

4.2.1.1 Feeling backward

Being a teenager with a pregnancy can contribute to respondents feeling backward. Half of the respondents feel jealous because they must focus on their child while their peers focus on studies and their future. As mentioned by Nat, she feels jealous of other friends being able to continue their studies.

Rasa cemburu dengan rakan-rakan lain ke sekolah sedangkan masih sibuk jaga anak - Nat

4.2.1.2 Feeling sorry

Feeling sorry for one's experience as a teenager with a pregnancy exists after the experience of pregnancy. Respondents feel that the experience of being a teenager with a pregnancy is the biggest mistake of their lives. According to Chris, she feels that the experience she is dealing with is because she was unable to make good decisions in her life.

Ya kamek start, tapi sik lah kamek menyesal gilak. Pasya tadik tengok geng, tengok geng dapat kerja....ya menyesal, nok sik terfikir ya tadi macam kamek jangan polah keputusan terburu-buru - Chris

4.2.2 Self- motivation

Self-motivation refers to how respondents reflect on their experiences to help them see a different view of life. To support the theme of self-motivation, two sub-themes were identified.

4.2.2.1 Independent

Some teenagers who have had pregnancies believe that the experience will influence how they view their future. Some respondents believe that being a teenager with a pregnancy will drive them to tackle all of life's challenges and obstacles. Chris and Najwa perceive that even though they had a poor relationship with their husband, they must remain strong in order to focus on their child's welfare and benefits.

Anak kak, anak dalam kandungan saya tu. Saya masa first saya mengandung tu kak memang saya macam walaupun ada gaduh sikit, ada macam macam lah kak. Macam orang mengutuk semua, tapi saya macam kena kuat demi dia dalam perut saya itu. Macam tu ja. Sebab saya fikir takpe lah, asalkan dia, memang excited untuk bersalin, itu saja kak- Chris

Saya kena kuat walaupun apa cabaran yang ada dalam diri saya agar saya dapat terus berjaya dalam kehidupan saya- Najwa

4.2.2.2 Learning Process

Some of the study's respondents believed that their experience as a teenager with a pregnancy has taught them valuable life lessons. Being a mother, as Putri stated, is a precious experience, and she must use it to further her self-development in order to be successful in her future life.

Saya melihat kesilapan ini salah satu pembelajaran yang paling berharga bagi diri saya. Saya sedar kesilapan ini dan berusaha untuk menjadikan pengalaman ini untuk saya menjadi diri yang lebih baik pada masa akan datang - Putri

Chris believes that she must be strong for the sake of her child, despite the fact that she has received numerous negative remarks and reactions from society.

Saya, saya macam menghitung hari bersalin saja. So macam benda, benda benda yang macam mengutuk, apa kah. Cakap cakap orang apa, memang saya

dengar saja lah kak, saya tak ambil pun. Untuk saya kuat itu lah kak, anak saya - Chris

For Feli, the experience of being a mother can be a good lesson for other teenagers. She hopes that other teenagers can use her experience to avoid any risky behaviour.

Lepastu saya pun bagitahu mereka, kamu orang janganlah ikut jejak saya. Saya kata, biarlah saya sorang saja kawan kamu yang teruk macam ni. Jangan kamu orang, saya kata dengan dia. Ni dikira pelajaran buat kamu semua, saya kata dengan dia - Feli

4.2.3 Self-doubt

Self-doubt is a feeling that some pregnant teenagers have during their pregnancy. Eight sub-themes were deduced to further explain this theme.

4.2.3.1 Fear of acceptance from parents

The primary concern among respondents, according to the findings, is the fear of acceptance by parents as teenagers with pregnancies. Faez expressed her fear that her parents would punish her for the mistakes she had done.

Saya takut bila saya mengandung dan tahu saya mengandung, saya memang takut sebab abang dan keluarga saya sangat garang. Bagaimanana nak cakap dengan mereka keadaan saya - Faez

Feli had the same reaction when she found out she was expecting a child. One of the fears she must overcome is the feeling of being fearful of her father.

Saya takut sebab bapa saya sangat garang, tetapi bila saya dah terangkan kepada beliau, beliau dapat menerima dengan pihak lelaki pun mahu bertanggungjawab - Feli

4.2.3.2 Fear of acceptance from partners

Teenagers with pregnancy had sentiments of rejection and betrayal in the context of this study. Some participants felt that their boyfriends or partners took for granted their feelings of trust in the relationship. Atillah believed that her partner manipulated her and that she was used as a sexual object based on her experiences.

Kamek nang rasa kadang–kadang kamek dimainkan oleh lelaki sebab kamek percayak dengan nya. Tapi bila dah ada isu kedak tok kamek yang hadap sorang-sorang - Atillah

Chris had a similar experience, feeling that her former partner would not accept the fact that she was expecting a child. Her former partner asked her to undergo an abortion at one point.

Memang takut lah kak. Sebab kan, bekas suami saya tu pun tidak mahu kak. Sebab dia suruh saya apa, gugurkan. Setelah saya mengandung saya dibiarkan sendiri dan saya yang seorang terpaksa berhadapan dengan keadaan ini – Chris

Being a teenager with a pregnancy could also lead to suicidal ideation. Based on her own experience, Chris confessed that she had planned to commit suicide when her partner failed to support her in a pivotal situation.

Masatu. Memang masa tu macam stress kak, nak bunuh diri pun ada. Sebab benda dah buat bersama, lepastu ada sesuatu dia lari kak. Masa saya dekat hospital tu positif. Terus dia tinggalkan saya balik kak – Chris

4.2.3.3 Burden to the family

According to the study's findings, some respondents believe that becoming pregnant is a burden on their family. According to Chris, the pregnancy issue had a negative impact on her family name.

Malu. Family malu kak, sebab masa orang lain anak orang sekolah. Jadi saya ni sebagai orang sekolah tak sekolah, mengandung. So tu memang, ya lah kak, malu, takut masa tu - Chris

Wendy's problems resulted in a financial hardship on her family. Due to the tremendous commitment and expenditures, she felt that she couldn't afford to raise her child.

Risau macam ni nak jaga anak. Sigek gik duit. Cukup kah sebab kamek gik kecik kan – Wendy

4.2.3.4 View of Societies

The experience of being a teenager with a pregnancy, according to respondents, might lead to an unfavourable opinion of society. Some members of society, according to Putri, constantly repeat unpleasant things in the background and perceive her experience as a negative one.

Stress dengan kelakar orang nok sik ya, sik patut kita dengar - Putri

Sidaknya macam, apa nama tok, macam menghina bah, macam, camne mok madah oh. Sidaknya sebut, lupak kamek. Benda dah lepas - Putri

For Alec, some people continue to focus on her experience of being a mother but fail to support her in dealing with the difficult experience.

Kamek rasa sidak tok suka bercakap pasal kamek. Kamek tauk kamek silap tapi boleh sik berik kamek peluang ke duak untuk kamek. Kamek perlu sokongan dari sidak - Alec

4.2.3.5 Feeling Unwanted

Based on the findings, some respondents feel that the baby is the burden. Some parents encouraged their daughters to undergo abortions. Putri claims that she used a variety of methods to ensure that the baby would be terminated. Her parents, particularly her mother, assisted her in trying several approaches.

Kamek makan buah nanas mak kamek merik. Last last putus asa mek duak mak kamek sik jadi - Putri

Natasya, unlike Putri, resorted to consuming alcohol to ensure the pregnancy was terminated.

Macam kamek ada juak kamek cuba teknik minum alkohol untuk pastikan baby kamek sik jadi. Tapi kandungan dah lamak so benda tok sik berjaya - Natasya

4.3 RESEARCH OBJECTIVE 2: Identify contributing factors towards pregnancy among teenagers in Sarawak

To answer research objective 2, the study included teenagers with prior pregnancy experience (21 respondents), teenagers without prior pregnancy experience (20 respondents), government agencies such as Sarawak Social Welfare Department, *Majlis Adat Istiadat Sarawak* (MAIS), National Population and Family Development Board (NPFDB), and non-government agencies (NGOs) such as HIKMAH, Counselling Centre of St Joseph Cathedral Kuching, *Persatuan Ibu Tunggal* (Sibu), *Saberkas* (Sibu), *Persatuan Penyusuan Ibu* (Sibu), Women of Change and *Biro Pendidikan Majlis Islam Sarawak*. In addition, the perspectives of parents, partners of teenagers with pregnancies, and non-government persons (NGIs) are included to bolster the findings of the study.

There are ten themes which explains research objective 2 based on the data analysis. **Individual factors, environmental factors, problems in romantic relationships, family issues, misused contraceptives, misconception about the *berterang* concept, short cuts to securing family approval for marriage, normalization on immorality act, low spiritual and morale concept, and illiterate on consequences of immorality act** are among the themes discovered.

Berterang is a marriage process exclusively practised by the Iban. *Berterang* involves a mutual understanding and an agreement between the bride and the bridegroom's family to officially approve, legitimately, the couple's decision to be husband and wife. The *Tuai Rumah* or *Ketua Kampung* officiates and moderates a ceremony of validation of the couple with the witnesses, who are normally senior or elderly occupants of the long house or village.

The themes are further supplemented by sub themes to provide a comprehensive understanding of the factors that contribute to Sarawak's teenage pregnancy issues.

4.3.1 Individual factors

Individual factors are internal elements that contribute to teenage pregnancy issues. In order to expand on the major theme of the research findings, the researchers separated this theme into three sub-themes.

The feeling of wanting to try something new is the first sub theme to elaborate on the individual factor. According to the findings, the majority of respondents are driven by a desire to try something new in their lives. Giving hope, according to Chris's experience with her partner, contributed to the issue of pregnancy.

Dia sudah bagi harapan sebab saya seorang perempuan. Tapi disebabkan sikap saya terlalu bebas kak. Bebas, mok cuba benda benda yang baru. Tu memang family malu, sendiri pun malu sekarang kak. Tapi saya tak nak fikir pasal malu apa semua, janji, terus, teruskan saja lah kak. Sebab kita, tak mungkin pasal

satu perkara ni kita nak down - Chris

Putri, on the other hand, was inspired to attempt something new after seeing videos on the Internet and watching videos shared by her boyfriend. Putri's experience watching porn videos inspired her to perform the same actions with her boyfriend and friends.

Macam mencoba ya ada juak tapi kadang kadang - Putri

Sentuh-sentuh dan ingin mencuba dengan kawan-kawan – Putri

4.3.1.1 Promiscuity (*Pergaulan bebas*)

Another factor that has led to teenage pregnancy is promiscuity. Promiscuity, according to the majority of respondents, is a factor that contributes to the problem of pregnancy. According to Putri, she is a rape victim owing to her lifestyle.

Macam orang kan balik, selalu balik malam malam ya nak? Dah ya nya tangga tangga nya kamek, kamek selalu nangka orang camya. Dak nya tangga tangga. Tangga lamak, ada masa kamek balit kedirik lah. Dak nya, polah lah tarik- Putri

From the parental perspective, teenage pregnancy is due to the attitude of the teenagers. Some of them are uncontrollable and wish to attempt something different in their personal growth. Mdm Suriya and Mdm Sita claim that their children spend more time with their friends and are occasionally involved in substance usage.

Macam anak saya, mereka kadang-kadang lebih banyak masa dengan kawan – kawan. Kadang-kadang bila dan berkumpul mereka akan mencuba sesuatu yang baharu dan tidak mustahil mengandung ini akan berlaku - Mdm Suriya

Saya rasalah anak saya juga susah nak kawal kadang-kadang. Saya bagi telefon tapi dia guna untuk cari kenalan dan inilah yang berlaku - Mdm Sita

Furthermore, counsellors who deal with pregnancy issues concur that promiscuity is a factor that contributes to teenage pregnancy problems.

Saya yakin, sikap yang terlalu bebas menyebabkan remaja ini banyak mengabiskan masa mereka dengan kawan-kawan yang ada. Tengok jenis kawan, sekiranya kawan tak ok maka ia akan menyumbang kepada perkara ini - Lawrance

Saya juga percaya corak pergaulan antara remaja menjadi perkara penting yang menyumbang kepada isu ini. Ada antara mereka tiada langsung batas dalam pergaulan. Akhirnya menyebabkan isu sebegini berlaku - Fitri

4.3.2 Environmental Factors

Environmental factors refer to external factors which lead to issues of teenage pregnancy. The theme of environmental factors is supported by five sub-themes based on data analysis. Peer pressure, misuse of Telegram and Wechat applications, Facebook, pornographic websites, and substance abuse are among the sub-themes.

4.3.2.1 Peer factors

Peer pressure has been identified as a factor in teenage pregnancy. Feli claims that she had to deal with being a teenage mother due to peer influence.

Saya terlalu ikutkan kawan-kawan saya. Terbawa-bawa lah tu, ikut perangai kawan. Kalah dengan, macam dirasuk tu. Macam ada syaitan yang rasuk bikin tu. Pun kalah juga iman. Kalah jugalah tulah” - Feli

Chris had a similar experience, believing that it was the peer pressure that led to her involvement in the pregnancy issues.

Dari berkawan lah kak. Tapi tak lah saya salahkan kawan, walaupun seribu kali mereka bawa saya, kalau saya tak nak pun tak jadi kak, tu memang dari kawan saya kenal dia kak. Lepastu ada buat kelas online, semua kelas malam daripada sekolah – Chris

Mr. Sulong, a parent, believes that the element of trust toward peers leads to a teenager becoming entangled with pregnancy issues.

Saya lihat adik saya salah memilih kawan. Kawan yang dipilih tidak membantu beliau menjadi orang yang baik dan kesannya terlibat dengan aktiviti yang tidak sihat seperti ini - Mr Sulong

In addition, a *Pegawai Akhlak* from the Sarawak Social Welfare Department believes that one of the elements contributing to the issue of teenagers with pregnancy is peer influence.

Sesetengah remaja terlibat dengan isu kehamilan adalah disebabkan pergaulan yang bebas dengan rakan mereka. Keadaan ini menyebabkan mereka terlibat secara langsung dengan aktiviti yang menjerumus kepada perkara sebegini - Azrul

4.3.2.2 Exchange of Pornographic Videos

One of the activities identified by some of the respondents is the exchange of pornographic videos among teenagers. Telegram and Wechat are used to distribute some of the videos. Furthermore, being exposed to porn and other sexual material can make you desire to attempt something new. Nazrin claims that she received erotic videos from her friends and boyfriend via Telegram and Wechat.

Saya ada kawan yang selalu share dengan saya video lucah. Lama-lama ingin jugak mencuba dengan kawan-kawan yang lain - Nazrin

Furthermore, Faez acknowledged that video sharing between friends and boyfriends via Telegram and Wechat made people desire to try new things.

Kamek nang kadang-kadang ada juak kawan-kawan yang selalu ngembak kamek nangar video ya. Kadang-kadang boyfriend kamek lah embak kamek nangar sama - Faez

Some parents claimed that their children used their cellphones for other purposes. Madam Simui claimed that she provided her daughter's phone to her for academic purposes. Some of the teenagers, though, utilised the phone for other purposes.

Saya beli hand phone dengan anak saya untuk mereka belajar, tetapi saya sedih sebab dia gunakan hand phone ini untuk tujuan benda lain. Ada juga saya jumpalah video yang pelik-pelik dalam hand phone anak saya - Madam Simui

Tuai Rumah Khai backed up this claim, stating that some of the teenagers were using the phone for other purposes.

Saya dapati bahawa sesetengah remaja menyalahgunakan telefon untuk benda yang lain. Ada yang menggunakan untuk kegunaan yang lain. Menyebabkan mereka terdorong untuk menggunakan untuk tujuan sebegitu - Tuai Rumah Khai

4.3.2.3 Facebook

Other factors that contribute to the issue of teenage pregnancy include Facebook or other dating apps. The majority of those who took part in the study said they met their first date on Facebook. Nurul and Adeline mentioned that they met their partner using the Facebook application.

Macam kamek nang kenal dengan boyfriend kamek makei Facebook. Sialah kamek kenalnya dan sia juaklah kamek duak jadi gerak - Nurul

Saya kenal dengan gerak kamek makei Facebook. Nya add kamek lalu bila dah kenal gia lalu lah kamek duak jadi gerak - Adeline

Furthermore, sharing from *Ketua Masyarakat dan Ketua Kaum* (KMKK), *Pegawai Akhlak* of the Social Welfare Department, non-governmental organizations (NGOs), and non-governmental individuals (NGI) revealed that Facebook is one of the elements

contributing to Sarawak's teenage pregnancy problem. Madam Adila, a non-governmental organisation, asserts, for example, that some of the teenagers utilised Facebook to communicate with their boyfriends. The lack of supervision a teenager receives from family members influences how exposed he or she is to immoral content on Facebook.

Bagi saya Dr, saya percaya Facebook merupakan salah satu faktor yang menjadi penyumbang kepada isu ini berlaku. Kalau kita tidak ada elemen pemantauan dan tidak menjaga anak-anak kita akan dapat melihat yang mereka akan menyalahgunakan kemudahan ini untuk tujuan yang lain - Madam Adila.

4.3.3.4 Internet

The Internet is another aspect that contributes to the problem of teenage pregnancy. The majority of research respondents expressed that easy access to the Internet, particularly to pornographic websites, has an impact on teenager's sexual behaviour. The sexual content on the website is readily available, according to Feli and Lena.

Saya sorry nak cakap lah, saya kadang-kadang senang nak tengok cerita tu dalam Internet. Kadang-kadang saya lihat apa je yang menyebabkan saya rasa ada benda yang secara tidak langsung saya ingin jugak nak cuba - Feli

Erm..nak kata pengalaman tu adalah lah jugak. Saya lihat dalam website yang kadang-kadang senang je nak cari video tu - Lena

In addition, NGOs and counsellors also agreed that the internet factor contributed to teenage pregnancy issues during research interaction. According to a representative of *Persatuan Penyusuan Ibu (Sibu)*, some teenagers enjoy visiting pornographic websites as part of their leisure pursuits.

Saya yakin internet ini menjadi salah satu faktor yang menyebabkan mereka terjerumus dengan kes kehamilan. Macam saya, anak saya akan saya pantau apa kandungan yang mereka lihat dalam internet. Saya akan pastikan anak saya tak tutup pintu untuk saya tahu akan tahu apa yang mereka lihat - Persatuan Penyusuan Ibu Representative

Furthermore, the counsellors agreed that the internet factor contributed to the pregnancy issues. The issue of teenage pregnancy, as Aneza noted, is the outcome of inappropriate internet usage. Some of the teenagers have easy Internet access to sexual content. As a result, some of them are involved in activities that lead to unexpected pregnancy.

Saya perhatikan Dr, kadang-kadang mereka ini terpengaruh dengan rakan-rakan yang lain. Mereka ni kadang-kadang saja je nak explore benda-benda yang boleh mendorong mereka terjerumus kepada perkara yang menyebabkan mengandung dan sebagainya – Ms Aneza

4.3.2.5 Substance abuse

Substance abuse, particularly the use of alcohol and methamphetamine, is a frequent problem among teenagers, according to the majority of respondents *Ketua Masyarakat dan Ketua Kaum (KMKK)*, government agencies, and NGOs in the study. Some teenagers mentioned that after taking alcohol or methamphetamine, they began to engage in sexual activities. According to Alec, she began to drink with her boyfriend. As a result of the alcohol's effect, her boyfriend was constantly urging to have fun.

Mula-mula boyfriend kamek ajak kamek minum. Kamek nang minum samalah. Tetapi nak bila dah mabuk kamek sik sangka nya ngajak kamek main. Kamek mula-mula sik maok tapi nya madah kitak maok pilih kamek atau mak kitak. Sebab sayang tek nak kamek pilih nya lalu lah tek kamek dua bermain - Alec

According to *Ketua Kaum Rani* and *Tuai Rumah Ado*, the use of alcohol and methamphetamine causes social problems, such as teenage pregnancy. According to *Ketua Kaum Rani*, some of the village's youngsters have been exposed to substance misuse. They have easy access to these substances for the most part, and as a result, they are exposed to societal problems.

Saya percaya, kebanyakan remaja di kampung ada masa mereka ni memang main batu (methamphetamine). Mereka dapat dari orang atau kawan-kawan. Bila dah palak nyaman yalah sidak tok akan mudah terikut dengan benda yang sik sihat dan sebagainya - Tuai Rumah Ado

The same points are made by parents who believe that teenagers' involvement in pregnancy issues is related to substance abuse.

Macam anak saya tok, saya nang tauk nya ada ambik barang. Kadang-kadang nang perasan bah caranya. Kamek pernah nanyak nya kenak tangan kau biru nya madah nya lekak vaksin tapi nak kenak vaksin di lengan bukan di bahu. Ya kamek hairan - Madam Suriya

4.3.3 School dropout

According to the findings of the study, school dropouts are one of the most common reasons for youths becoming involved in pregnancy issues. The majority of those who were involved in the pregnancy concerns were school dropouts. Teenagers who have dropped out, according to Alec, have free time. Teenagers are vulnerable to social

problems if they do not engage in appropriate activities. She had spare time, as Lena indicated, and she preferred to spend it with her boyfriend enjoying leisure things.

Saya tak sekolah lagi, banyak masa saya free dan saya kadang-kadang tak fikir saya nak buat apa atau tidak. Jadi kadang-kadang saya terlibat dengan benda yang tak berfaedah - Lena

The same point was shared by the counsellor when some of the teenagers involved in the pregnancy cases are school dropouts. Therefore, some of them are exposed to being involved in unethical activities or social problems.

Saya Dr kalau saya lihatlah kan, saya dapati bahawa ramai remaja yang terlibat adalah terdiri daripada remaja yang tidak bersekolah. Bila dah tak sekolah lagi jadi mereka terdedah dengan benda yang tidak elok dan sebagainya – Ms Fitri

Saya yakin dan percaya Dr pendidikan ini adalah salah satu perkara penting untuk menjadikan kita tahu perkara itu baik atau tidak baik. Kalau mereka sekolah banyak aktiviti yang mereka lakukan dan mereka akan sibuk. Jadi bila dah jadi macam ni ia akan membuka ruang kepada mereka untuk terlibat dengan benda yang tidak baik – Ms Aneza

4.3.4 Family factors

According to the findings of the study, family factors may have a role in Sarawak's teenage pregnancy problems. The **vicious cycle**, **grooming**, and **short cuts to getting family approval for marriage** are three sub-themes that complement the theme of family factors.

4.3.4.1 Vicious cycle

Another factor that contributes to teenage pregnancy in Sarawak is the vicious cycle. According to the findings, some of the teenagers revealed that their parents had

experienced pregnancy as teenagers. Julia and Pretty believed that their experiences as pregnant teenagers are linked to their parents' experiences.

Saya kadang-kadang emak saya dolok pun nya adalah orang macam saya. Bila saya cakap dengan dia, dia macam tak marah atau apa-apa - Julia

Pak Cik, mak saya banyak kawin, dulu dia macam saya jugak saya rasa. Jadi kadang-kadang saya rasa saya tiru jugaklah cara dia - Pretty

4.3.4.2 Grooming

Another factor that contributed to the teenager's pregnancy issues, according to respondents in this study, was the teenager's grooming. Grooming is among the cultural practices that can result to pregnancy issues, according to a counsellor and *Pegawai Pelindung* (Social Welfare Department). According to Ms Fitri, some families tolerate the custom or lifestyle of allowing boyfriends to live with the family.

Hidup bercampur, nak pakai apa kah semua ok. Kamek rasa mana-mana agama ada batas dalam apa yang kita lakukan. Nya macam grooming. Mak dan pasangan duduk serumah sik kawin dan anak akan melihat sebagai satu role model sidak - Ms Fitri, Counsellor

Ibu dan pasangan duduk sama walaupun tak ada apa apa ikatan yang sah - Ms Fitri, Counsellor

Umur 18 tahun, mak nya benarkan orang asing duduk sama di rumah, mula-mula dolok sidak duduk sama. Lamak-lamak orang laki merogol nya susah kamek nak madah. Berlakulah pregnancy kali pertama dan lama-lama sidak duduk sebilik - Ms Fitri, Counsellor

Another *Pegawai Pelindung* also mentioned that some families embrace the culture of allowing some of the children's boyfriends to stay with the family.

Saya Dr kan kadang-kadang saya nak kaitkan jugaklah sesetengah keluarga yang ada seolah-olah memberi izin kepada anak mereka untuk membawa kekasih mereka ke rumah. Tindakan ini kalau dilihat benar akan menyumbang kepada kes kehamilan – Mr Azrul

4.3.4.3 Short cut to get marriage approval

Some of the study's respondents believed that teenage pregnancy is a shortcut to gaining family approval for marriage. According to the findings, Nurul and Yasmin decided to get pregnant because they thought that by being pregnant, the parents would accept their situation and consent to the marriage.

Saya tok sebenarnya dengan boyfriend saya tok fikir memang keluarga saya tak setuju hubungan saya dengan kekasih saya. Tapi dengan harapan saya mengandung saya ingat kami akan boleh kawin. Tapi kalau dah macam ni parents saya tak suka dengan pasangan saya ini dan tidak setuju untuk jadikan dia pasangan saya - Nurul

Kawan-kawan saya cakap kalau saya mengandung, keluarga saya akan terima keadaan saya. Mereka akan suruh saya kawin dan saya sayang boyfriend saya. Tapi ermmm...saya rasa macam tak sesuai dengan keadaan dan saya tak dapat nikah dengan boyfriend saya sabab keluarga saya tak suka dengan pasangan saya - Yasmin

According to the counsellors, several of the teens felt that if they were pregnant, their parents would allow them to marry their partners. The concept is one of the factors contributing to the pregnancy issues, according to Counsellor Fitri and Lawrance.

Saya bukan apa, kadang- kadang budak budak ni lupa barang kali. Mereka percaya apabila mereka mengandung mereka akan mudah untuk kawin dengan pasangan mereka selepas mereka mengandung – Ms Fitri

Saya kan Dr, saya percaya bahawa sistem kepercayaan remaja ini perlu diubah. Ada antara mereka ini percaya bahawa jika mereka sudah mengandung ia akan menyebabkan mereka yakin mereka akan dapat nikah dengan mudah. Mereka tidak tahu yang semua benda ini kadang-kadang tidak akan berlaku sebab ada sesetengah ibu bapa tak nak langsung anak mereka kahwin – Mr Lawrance

4.3.5 Culture

Several Iban communities, particularly in Sarawak's rural areas, still believe in *Adat Berterang*. Several *Pegawai Perlindungan*, for example, described how some teenagers misconstrued the *Adat Berterang* practise, which is a socially or culturally recognised marriage ritual performed prior to registration with the National Registration Department. They believe they are formally partners with *Adat Berterang* from a cultural standpoint.

Ada sesetengah remaja ni dan keluarga remaja mereka kadang-kadang saya fikir salah faham tentang konsep Beterang. Ada antara mereka memikirkan bila dah berterang mereka dah selesai sebagai suami isteri. Tetapi mereka lupa mereka perlu untuk di daftarkan dengan Jabatan Pendaftaran untuk mengesahkan penikahan mereka – Ms Cindy

Saya kadang-kadang hairan Dr ada satu kes kan saya dapati, ada satu Tuai Rumah ni kan mereka saya kadang-kadang keliru, mereka Tuai Rumah tetapi kenapa mereka ni nampak macam tak faham dan mereka juga nak kawin dengan remaja muda macam ni. Padahal masih ada isteri lagi tu – Mr Jemat

4.3.6 Normalization on Immoral Acts

Families with teenagers accept their family members' immorality. Despite the fact that they are aware that permitting a male friend of their daughter to remain in their home leads to immoral behaviour between them, such as sexual intercourse before marriage, they continue to do so. This normalisation will have major social consequences, not only in terms of teenage pregnancy, but also in terms of other issues including substance abuse. According to the viewpoints of the partner and the counsellor, the improper principle of close relationship may lead to the issue of pregnancy.

Saya selalu bermalam di rumah kekasih saya sebelum tok. Mula-mula tidur di ruang tamu. Lama-lama dah tidur di bilik sama. Emak dia tak marah dan selalu pesan jaga anak dia sebaik mungkin - Yasin (Partner)

Kadang-kadang kan Dr, saya harian dan pelik juga dengan sikap sesetengah ibu bapa seolah-olah mereka tak kisah ada lelaki lain di rumah mereka. Kadang-kadang saya terkejut jugak sebab ada sesetengah ibu bapa macam suka pulak ada lelaki lain di rumah lagi-lagi lelaki tersebut ada kerja dan boleh bantu mereka. Jadi akhirnya anak dia jugak lah kelak ada isu - Ms Fitri

4.3.7 Low Spiritual and Moral Concept

In general, family members were found to have a low level of spiritual practise. The majority of them disregarded the importance of religious and existential values in life. They do not even emphasise this aspect of family development which leads to immoral deeds and behaviour. Family members could not discern the rights and wrongs in life. This will have an impact on teenagers who are still forming their identities and growing their inner strength. Teenagers will imitate this unacceptable behaviour. Furthermore, there is a lack of morality among family members. It is deemed acceptable to stay with someone who is not a family member. Teenage pregnancy is caused by illegitimate connections between family members, such as a grandmother who has open relationships with several people and whose activities are visible to teenagers.

This is supported by personnels from *Unit Pembangunan Keluarga, Jabatan Agama Islam Sarawak* and non-governmental individuals (NGIs).

Kadang-kadang kan Dr, kes hamil ni kita dah boleh jangka, kebanyakan daripada mereka terlibat dengan aktiviti sebegini masa keraian misalnya 31 Ogos. Kadang-kadang kita boleh jumpa ada kondom lah dan kes hamil pasti meningkat selepas itu
- Mdm Ro

Saya yakinkan Dr kalau adalah pegangan agama yang kukuh, saya pasti remaja ini dapat menimbang mana yang baik dan mana yang tidak - Mdm Dila.

4.4 Research Objective 3: Develop effective strategies in dealing with teenagers with pregnancies within the Sarawak context

This study furthers the emphasis on the strategies to deal with the issue of teenage pregnancy in Sarawak. The views of teenagers with pregnancy, government agencies including the Sarawak Social Welfare Department, *Majlis Adat Istiadat Sarawak* (MAIS), National Population and Family Development Board (NPFDB), non-government agencies (NGOs) including HIKMAH, Counselling Centre of St Joseph Cathedral Kuching, *Persatuan Ibu Tunggal* (Sibu), *Saberkas* (Sibu), *Persatuan Penyusuan Ibu* (Sibu), Women of Change and *Biro Pendidikan Majlis Islam Sarawak* are gathered. In addition, the views of parents, partners of teenagers with pregnancies, and non-governmental individuals (NGI) are included to get a holistic perspective to deal with the issues of pregnancy in the Sarawak context.

Based on the data analysis, eight themes were constructed. Self-empowerment, the role of family, the role of school, career advancement, the role of government agencies, the role of non-government organisations (NGOs), and the role of *Ketua Masyarakat dan Ketua Kaum* (KMKK) are among the themes. The themes are further supplemented by sub themes to provide a comprehensive picture of Sarawak's strategic approach to dealing with the teenage pregnancy issue.

4.4.1 Self-empowerment

Self-empowerment refers to an individual's internal strategic strengthening in order to effectively deal with adversities such as teenage pregnancy issues. According to the findings, the majority of respondents would like to see a programme focused on self-empowerment. Self-empowerment programmes, according to the counsellors, should be geared toward teenagers. She goes on to say that both male and female teenagers need to be taught to value themselves as individuals.

Saya Dr kalau ada peluang saya nak lah kan kita adakan satu program yang saya namakan sebagai women empowerment. Program ini nampak je macam saya ni pro kepada wanita, namun kan Dr saya yakin dan percaya kedua-dua pihak, lelaki ke perempuan ke wajib untuk mereka tahu peranan mereka sebagai individu. Kalau mereka tahu hak diri mereka, mereka akan lebih menghargai siapa diri mereka tak kisah kita lelaki ke perempuan - Ms Fitiri

Saya percaya Dr dengan kita memberi nilai kepada diri remaja mereka akan lebih faham apa yang patut dan tidak patut untuk mereka lakukan – Mr Lawrence

4.4.2 The Role of Family

In Sarawak, the role of family is one of the approaches that can be adopted to address the issue of teenage pregnancy. The family's commitments in helping to tackle pregnancy issues is important, according to *Biro Pendidikan Majlis Islam Sarawak*, *Women of Change*, *Persatuan Ibu Tunggal*, Counselling Centre of St Joseph Cathedral Kuching, and HIKMAH. There are two sub-themes under this theme: parenting education and family members' unconditional support.

4.4.2.1 Parenting Education

According to the findings, one of the techniques for dealing with the issue of teenage pregnancy in Sarawak is parenting education. Parenting education should be held in a succession of programmes: before, during, and after marriage, according to NGOs, NCI, counsellors, *Pegawai Pelindung*, and KMKK. Respondents believe that an inadequate knowledge and skills in parenting makes some teenagers feel unprepared to

manage their families. According to *Pegawai Pelindung*, teenagers who are pregnant should be given a parenting module to help them develop their parental knowledge.

Saya setuju Dr, kalau boleh remaja yang dah mengandung dan kahwin ni kan perlu didedahkan dengan makna perkahwinan dan sebuah keluarga. Dengan adanya pengetahuan dan kemahiran yang ada menyebabkan mereka mampu untuk bertahan dan membuat yang terbaik dalam kehidupan mereka - Zarul

The importance of parenting education is also discussed by one of the NGOs, where HIKMAH believes that with the proper module and programme focused on the knowledge and skills to deal with parenting can reduce the challenges that these groups will face in the future.

Saya Dr kan, saya inginlah mencadangkan agar remaja yang hamil ini dah nikah perlu tahu bahawa apa makna perkahwinan dan cabaran yang mungkin dan akan mereka hadapi. Kalau mereka tidak didedahkan saya khuatir mereka akan lupa dan tidak melihat perkahwinan ini sebagai yang serius. Yang penting ia bersifat berpanjangan dan bukan hangat-hangat tahi ayam – Mdm Azizah

4.4.2.2 Unconditional Support

The physical and psychological assistance that a family provides to a pregnant teen is referred to as unconditional support. According to the experiences of both teenagers and parents, all of their family's support is a major motivator for them to face the obstacles of being young mothers. From the perspective of a teenager, the family provides financial and moral support, particularly when dealing with negative comments from those around. Dayang and Alec consider themselves fortunate because their parents are supportive and provide financial and moral assistance.

Saya sangat bersyukur sebab saya mendapat sokongan daripada keluarga saya. Kadang-kadang saya tak ada duit, emak saya akan bantu saya beli susu baby dan sebagainya. Kadang-kadang juga, keluarga saya suka juga beri motivasi

dan sokongan untuk saya terus ke depan walaupun saya pernah melakukan kesilapan. Itulah saya lebih semangat - Dayang

Bagi saya kan, saya banyak melihat keluarga saya banyak menyokong saya. Macam saya tak ada suami tetapi abang-abang saya akan banyak membantu dan memberi yang terbaik kepada anak saya. Saya kadang, bila perlukan duit nak beli pampers atau susu saya akan mintak juga dengan keluarga saya terutama abang saya. Syukur mereka sangat membantu - Alec.

Additionally, parental perspective can help teenagers survive their lives. According to Madam Mariam and Madam Ros, they believe that the grandson is the victim of their parents. Therefore, to put the blame on the grandson is wrong. What is important is to support and give the best for the development of the grandson and the teenagers.

Saya dulu mulanya kecewa kenapa anak saya buat saya macam ni. Apa salah saya, apa silap saya. Saya tak sangka anak saya akan buat begini. Tetapi dah berlaku takkan saya tak terima anak saya dan cucu saya. Saya sekarang happy dengan ada anak ini saya jadi lebih sayang dan fikir ini lah adalah langkah terbaik untuk saya bagi terbaik kepada anak ini pada masa akan datang – Madam Mariam

Saya Tuan, jujur saya cakap saya ada juga rasa kecewa dululah masa mula-mula dapat berita anak saya hamil. Tapi saya fikir balik dia dah di depan mata saya dan saya dah nampak apa yang dia ada sekarang. Tak salah kalau saya bagi dua peluang kedua dan suruh dia berdikari saya sentiasa sokong dia dengan sebaik nya – Madam Ros

Family support, according to counsellors and non-governmental individuals (NGI), is a critical factor for teenage girls who are pregnant. Family support, according to a counsellor, can help them recollect all their mistakes and attempt to change their thinking and behaviour in order to plan for a better future. Madam Adila also suggested that family acceptance could help pregnant teenagers endure their life.

Saya melihat ada sesetengah keluarga, dia sangat menyokong anak mereka. Bukan bermakna menyokong-apa yang dilakukan oleh anak mereka. Tetapi yang penting mereka melihat apa yang berada di depan mereka. Yang berlaku itu kira pengalaman dan yang penting bagaimana budak ini bersedia untuk lebih ke depan dalam apa yang mereka lakukan untuk mengubah kehidupan yang jauh lebih baik – Ms Fitri

Dr saya sangat setuju, sokongan keluarga walaupun anak mereka pernah melakukan kesilapan kalau kita biarkan mereka dan buang mereka akan menjadi orang yang lebih bermasalah. Saya melihat tak salah kalau kita terima dan bagi peluang kedua kepada golongan ini - Madam Alia

4.4.3 School Role

The term "school role" refers to the role that schools can play in significantly reducing pregnancy rates and helping teenagers attain academic and technical achievement. This is supported by two sub-themes. The sub-themes are **sex education** and **second chances in academics**.

4.4.3.1 Introducing And Reinstate Sex Education Among Teenage

The study's findings demonstrated the importance of sex education in addressing Sarawak's teenage pregnancy problem. Counselors, government agencies, NGOs, NGL, and KMKK all believe that sex education as a prevention method is the best way to address the issues. Sex education should be taught in early childhood education, according to the counsellors. Furthermore, the method, module, and approaches for delivering the module should be current and aligned.

Saya kadang-kadang Dr melihat, sesetengah orang kita melihat subjek seksual ini sebagai sesuatu yang rahsia. Yang tak perlu dibincangkan dengan mendalam. Sepatutnya saya beranggapan subjek ini adalah baik dan yang paling penting kita kena lihat sejauh mana ia dapat membantu mengurangkan isuremaja hamil – Ms Aneza

According to a NPFDB personnel, the *Cakna Diri* module gives youth the opportunity to learn about their reproductive health and functioning.

Saya kan Dr nak maklumkan kita ada modul Cakna Diri yang kita gunakan untuk membantu menerangkan kepada golongan remaja tentang aspek seksual. Modul ini sangat bagus untuk pencegahan dan sekurangnya mereka faham dan sedar apa kesan dan akibat sekiranya mereka tidak peka kepada aktiviti seksual ini untuk kesihatan dan masa depan mereka – Ms Nadia

Teenagers ought to be educated about sex, according to representatives from *Persatuan Penyusuan Ibu* and *Saberkas* (Sibu). The appropriate modules and approaches to working with the target groups can aid in raising awareness of the threat of activity. According to the representative of *Persatuan Penyusuan Ibu* (Sibu), sex education should begin at home. Parents should instill in their children the importance of self-protection when engaging in sexual activities.

Saya berpendapat kan Dr, pendidikan seks tok kenak di mulakan juak dari rumah. Ibu bapa atau penjaga perlu lah maklumkan dengan remaja kesan sekiranya perkara sebegini sik dapat kendalikan dengan lebih teratur. Bahaya bah, jadi mak bapa boleh bantu untuk menyediakan maklumat awal berkaitan dengan pendidikan seks – Representative, Persatuan Penyusuan Ibu (Sibu)

In addition, a few volunteers from SaberKas also agreed on the importance of sexual education to teenagers. For them, with the proper knowledge, teenagers would be able to protect themselves from being involved with unhealthy activities.

Mun kita lihat di kampung-kampung kan Dr, banyak perkara yang berlaku tak ada kaitan dengan kurangnya pengetahuan berhubung bahaya seks bebas. Jadi benda tak dapat dikurangkan sekiranya ada pendedahan yang betul kepada remaja berhubung bahaya seks bebas. Bukan jak memberi kesan ke atas kesihatan dan malah nya berik juak kesan kepada keluarga dan masyarakat dalam jangka masa Panjang – Volunteers, SaberKas (Sibu)

4.4.4 Self-Development Programme

According to the perception of the respondents, a self-development programme should be held to assist the growth of pregnant teenagers. For this group, there are two sub-themes that support the theme: career planning and self-empowerment programmes.

4.4.4.1 Career Planning

Teenagers with pregnancy require career planning, which includes reskilling and upskilling. According to responses from teenagers, government agencies, NGOs, and KMKK, career planning activities can assist youths shift their outlook on the future. Nazira and Yasmin believe that having a proper education or training in self-skills is critical to their ability to succeed in the work market. Their ability to enter the labour market was hampered by their lack of a formal certificate or training. As a result, they are hoping for a second chance to receive suitable training in order to prepare them for the job market.

Macam saya, saya benar-benar harapkan ada peluang untuk saya meningkatkan kemahiran sebab nak belajar macam tak dapat jadi peluang untuk saya belajar buat kek kah, masak kah sebab saya suka masak. Ini boleh jadi bantuan kepada saya untuk saya buat terbaik kepada diri dan anak saya - Nazira

Saya benar-benar mengharapkan ada lah tempat boleh saya belajar kemahiran yang sesuai dengan diri saya. Kalau boleh nak saya nak belajar masak. Masak je lah saya rasa dapat membantu saya untuk dapatkan income -Yasmin

The *Pegawai Pelindung* of the Social Welfare Department holds the same opinion. They believe that reskilling and upskilling are the most effective ways to assist this group. This group can earn their own money by focusing on their hobbies as part of their income.

Saya nak cadangkan Dr, kalau boleh pelajar ini mereka sorry to saylah ada lah sebahagian mereka tak nak belajar, jadi mereka ini kalau kita boleh bagi latihan lain saya rasa sangat membantu untuk mereka berdepan dengan masa depan mereka. Tak lah mereka tercicir dan sebagainya – Ms Cindy

NGOs share the same notion that they must assist these groups in gaining confidence through programmes or training. Representative from *Persatuan Ibu Tunggal* (Sibu) believes that by equipping the young mother with survival skills, credentials, and other training, she will be able to overcome whatever difficulties she may face.

Kami rasa Dr, mereka ini patut kita fokus kepada bab kemahiran. Mereka ni muda, sekolah tak nak SPM tak ada, kalau kita bagi teknikal, skills lain masak kah, mendandankah apa apa je yang boleh jana duit pun bagus. Lagik pun sekarang online pakai je peluang ini kalau nak berubah dan nak ubah cara hidup. Sampai bila nak harapkan bantuan kalau kita sendiri yang tak nak berubah – Representative, Persatuan Ibu Tunggal (Sibu)

4.4.5 Majlis Adat Istiadat Sarawak

Majlis Adat Istiadat Sarawak (MAIS) is one of the organisations that has made a substantial contribution to the reduction of adolescent pregnancy issues in Sarawak. Re-evaluation of the Adat Berterang, a traditional practise among the Iban community in rural areas of Sarawak, according to a *Pegawai Pelindung*, counsellor and personnel of MAIS, is necessary to ensure that the guidelines are clear and minimise misinterpretation of the concept. According to the *Pegawai Pelindung*, proactive efforts are required to ensure that the *Berterang* concept is properly implemented and enforced. Several *Tuai Rumah*, according to Mr Jemat, exploited the *Berterang* concept to fulfil their desire to marry a teenager. *Tuai Rumah* believes the *Adat*, as well as this group of teenagers, should be protected.

Dr saya kadang-kadang hairan juga sesetengah Tuai Rumah, kes tak lah banyak tapi kan bagi saya, saya harap mereka ni jaga adat tapi ada kes tu, dia juga yang ambik kesempatan dan tidak menggunakan konsep ini dengan betul. Dah kahwin dan Tuai Rumah tu, bini ada tapi nak jugak dengan remaja tu. Kesian saya - Mr Jemat

As an example, one of the officers mentioned that *Majlis Adat Istiadat Sarawak* is now taking progressive action to review the document. He believes that this is the right time to look at the holistic perspective to ensure that the guidelines are acceptable and practical.

Untuk makluman Dr, konsep Adat Berterang ini dalam rangka kita murnikan lagi. Saya yakin dengan adanya tindakan yang telah dilakukan sekarang akan dapat memperincikan lagi konsep ini dan ia tidak disalahgunakan oleh pihak-pihak yang berkepentingan untuk kepentingan peribadi mereka – MAIS Officer

4.4.5.1 Ketua Masyarakat dan Ketua Kaum (KMKK)

In Sarawak, the function of the *Ketua Masyarakat* and *Ketua Kaum* (KMKK) is critical in helping to reduce the issue of teenage pregnancy. Counselors, parents, NGOs, and government organisations all agree that KMKK's commitment to addressing this issue is strategic. Madam Asiah and Mr. Sulong feel that KMKK has a duty and authority to oversee activities in society based on their own experiences. *Pasukan Rela* and KMKK can monitor the activities of teenagers during the week and on weekends.

Saya tok memang mengharapkan juaklah agar Penghulu dapat kerjasama dengan sidak kampung terutama dengan Rela untuk membantu memantau aktiviti remaja. Mun sik kelak ada jak sidak molah nak pelik-pelik. - Madam Asiah

Saya cadangkan Dr, KMKK kenak main peranan sama dengan sidak kampung, sebulat suara dan hati membantu supaya kita tok dapat menyelesaikan isu tok secara bersama - Mr Sulong

The role of KMKK, in the opinion of a *Ketua Kaum*, in assisting in the reduction of teenage pregnancy cases is essential. KK Ado feels that village commitment and collaboration can help them address the issues.

Pengalaman saya sendiri selaku Ketua Kaum, saya nang ada juak menjalankan rondaan di kampung. Saya tahu ada sidak tok main barang mun sik di polah macam ya kelak kita takut benda tok jadi melarat dan sebagainya - KK Ado

4.4.5.2 Role of NGOs

The role of NGOs is the last approach that can be applied in Sarawak to address the issue of teenage pregnancy. The concept of groundwork is a helpful technique to tackle this group, as shared by a few NGOs such as *Biro Pendidikan Majlis Islam Sarawak*, Women of Change, Counselling Centre of St. Joseph, and HIKMAH. The programme should consider the needs of the younger generation and include two types of programmes: preventive and treatment. For the preventative programme, forming a strategic collaboration between government agencies and non-governmental organisations (NGOs) is a useful way to ensure that the programme and activities are holistic. NGOs and government institutions should collaborate on the curative programme to assist this population in overcoming the problems and hurdles they confront during and after their pregnancy. The programme to deal with teens, according to *Biro Pendidikan Majlis Islam*, should have two dimensions: preventative and curative activities. She feels that in order for the programme to be effective, all youth, particularly those in rural areas, must be included in the activities.

Saya melihat kan Dr, program sebegini perlu penglibatan antara NGOs dan pihak kerajaan, sama-sama bantu sebab kalau tak bantu susah kita nak bantu golongan berisiko ini. Kena turun padang lah sebab nak ke lokasi yang sepatutnya kita nak pergi biar menyeluruh – Mr Sam

Women of Change volunteers believe in having a strategy specifically for working with this group. To guarantee that the programme is functional and can deliver an effective programme for a specific population, everyone must support and commit to it.

Saya kan Dr kalau boleh komitmen kewangan juga perlulah kalau ada duit boleh lah kita luaskan program dan tidak bersifat hangat-hangat gia jak. Mesti ada kesinambungan – Volunteers, Women of Change

4.4.5.3 Spiritual and Morality Programme

To equip families and teenagers with an understanding of spiritual and moral life, religious and morality programmes must be developed. Aside from that, this group has to be taught and guided in recognising right from wrong in life. Spiritual elements (religiosity and existential) are important to ensure that a person maintains a good level of life morale.

4.4.5.4 Psycho-Educational Programme

Families and teenagers who are going through a difficult time in life are always presented with the challenge of making appropriate judgments. As a result, government institutions, non-governmental organisations (NGOs), social workers, and counsellors should design psycho-educational programmes and educate individuals step-by-step in making smart life decisions. Outreach programmes, particularly psycho-educational ones, can raise awareness among teenagers and communities, according to a counsellor.

Bagi sayakan Dr isu ini kena dilihat dengan dengan konteks yang lebih luas. Pelbagai aktiviti yang turun padang boleh dilakukan bagi memberi kesedaran kepada remaja terutama dalam aspek kesan sebagainya. Program sebegini secara tidak langsung akan dapat meningkatkan kesedaran sendiri – Mdm Ram

Furthermore, an Obstetrics and Gynecology Specialist proposed that an appropriate channel be established to assist this group in dealing with the issues that arise after giving birth.

Hopefully ada proper associataion or agency yang akan menjaga ibu dan anak-anak. Selalunya, akan di rujuk ke Social Worker jak. Takut sokongan tidak dalam jangka masa panjang. Harapan adalah saluran yang betul untuk mendapat sokongan - Dr Mar

According to a *Pegawai Kerja Sosial* from the Ministry of Health, forming a strategic cooperation between government and non-government organisations is a tangible approach to mitigate this issue.

Kerjasama antara pihak polis, Kementerian Kesihatan Malaysia (KKM), Pendidikan yang lebih berfokus kepada remaja. Program turut berfokus kepada remaja lelaki. Jika pihak JKM lebih melihat kepada isu tingkah laku luar kawalan, pihak KKM pula bercakap berhubung dengan isu penyakit kelamin dan sebagainya. Selain itu, kita boleh jemput juga pakar sakit puan dan ketua kampung dan tuai rumah agar lebih bersifat menyeluruh dalam proses melaksanakan program – Ms Ain

4.5 Conclusion

According to findings of this study, teenagers make sense of their pregnancy experience by examining five dimensions. The meaning of pregnancy develops self-identity, self-motivation, self-doubt, self-acceptance, and the meaning of marriage for some of the respondents. According to the findings of the study, some respondents saw their experiences as positive directions toward a brighter future. They see all of life's trials and barriers as opportunities to strengthen their own self-resilience in the future.

Individual factors, troubles in romantic relationships, family issues, misused contraceptives, misconception regarding the *Berterang* concept, environmental factors, and short-cuts to get family approval for marriage are all factors that contribute to the issue of teenage pregnancy in Sarawak. The components that contribute to internal and external influences are varied, according to the research findings. Internal factors, such as a lack of self-control, cause teenagers to have thoughts and behaviours that expose them to societal issues, such as pregnancy. Whereas from the external perspective, the role of the internet and substance abuse are the other factors that increase the risk of pregnancy in the Sarawak context.

To ensure that the issue of pregnancy may be addressed and prevented efficiently, a comprehensive strategy and strategic approach are required. The notion of self-empowerment, the role of the family, the role of the school and career advancement is essential. In addition, the collective role of government agencies, NGOs, and KMKK are some of the organisations that may assist in addressing these concerns. The function of schools, particularly in sex education, should be considered in a macro sense. Smart collaboration is a method that may be used to guarantee that all entities (governments or NGOs) can work together to effectively bridge this gap.

Summary of the research findings

Diagram 1: Themes for objective 1

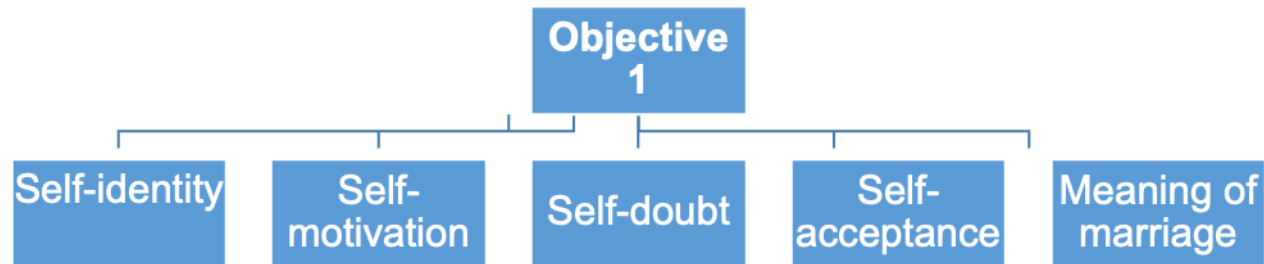


Diagram 2: Themes for objective 2

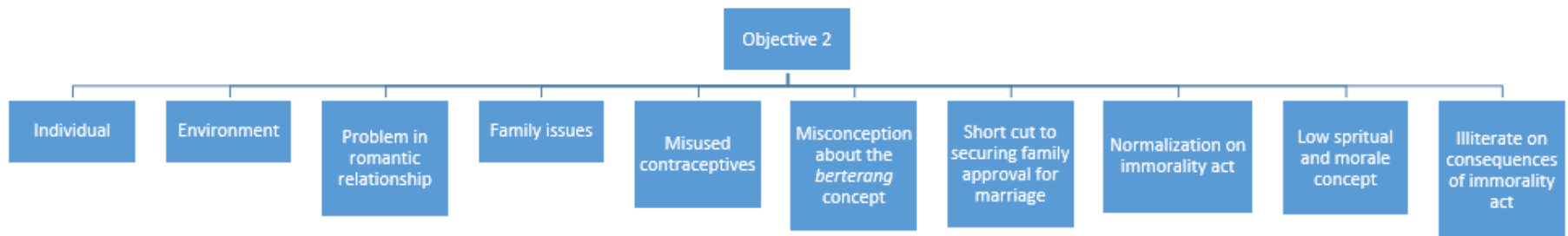
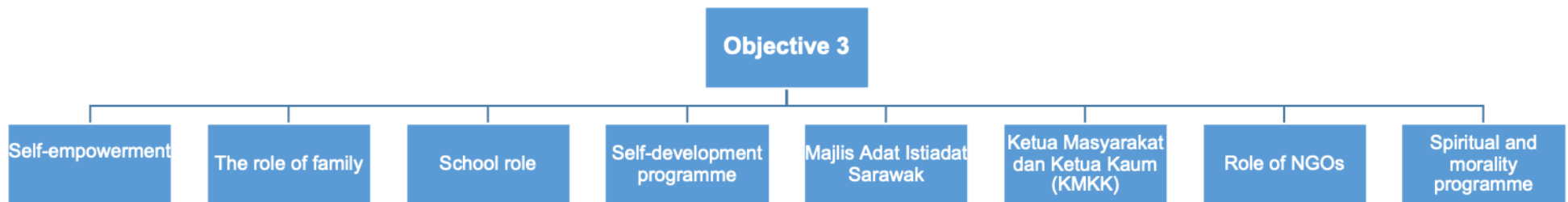


Diagram 3: Themes for objective 3



Discussion

5.0 Discussion of Findings

Teenagers' pregnancy experiences are viewed through the glasses of self-identity, self-motivation, self-doubt, self-acceptance, and the meaning of marriage, according to the research. Teenagers, parents, NGOs, and counsellors all contributed to the understanding of being pregnant teenagers. The researcher discovered that some pregnant teenagers believe their prior experience has taught them to look forward to a better future. Teenagers who were young mothers were more likely to consider a career, according to Seamark (2004), because they had someone to focus on in their lives.

Furthermore, the findings of the study revealed that there are various factors that contribute to pregnancy-related issues in Sarawak. Individual, environment, problems in romantic relationships, family issues, misused contraceptives, misinformation about the *berterang* concept, and short cuts to securing family approval for marriage are factors that contributed to the teenagers' pregnancy issues, based on the most recent data obtained from teenagers with pregnancy, parents, partners, NGO, government agencies, counsellors, and *Ketua Masyarakat dan Ketua Kaum*. Data obtained via observation, family factors, and environmental factors are examples of dominant factors contributing to the issues. Teenagers with family issues, such as a lack of role models and parenting style concerns, contribute to teenage pregnancy issues, according to the research. Conflict between teenagers and parents, as well as a lack of parental support, are contributory factors to pregnancy issues, according to Siong and Tharshini (2020).

In addition, the environment in which certain teenagers are exposed to sexual content on the Internet exposes this group to immoral acts that lead to pregnancy issues. According to data gathered through interviews and observation, the majority of teenagers who have been pregnant had been exposed to substance misuse and pornography. Environmental factors have been linked to teenage pregnancy through high-risk behaviours such as smoking, drug use, and a high tendency for females to engage in risky sexual activities,

according to Ahmadian et al. (2014). Aside from that, the researchers believe that school dropout plays a key role in exposing teenagers to pregnancy. Teenagers who have dropped out of school typically have some free time to try something new with their peers. Due to the conditions of their existence as a result of the education system and the use of technological communication devices during the MCO, this group is exposed to sexual activities, among others. Family economic issues that prevent some children from attending schools, according to Siong and Tharshini (2020), have a high predisposition for immoral behavior.

Respondents from teenagers with pregnancy experience, teenagers without pregnancy experience, government agencies, NGOs, *Ketua Masyarakat dan Ketua Kampung* (KMKK), Obstetric & Gynecology Specialist, and Family Medicine Specialist strongly recommend that holistic strategies be focused on to deal with the issue of teenage pregnancy. Self-empowerment, the role of the family, the role of the school, career advancement, the role of government agencies, the role of non-governmental organisations (NGOs), and the role of the *Ketua Masyarakat and Ketua Kaum* (KMKK) are all examples of smart partnerships that can be used to address these issues. To lessen the issue of teenage pregnancy, the role of the family, such as parental education, is a critical agenda that should be prioritised.

Parenting education should be looked at in two dimensions: as a parent, they should provide a healthy and safe environment to help the development of teenagers; whereas for teenagers who are pregnant, they should be explained to and provided with ample knowledge and skills relevant to parenting skills. According to a study conducted by Aishah et al. (2019), family support, such as emotional encouragement, cognitive stimulation, and parental monitoring, is crucial to teenagers developing resilient skills.

In a different angle, moral and religious support can be a viable approach to dealing with pregnant teenagers in a research context. The majority of teenagers who have had pregnancies come from families who do not observe religious convictions, according to the findings of this study. Nordila Mohd Faudzi et al. (2019) suggests that teenagers should be guided in topics of sex and sensuality based on Islamic teachings in order to keep them from engaging in sexual activities. Furthermore, according to study by Rostosky (2001) and

Panting et al. (2020), religion can be an effective tool for deferring and safeguarding this group from sexual activities.

Another intervention strategy to lessen the number of teenage pregnancies is sex education. Counsellors, the Ketua Masyarakat dan Ketua Kaum (KMKK), health professionals, NGOs, and other government agencies all agreed that sex education may be used as a preventive measure to cut down the number of pregnant teenagers. Furthermore, sex education should be provided not only as a formal module in the school setting, but also in the community. The role of KMKK, as well as other NGOs and government institutions, should be to provide sex education in communities. From a family standpoint, parents must also play a part in enhancing the module taught in school. To deal with teenage pregnancy, a holistic approach from relevant institutions or individuals can be advantageous. Talib et al. (2011) studied the delivery method in sex education. The sex education module should be provided accurately, and the use of metafora can lead to misunderstanding among teenagers. Khalaf et al. (2014) further emphasised NGOs' commitment to implementing extracurricular sexuality education in society. Moreover, NGOs' commitment to the programme and collaboration with policymakers can be an effective strategy to accelerate the action to address the issue of adolescent pregnancy. In conclusion, the exploration of teenage pregnancies experiences, particularly the meaning of being a pregnant teenager, as well as the exploration of contributing factors and effective strategies, can serve as indicators for relevant agencies to develop practical strategies and holistic approaches to address the issue of teenage pregnancy in Sarawak.

5.1 Implications of the study

The research contributes to a better understanding of Sarawak's teenage pregnancy issues. The findings of the study can be used as a guide for relevant government agencies and non-governmental organisations (NGOs) in Sarawak to revise guidelines and policies in order to reduce the number of teenage pregnancies. Furthermore, this lays the path for future studies to focus on other facets of the teen pregnancy issue.

5.2 Conclusion

The findings of this study answered three (3) research objectives, which were to (i) obtain a deeper understanding by making sense of teenagers' experiences with pregnancy, (ii) identify contributing factors towards pregnancy among teenagers in Sarawak, and (iii) develop effective strategies in dealing with teenagers with pregnancies within the Sarawak context. As a result, gaining a better insight into the challenges that teenagers face when it comes to pregnancy might be a useful strategy for dealing with teenage pregnancy issues.

RECOMMENDATIONS OF WORKABLE ACTION PLAN

6.1 Model of Strategic Initiatives

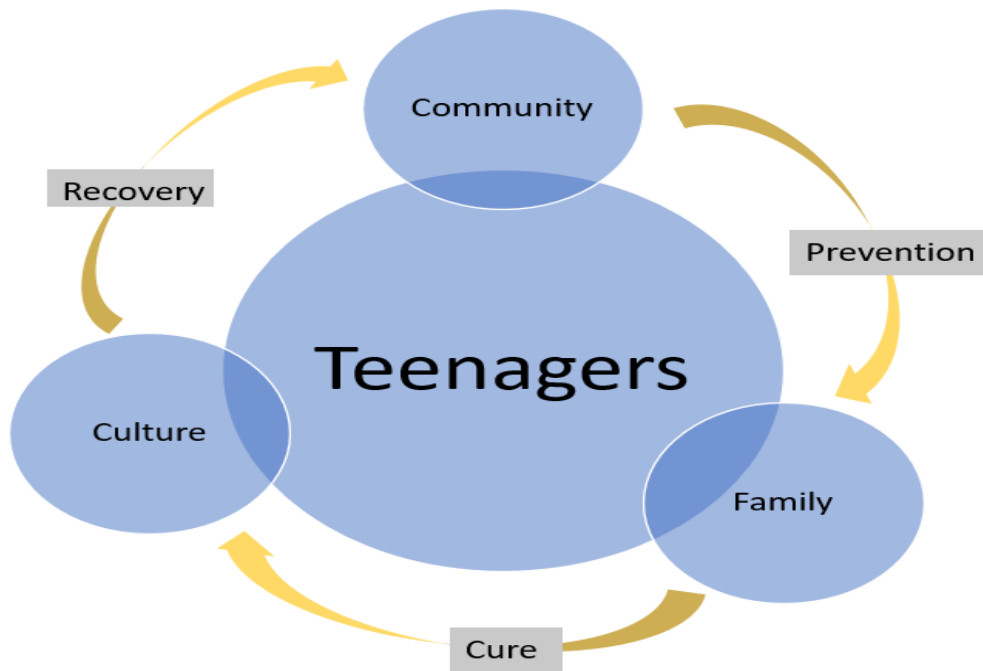


Figure 2: Model of Strategic Initiatives adopted from Public Health Model and The Spectrum of Prevention (Lanier & Zolotor, 2013).

Figure 1 depicts a model of strategic initiatives adopted from the Public Health Model and the Spectrum of Prevention (Lanier & Zolotor, 2013), which can be applied to execute the intervention programme or activities in a comprehensive manner. According to the model, familial, cultural, and community commitment are required to cut the number of pregnancy cases in Sarawak. Each of the interlinked entities (family, culture, and community) would need to formulate and implement programmes or activities that focus on prevention, cure, or recovery. However, the target demographic, which is teenagers, would have to commit and cooperate in order to accomplish this goal.

6.2 Action Plans for the Prevention Activities or Programmes

According to the findings of this research, there are three distinct approaches to dealing with teenagers who have had pregnancy experiences: prevention, cure, and recovery. Each strategy will assist the ministry in implementing the precise programme and activities pertaining to teenage pregnancy issues in Sarawak.

6.2.1 Prevention Activities

6.2.1.1 Sex Education

Based on the research findings, the researchers suggest nine (9) strategies, projects, or programmes to address this issue. The first prevention strategy emphasises on the importance of sex education in primary and secondary schools. The Sarawak Education Department, as the responsible agency, should oversee the implementation of this approach. The psychoeducation programme would primarily focus on sex education through activities such as talks, seminars, and workshops. It would also highlight the causes and repercussions of sexual activity before marriage. At a micro level, parents' and other family members' involvement should be emphasised while explaining sex education to their children. The best strategy to raise children's understanding of sexual behaviour as early as possible in their development is for parents and family members to commit.

In addition, both genders of the intended audience would be involved in order to bolster the group's understanding of the consequences of teenage pregnancy difficulties and increase respect for women. It is suggested that the Sarawak Education Department conduct this programme five (5) times per year with the assistance of related agencies such as the Majlis Pembangunan Sosial Sarawak (MPSS), Ministry of Welfare, Community Wellbeing, Women, Family and Childhood Development, Sarawak Welfare Department, National Population and Family Development Board (NPFDB), Royal Police Malaysia, and school counsellors.

6.2.1.2 *Skuad Waja* Team

The introduction of the ***Skuad Waja* Team** into the school setting is the second strategy that could be effective in addressing the issue of teenage pregnancy in Sarawak. *Skuad Waja* is the brainchild of Putrajaya's *Jabatan Pembangunan Wanita, Kementerian Pembangunan Wanita, Keluarga, dan Masyarakat*. *Skuad Waja*'s main mission is to encourage women's well-being, respect, and protection in the face of violence. The E.A.R.S. concept of the module promotes male and female teenagers to demonstrate empathy (E), attentiveness (A), responsiveness (R), and support (S). The training of trainers (TOT) programme is an example of the activities to establish smart collaboration and resources to deal with pregnancy issues. Furthermore, involving both genders of teenagers can be a smart approach to foster a sense of respect for the female group. To plan and organise the programme for the target group, the Sarawak Welfare Department should work collaboratively with the Ministry of Welfare, Community Wellbeing, Women, Family and Childhood Development, *Jabatan Wanita, Kementerian Pembangunan Wanita Keluarga dan Masyarakat* (KPWKM), Sarawak Education Department, UNIMAS, UiTM, and *Majlis Pembangunan Sosial Sarawak* (MPSS).

6.2.1.3 Pre-School Gender Differences Exposure

The third preventative strategy is the early exposure of gender differences at the pre-school level. The goal of this method is to introduce the child to the concepts of safe and unsafe touches, as well as gender differences. Early exposure to this topic can help children develop an understanding of what constitutes a safe and unsafe touch, as well as build self-esteem, which is especially crucial when dealing with sexual issues. The Sarawak Welfare Department has the responsibility of this strategy, which includes a series of activities, modules, curriculum, or programmes that are run on a continual basis with the goal of raising awareness within this group. The Sarawak Welfare Department, which is responsible for overseeing the operation of *Taman Asuhan Kanak-Kanak* (TASKA), can collaborate closely with the *Jabatan Kemajuan Masyarakat Kemanterian Pembangunan Luar Bandar*, parents, and the State Health Department to ensure that the programme and activities are focused.

Furthermore, all pre-school teachers and other individuals should have comprehensive training that focuses on reproductivity and sex education in the early phases of child development. Furthermore, teachers and other relevant personnel should be informed about the Akta Kesalahan Kanak-Kanak 2017 (Akta 792) with a focus on pornography, sexual grooming, and *amang seksual* (Abdul Wahab & Mat Nor, 2018). The involvement of parents, as part of the target group for the programme, is critical to ensure the effectiveness of the activities or programme.

6.2.1.4 Empower Role and Function of KMKK/Pemuda/RELA/Ketua Wanita at the Community Level

The success of any programme or activity planned by the government, NGOs, or NGIs is dependent on the dedication of the community's leader or head. The leaders of communities must assume their responsibilities and commit to implementing the state government's vision and mission. The proposed initiative, for example, could be executed at the community level. The leader of a community can schedule programmes and events such as psychoeducation on social issues in their annual calendar. This programme is not only focused on teenagers, as parents and other related individuals can also be targets for this program. The programme should be conducted on a continuous basis with the commitment of Resident Offices, District Offices, the Sarawak State Health Department, the Family Planning Clinic, the Sarawak Welfare Department, and the National Population and Family Development Board (NPFDB). Furthermore, the NPFDB can employ their *Modul Cakna Diri (Remaja)*, with particular emphasis on intervening with teenagers who are engaged in any sexual conduct. The TOT technique is a useful way to solve the issue of limited manpower by ensuring that the programme can cover a large group.

Aside from that, the appropriate form of *Berterang* custom should be emphasised in the community. Some of the difficulties encountered by police officers while filing cases, such as the use of non-standard forms, aggravate the situation. Thus, the KMKK should better inform themselves on proper protocol while dealing with *Berterang* in teenagers' relationship issues. Furthermore, teenagers should receive Psychological First Aid (PFA) during their pregnancy. According to the World Health Organization (2016), the PFA is a strategy for aiding those who have undergone hardship and stress. A fitting programme to

deal with teenagers who have had a pregnancy might be one that focuses on helping them handle their basic needs, learning, comforting them, connecting them to information, services, and social support and preventing them from further harm.

To implement this programme at the community level, KMKK and other related agencies such as Resident Offices, District Offices, the Sarawak State Health Department, and the Sarawak Welfare Department should plan their programme in a continuous manner that allows them to increase PFA knowledge and skills among the community's targeted groups.

6.2.1.5 Awareness Program Organised By NGO And NGI

The commitment of NGOs and NGIs in Sarawak in dealing with teenage pregnancy issues can help the Sarawak government manage social issues, notably teenage pregnancy. To keep teenagers from becoming involved in social problems, NGOs such as Women of Change, churches, Islamic associations, and Sarawak Women for Women Society could organise school holiday programmes and activities. The majority of pregnancy issues, according to the study's respondents, arise during school holidays or during Movement Control Orders (MCO), when most of them have free time and are exposed to social issue activities. Thus, teenagers will be occupied with constructive activities and will avoid engaging in any social activities as a result of the programme.

Additionally, the active participation of NGOs and NGIs is needed as stakeholders, along with other government agencies, to highlight the necessity of child safety in other harmful activities. Furthermore, NGOs and NGIs can undertake gender-related activities as early as possible to ensure that the child is aware of the differences and does not engage in any unethical behaviour.

6.2.1.6 Profiling of Risk Teenagers

The data on at-risk teenagers must be profiled in order for the school or other relevant agencies to plan an appropriate programme to reduce the number of cases of pregnancy in Sarawak. The best strategy for obtaining actual numbers of teenagers partaking in important risk behaviours such as drug misuse, sexual activity, and others is to develop assessment profiling. With the commitment of other agencies such as Universiti Malaysia

Sarawak (UNIMAS), the Sarawak Education Department may be a responsible agency in developing the profiling assessment. A smart collaboration between the Sarawak Education Department and UNIMAS could be a useful partnership for producing the profiling assessment. To acquire accurate statistics of teenagers at risk, the assessment should be disseminated to all schools on an annual basis. This figure can be used by NGOs, NGLs, the Sarawak Welfare Department, and NPFDBs to create intervention and cure programmes for the participants.

6.2.1.7 Awareness Programme for Native Culture and Custom

Government agencies can use the *Randau* programme as a medium to discuss ideas or information on government planning. The *Randau* programme, led by the *Majlis Adat Istiadat Sarawak* (MAIS), focuses on native culture and customs and can be held on a continual basis. According to the research findings, the *Majlis Adat Istiadat Sarawak* is in the process of reviewing the Adat Iban 1993, which focuses on the implementation of *Adat Berterang*, and the *Randau* programme is the ideal medium to convey the accurate application of this adat in the context of the Iban community. The *Randau* can be held as part of a continuous package that involves the younger generation in order to improve their grasp of *Adat Berterang* implementation. The activities and programmes should include *Persatuan Insan*, *Majlis Pembangunan Sosial Sarawak* (MPSS), KMKK, and the Resident Offices.

6.2.1.8 Role of Mass Media

The mass media's impact can be a valuable platform for raising awareness about pregnancy difficulties among teenagers. Utilizing mass media such as television, radio, and Unit Komunikasi Awam Sarawak (UKAS) to raise awareness among this demographic can be a useful strategy. Additionally, the use of printed materials such as bunting, flyers, and posters, which focus on the causes and effects of sexual behaviour prior to marriage among youths, is also required. The Ministry of Communication and Multimedia (MCMC) could be the agency in charge of partnering with Radio Televisyen Malaysia Sarawak, TV Pendidikan, and TVS to use billboards to raise awareness about the issue of teenage pregnancy in Sarawak. To achieve a beneficial outcome, the initiatives should be carried out in a continuous manner.

6.2.1.9 Role of Social Media (Instagram/Twitter/Facebook/Youtube)

Due to the technology-savvy nature of the Z generation, Instagram, Twitter, Facebook, and Youtube are the mediums of appeal for this demographic. According to the findings of this study, the majority of teenagers have access to Instagram, Twitter, and Facebook, and some of them utilise these social media platforms to find a special partner and engage in sexual behaviours. The Ministry of Communication and Multimedia (MCMM) can use these platforms to communicate awareness and advice centred on the cause and consequence of having sexual activities before marriage, with the added commitment of NGOs and NGLs. Multiple mediums can have a positive impact, especially when it comes to boosting awareness among teenagers.

6.2.2 Cure

Curative programmes should be organised to help Sarawakian teenagers who are experiencing pregnancy issues. Residential, psychoeducation, and religious community empowerment are some of the strategies used in cure activities or programmes.

6.2.2.1 Residential and Psychological Support

Residential support is a great approach to keep pregnant tenants safe and secure. Furthermore, we must promote psychological support within this group, such as emotional support, stress management, and mental wellbeing. Residential and psychological support is a long-term project. The current *Taman Seri Puteri*, for example, is a residence for socially troubled teenagers. The goal of *Taman Seri Puteri* is to support and protect teenagers who are involved in immoral activities, according to the organization's mission statement. Furthermore, the focus on fortifying teenagers' soft skills and professional development is an excellent approach for bolstering this particular group. Some of the organisations that can provide a comprehensive programme to address psychological issues among teenagers include *Taman Seri Puteri*, Sarawak State Health Department, *Majlis Islam Sarawak*, *Majlis Amanah Rakyat* (MARA), *Kolej Komuniti*, NPFDB, UNIMAS, and churches.

For example, the Majlis Islam and the Church may collaborate on a programme to strengthen the spiritual aspects of pregnant teenagers. Furthermore, MARA, *Kolej Komuniti*, or other training centres may be able to assist this group in regaining their footing in their careers, particularly in the vocational arena. In addition, dealing with teenagers through the function of a counsellor or other helping profession is an option. When it comes to dealing with teenagers who are pregnant, a combination of religion, career, and psychological support may be the most effective.

6.2.2.2 Psycho Educational on Infant/Children Care

The knowledge and skills of infant and childcare are among the components of childcare that some of the study participants are concerned about. The Sarawak Welfare Department works together with the Sarawak State Health Department, the One-Stop Teenagers' Pregnancy Committee (OSTPC), and the Family Planning Clinic to develop and organise a series of seminars, workshops, and programmes targeted at boosting the knowledge and abilities of teenage parents. This programme focuses not only on young mothers, but also on their partners (husbands) in order to establish a support structure for them. The activities or programmes that these agencies should focus on should be increasing parenting knowledge, family planning, nutrition, and parenting skills.

6.2.2.3 Training for Members of Religious Community

One of the agencies that should be strengthened and concentrated on in order to aid teenagers who are pregnant is the religious community. Some of the participants highlight the importance of religion and spiritual factors in dealing with these challenges based on the research findings. Aside from that, one of the most important concerns we must address is that of competencies. The TOT for the community should be carried out as a strategy with the purpose of building a support system for teenagers who are pregnant or other teenagers who are at risk. For example, the programme by Biro Pendidikan Majlis Islam Sarawak focuses on providing the knowledge and abilities needed to be a community helper.

6.2.3 Recovery

The recovery programme is designed to give immediate and long-term support for teenagers with pregnancy in the Sarawak context. There are two dominant strategies under recovery, which are: overcoming the psychological effect of a teenager's pregnancy and reducing relapses and recurrence.

6.2.3.1 Overcome Psychological Effect of Teenage Pregnancy

Pregnancy's immediate impact on teenagers can have a detrimental effect on some of them. The approaches that can be considered for teenagers to deal with the immediate response to the experience of pregnancy include providing ongoing counselling, either individual or group, motivational discourse, and therapy. The Sarawak Welfare Department's partnership with other relevant agencies such as the Sarawak State Health Department, NPFDB, OSTPC, churches, *Taman Seri Puteri*, and *Majlis Islam Sarawak* can help in designing and plan activities and programmes to minimise teenage pregnancy cases in Sarawak.

6.2.3.2 Reduction in Relapses and Recurrence

Building resilience in pregnant teenagers can be a long-term strategy to lessen the number of teenage pregnancies. The Sarawak Welfare Department's commitment, as well as other relevant agencies such as Sarawak Family Planning Association, Sarawak State Health Department, NPFDB, *Biro Pendidikan Majlis Islam*, and *Taman Seri Puteri*, can work together to develop the programme and activities with the goal of reducing the number of teen pregnancies. The Sarawak State Health Department, for example, may host a family planning programme to raise awareness, knowledge, and skills among teenagers. Furthermore, activities such as motivational presentations, seminars, and coaching might assist teenagers in envisioning their new future.

6.2.4 Summary of Strategic Initiatives for Teenagers with Pregnancy (Prevention Strategies)

Strategies	Project/Programme	Time Frame	Agency Responsible	Strategic Partners
Sex education at Primary and Secondary Level	<ul style="list-style-type: none"> ▪ Psychoeducation on sexual issue. ▪ Awareness on cause and effect of sexual activities. 	State level – 2 times School 5 times (yearly)	Sarawak Education Department	<ul style="list-style-type: none"> ▪ MPSS ▪ KWKPK ▪ Sarawak State Health Department ▪ Family Planning Clinic ▪ Sarawak Welfare Department ▪ NPFDB ▪ School Counsellor ▪ Royal Malaysia Police
Skwad Waja Team	<ul style="list-style-type: none"> ▪ TOT for teenagers in helping others 	3-day training	Sarawak Welfare Department	<ul style="list-style-type: none"> ▪ KWKPK ▪ Majlis Pembangunan Sosial Sarawak (MPSS) ▪ Education Department ▪ UNIMAS
Early exposure on gender differences at pre-school level	<ul style="list-style-type: none"> ▪ Psychoeducation on gender differences, safe touches and unsafe touches. 	Continuous	Sarawak Welfare Department	<ul style="list-style-type: none"> ▪ KEMAS ▪ Sarawak State Health Department
Empower role and function of KMKK/Pemuda/Ketua Ranting/Ketua Wanita and Belia	<ul style="list-style-type: none"> ▪ Psychoeducation on social issues (sexual education) as part of annual activities. ▪ Use of standardize form for registration of <i>Kahwin Adat</i>. ▪ Introduce Psychological First Aid to handle teenage pregnancy. 	Continuous	Resident Offices, District Offices	<ul style="list-style-type: none"> ▪ Resident Offices ▪ District Offices ▪ MOH ▪ Family Planning Clinics ▪ Sarawak Welfare Department ▪ NPFDB

Awareness Programme for teenagers organize by NGOs/NGLs	<ul style="list-style-type: none"> ▪ Psychoeducation on social issues (sexual education) as part of annual activities. 	Continuous	NGOs	<ul style="list-style-type: none"> ▪ Women of Change ▪ Saberkas ▪ Church ▪ Sarawak Women for Change
Profiling of risk teenagers	<ul style="list-style-type: none"> ▪ Distribute screening assessment tools to primary and secondary school students. 	Annual	Sarawak Education Department	<ul style="list-style-type: none"> ▪ UNIMAS (to develop screening assessment)
Awareness Programme for native culture and customs	<ul style="list-style-type: none"> ▪ <i>Randau</i> Programme 	Continuous	Majlis Adat Istiadat Sarawak (MAIS)	<ul style="list-style-type: none"> ▪ Persatuan Insan ▪ Majlis Pembangunan Sosial Sarawak (MPSS) ▪ KMKK ▪ Resident Office
Role of mass media	<ul style="list-style-type: none"> ▪ Utilizing mass media such as television, radio, and Unit Komunikasi Awam Sarawak (UKAS) to raise awareness among this demographic can be a useful strategy. 	Continuous	Sarawak Welfare Department	<ul style="list-style-type: none"> ▪ Unit Komunikasi Awam Sarawak (UKAS) ▪ Ministry of Communication and Multimedia Malaysia (MCMM) ▪ Radio Televisyen Malaysia (RTM) ▪ TV Pendidikan ▪ TVS
Role of social media (Instagram/Twitter/Faceboo/Youtube)	<ul style="list-style-type: none"> ▪ Utilizing the use of Instagram, Twitter, and Facebook, and some of them utilise these social media platforms to find a special partner and engage in sexual behaviours 	Continuous	Sarawak Welfare Department	<ul style="list-style-type: none"> ▪ Ministry of Communication and Multimedia Malaysia (MCMM) ▪ NGOs ▪ NGLs

Table 2: Summary of Strategic Initiatives for Teenagers with Pregnancy (Prevention Strategies)

6.2.4 Summary of Strategic Initiatives for Teenagers with Pregnancy (Curative Strategies)

Strategies	Project/Programme	Time Frame	Agency Responsible	Strategic Partners
Residential and psychological support for teenagers with pregnancy	<ul style="list-style-type: none"> ▪ Safety and security. ▪ Guidance and counselling activities. ▪ Spiritual wellness. ▪ Vocational Skills Empowerment. 	Continuous	Sarawak Welfare Department /Taman Seri Puteri	<ul style="list-style-type: none"> ▪ Sarawak State Health Department ▪ Majlis Islam Sarawak ▪ MARA ▪ Kolej Komuniti ▪ UNIMAS ▪ NPFDB ▪ OSTPC ▪ Church
Psycho educational on infant/children care	<ul style="list-style-type: none"> ▪ Guidance of infant/children management. ▪ Psychological support on infant/children management. ▪ Parenting skills. 	Continuous	Sarawak Welfare Department	<ul style="list-style-type: none"> ▪ Sarawak State Health Department ▪ Biro Pendidikan Islam Sarawak ▪ OSTPC ▪ Family Planning Clinics
Training for members of religious community	<ul style="list-style-type: none"> ▪ TOT to religious community in providing support system to teenagers or risk (teenagers) group 	3-day programme	Sarawak Welfare Department	<ul style="list-style-type: none"> ▪ UNIMAS ▪ MPSS ▪ Biro Pendidikan Majlis Islam ▪ Church

Table 3: Summary of Strategic Initiatives for Teenagers with Pregnancy (Curative Strategies)

6.2.5 Summary of Strategic Initiatives for Teenagers with pregnancy (Recovery Strategies)

Strategies	Project/Program	Time Frame	Agency Responsible	Strategic Partners
Immediate: overcome psychological effect of teenager's pregnancy	<ul style="list-style-type: none"> ▪ Counselling sessions ▪ Therapy 	Continuous	Sarawak Welfare Department	<ul style="list-style-type: none"> ▪ Sarawak State Health Department ▪ NPFDB ▪ OSTPC ▪ Church ▪ Taman Seri Puteri ▪ Majlis Islam Sarawak
Long term (reduction in relapse and recurrence)	<ul style="list-style-type: none"> ▪ Family planning ▪ Develop personal growth to gain independent (motivational talk/ seminar/coaching etc). 	Continuous	Sarawak Welfare Department	<ul style="list-style-type: none"> ▪ Sarawak Family Planning Association ▪ Sarawak State Health Department ▪ NPFDB ▪ Biro Pendidikan Majlis Islam Sarawak ▪ Taman Seri Puteri

Table 4: Summary of Strategic Initiatives for Teenagers with Pregnancy (Recovery Strategies)

6.3 Conclusion

As a conclusion, in the Sarawak context, strategic initiatives to address teenage pregnancy issues encompass three primary domains: family, community, and culture. These three domains are involved in the systematic and focused planning, design, and implementation of prevention, curative, and recovery programmes and activities. However, family, culture, and community commitment cannot be effective if teenagers do not support and accept the programmes and activities established by these groups. Therefore, it is imperative that all parties partake in the initiatives. To reap the greatest societal and economic benefits, these efforts must be extensively adopted, particularly in high-risk populations and areas. Furthermore, government agencies, community representatives, non-governmental organisations, and non-governmental individuals should facilitate the development and implementation of prevention, curative, and recovery programmes, with a particular focus on high-risk teenagers and those who have dealt with the problem. Authorities must also enhance related rules and regulations so that individuals implicated can learn from experience. As a result, prevention and treatment programmes will be more successful and comprehensive, both physically and emotionally.

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Appendix A:

Demographic Questions: Profile of Teenage Pregnancy in Sarawak

Participant Information

Welcome and thank you for your assistance with this survey.

About the study

Dr Edris bin Aden is working with his research team on teenage pregnancy in Sarawak. This research is entitled “Profile of Teenage Pregnancy in Sarawak”. Demographic information will provide the profiling of teenage pregnancy background. This information will support the finding form the interviews.

Your participation

We value your input; however, participation is entirely voluntary. By completing and submitting this form, your consent to participate will be assumed. Your responses are **CONFIDENTIAL**. The survey will take approximately 10 minutes to complete.

Do you have a question?

If you have any questions about any aspect of the study, you can email the principal researcher at: aedris@unimas.my mobile +60192170723.

NO	QUESTIONS	ANSWERS
1	Name / Nama	
2	Age / Umur	
3	Ethnicity / Etnik	
4	Religion / Agama	
5	Marital status / Status Perkahwinan	
6	Where do you live / Dimanakah anda menetap?	
7	Number of children / Bilangan anak	
8	Name of children / Nama anak (For other children, please state name in the same space/Nyatakan nama anak yang lain pada ruangan yang sama)	
9	Level of education/ Taraf pendidikan	
10	Related to family income / Berkaitan pendapatan keluarga	
11	Duration of staying in particular area / Tempoh menetap di tempat tinggal	

Appendix B:**INTERVIEW PROTOCOL TEENAGER**

This interview protocol is aiming to obtain a deeper understanding of teenagers by making sense of their experience with a pregnancy, identifying contribution factors towards pregnancy issues and develop effective strategies in dealing with teenagers with pregnancies within the Sarawak context.

Below are interview protocol for teenager, parents and government agencies/Non-Government Agencies (NGOs)

OBJECTIVES	QUESTIONS
Demographic Background	<ol style="list-style-type: none"> 1. Name 2. Ethnic Group: 3. Age 4. Education background 5. Number of children: 6. Current living arrangements? 7. Caregiver: (biological parents, adopted, grandparents, siblings, other relatives) 8. Parental education level 9. Parental occupation 10. Parental status

<p>OBJECTIVE 1:</p> <p>Obtain a deeper understanding of teenager making sense of their experience with pregnancy</p>	<ol style="list-style-type: none"> 1. How did you feel when you first knew you were pregnant? 2. How did/do you cope with this event? 3. What do you think about it? 4. How did you feel when you handled the matters? 5. How did you come to the experience of pregnancy?
<p>OBJECTIVE 2:</p> <p>Explore contributing factors towards teenage pregnancy among teenager in Sarawak</p>	<ol style="list-style-type: none"> 1. What are the factors which contribute to the pregnancy issues? 2. Internal factors? 3. External factors? 4. How did you find out about your pregnancy? 5. Can you tell me how your pregnancy happened? 6. Do/will you accept this child?
<p>OBJECTIVE 3:</p> <p>Develop effective strategies in dealing with teenager with teenage pregnancies within Sarawak context.</p>	<ol style="list-style-type: none"> 1. What support do you have in handling your pregnancy? 2. What do you think that you need to facilitate your pregnancy? 3. How would you like others to support you to go through this journey?

INTERVIEW PROTOCOL PARENTS

OBJECTIVES	QUESTIONS
Demographic Background	<ol style="list-style-type: none"> 1. Name: 2. Ethnic Group: 3. Age: 4. Occupation: 5. Number of children's: 6. Family types: 7. Current living arrangements? 8. Household financial / income (socioeconomic status)
<p>OBJECTIVE 1:</p> <p>Obtain a deeper understanding of teenager making sense of their experience with pregnancy</p>	<ol style="list-style-type: none"> 1. Can you share your recent experiences in handling matters related to pregnancy? 2. What do you think about it? 3. How did/do you react when you first know that your daughter is pregnant?

	<ol style="list-style-type: none"> 4. How did you handle this situation? 5. How do you think your daughter experience when dealing with the event?
OBJECTIVE 2: Explore contributing factors towards teenage pregnancy among teenager in Sarawak	<ol style="list-style-type: none"> 1. What are the factors which contribute to the teenage pregnancy issues? 2. Internal factors 3. External factors 4. Will you accept this child? 5. What do you think could or did happen which caused your daughter to have pregnancies?
OBJECTIVE 3: Develop effective strategies in dealing with teenager with teenage pregnancies within Sarawak context.	<ol style="list-style-type: none"> 1. What are the strategies/intervention to deal with the pregnancy? 2. What do you think these teenage pregnant mothers need in order to ease or facilitate them to go through this journey?

INTERVIEW PROTOCOL GOVERNMENTS AGENCIES & NGOs

OBJECTIVES	QUESTIONS
Demographic Background	<ol style="list-style-type: none"> 1. Name: 2. Age: 3. Position/Post: 4. Working experience duration:
<p>OBJECTIVE 1:</p> <p>Obtain a deeper understanding of teenager making sense of their experience with pregnancy</p>	<ol style="list-style-type: none"> 1. Can you share your recent experiences in handling matters related to teenage pregnancy? 2. What do you think about it? 3. How did you feel when you handle the matters? 4. How would you approach teenager with teenage pregnancy? 5. How did/do you approach teenage pregnancies? 6. How did/do you deliver your service to deal with teenage pregnancies?
<p>OBJECTIVE 2:</p> <p>Explore contributing factors towards teenage pregnancy among teenager in Sarawak</p>	<ol style="list-style-type: none"> 1. What are the factors which contribute to the teenage pregnancy issues? 2. Internal factors? 3. External factors? 4. How far can NGOs help the pregnancy teenagers?

OBJECTIVE 3: Develop effective strategies in dealing with teenager with teenage pregnancies within Sarawak context.	<ol style="list-style-type: none">1. Program/ interventions (planning/done)2. Are there any programmes/activities/strategies in place to support teenage pregnancies?3. Any suggestion to strengthen or to improve the current strategies?4. What is best to be offered to teenage with teenage pregnancies, considering Sarawak context?
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Appendix C: Consent Form Teenage Pregnancy

LEMBARAN MAKLUMAT (BAGI ANAK /REMAJA BAWAH 18 TAHUN)

Tajuk Projek: Profil Remaja Hamil di Sarawak

Tajaan: Kementerian Kebajikan, Kesejahteraan Komuniti, Wanita, Keluarga dan Pembangunan Kanak-Kanak

Penyelidik Utama: Dr Edris Aden

Alamat: Program Kaunseling, Fakulti Sains Kognitif dan Pembangunan Manusia, Universiti Malaysia Sarawak, 94300 Kota Samarahan, Sarawak. (Tel: 082 58100 ext 2660, Emel: aedris@unimas.my)

Kerjasama:

1. Dr. Nor Mazlina Ghazali, Universiti Malaysia Sarawak
2. Dr. Azzahrah Anuar, Universiti Malaysia Sarawak
3. Dr. Ayu Akida Abdul Rashid, Universiti Malaysia Sarawak
4. Dr. Rekaya Vincent Balang, Universiti Malaysia Sarawak

Latar belakang dan tujuan kajian

Anak/anak di bawah jagaan anda telah dikenalpasti sebagai responden kajian ini kerana anak/anak dibawah jagaan anda pernah/tengah mengandung dan hamil pada usia remaja. Kes – kes remaja hamil di Sarawak semakin meningkat dan pelbagai spekulasi, tanggapan dan persepsi terhadap remaja hamil dan mengandung. Tujuan utama kajian ini adalah untuk menyelami lebih mendalam dan khusus tentang pengalaman anak/anak di bawah jagaan anda ketika mengandung/hamil.

Deskripsi kajian

Kami berhasrat untuk memperoleh sekurang-kurangnya 30 responden sepanjang tempoh satu tahun kajian. Kajian ini merupakan kajian berbentuk kualitatif dan kami perlu menemuramah anak/anak dibawah jagaan anda sebanyak sekali. Pihak kami akan mengadakan satu sesi temuramah selama 30 minit hingga ke satu jam 15 minit dan temuramah tersebut akan dirakam dengan menggunakan perakam suara digital. Selain daripada itu, kami juga akan mengedarkan satu survei untuk profil ringkas berkenaan latar belakang anak/anak dibawah jagaan anda. Segala maklumat dan rakaman temuramah tersebut akan disimpan dengan rapi dan selamat di institusi kami dalam tempoh minimum 5 tahun.

Kajian ini telah diluluskan dan diperakukan oleh Kementerian Kebajikan, Kesejahteraan Komuniti, Wanita, Keluarga dan Pembangunan Kanak-Kanak dan Universiti Malaysia Sarawak (UNIMAS)

Risiko penyertaan

Kajian ini tidak memberi risiko yang membahayakan kesihatan fizikal anak/anak di bawah jagaan anda. Walaubagaimanapun, sekiranya anak/anak di bawah jagaan anda ada mengalami masalah kesihatan mental akibat keterlibatan mereka di dalam kajian ini, dipohon anda menghubungi ketua penyelidik kajian ini atau ke pusat kesihatan yang terdekat untuk mendapat rawatan/bantuan susulan. Keadaan ini amatlah jarang berlaku dan risiko untuk terjadi adalah sangat minima.

Kelebihan Menyertai Kajian

Anak/anak di bawah jagaan anda tidak akan mendapat faedah secara langsung dari kajian ini, tetapi maklumat daripada kajian ini dapat membantu kami untuk memahami secara mendalam tentang pengalaman mereka ketika mengandung/hamil, khasnya dalam konteks negeri Sarawak.

Kesukarelaan Menyertai Kajian

Anda faham bahawa penyertaan anak/anak di bawah jagaan anda dalam kajian ini adalah secara sukarela. Sekiranya anak/anak di bawah jagaan anda bersetuju, beliau berhak untuk mengubah fikiran pada bila-bila masa dan boleh menarik diri daripada menyertai kajian ini.

Sulit

Anak/anak di bawah jagaan anda akan diberikan nombor rujukan kajian. Segala maklumat identiti anak/anak dibawah jagaan anda akan dirahsiakan. Hanya hasil penemuan penyelidikan ini akan dibentangkan dalam persidangan, mesyuarat dan perlaporan Kementerian Kebajikan, Kesejahteraan Komuniti, Wanita, Keluarga dan Pembangunan Kanak-Kanak. Segala maklumat akan disimpan dengan rapi, dan hanya boleh dicapai untuk kegunaan penyelidikan tertentu sahaja.

Nama kanak-kanak/remaja	No. KP
Nama ibu/bapa/penjaga	No. KP
Tandatangan ibu/bapa/penjaga	Tarikh
Nama orang yang memberi penjelasan	No. KP
Tandatangan orang yang memberi penjelasan	Tarikh
Nama saksi	No. KP
Tandatangan saksi	Tarikh

Untuk sebarang pertanyaan, sila hubungi:

Dr. Edris Aden

Pensyarah/ Kaunselor Berdaftar

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LEMBARAN MAKLUMAT (BAGI DEWASA)

Tajuk Projek: Profil Remaja Hamil di Sarawak

Tajaan: Kementerian Kebajikan, Kesejahteraan Komuniti, Wanita, Keluarga dan Pembangunan Kanak-Kanak

Penyelidik Utama: Dr Edris Aden

Alamat: Program Kaunseling, Fakulti Sains Kognitif dan Pembangunan Manusia, Universiti Malaysia Sarawak, 94300 Kota Samarahan, Sarawak. (Tel: 082 58100 ext 2660, Emel: aedris@unimas.my)

Kerjasama:

1. Dr. Nor Mazlina Ghazali, Universiti Malaysia Sarawak
2. Dr. Azzahrah Anuar, Universiti Malaysia Sarawak
3. Dr. Ayu Akida Abdul Rashid, Universiti Malaysia Sarawak
4. Dr. Rekaya Vincent Balang, Universiti Malaysia Sarawak

Latar belakang dan tujuan kajian

Anda telah dikenalpasti sebagai responden kajian ini kerana anda pernah/tengah menjaga/mengurus remaja yang/ pernah/ sedang mengandung dan hamil pada usia remaja. Kes – kes remaja hamil di Sarawak semakin meningkat dan pelbagai spekulasi, tanggapan dan persepsi terhadap remaja hamil. Tujuan utama kajian ini adalah untuk menyelami lebih mendalam dan khusus tentang pengalaman anda dalam menjaga/mengurus remaja ketika/ pernah hamil.

Deskripsi kajian

Kami berhasrat untuk memperoleh sekurang-kurangnya 30 responden sepanjang tempoh satu tahun kajian. Kajian ini merupakan kajian berbentuk kualitatif dan kami perlu menemuramah anak/ anak di bawah jagaan anda anda sebanyak sekali. Pihak kami akan mengadakan satu sesi temubual selama 30 minit hingga ke satu jam 15 minit dan temubual tersebut akan dirakam dengan menggunakan perakam suara digital. Selain daripada itu, kami juga akan mendedarkan satu boring profil ringkas berkenaan latar belakang anda. Segala maklumat dan rakaman temuramah tersebut akan disimpan dengan rapi dan selamat di institusi kami dalam tempoh minimum 5 tahun.

Kajian ini telah diluluskan dan diperakukan oleh Kementerian Kebajikan, Kesejahteraan Komuniti, Wanita, Keluarga dan Pembangunan Kanak-Kanak dan Universiti Malaysia Sarawak (UNIMAS)

Risiko penyertaan

Kajian ini tidak memberi risiko yang membahayakan kesihatan fizikal anda. Walaubagaimanapun, sekiranya anda ada mengalami masalah kesihatan mental akibat keterlibatan mereka di dalam kajian ini, dipohon anda menghubungi ketua penyelidik kajian ini atau ke pusat kesihatan yang terdekat untuk mendapat rawatan. Keadaan ini amatlah jarang berlaku dan risiko untuk terjadi adalah sangat minima.

Kelebihan Menyertai Kajian

Anda tidak akan mendapat faedah secara langsung dari kajian ini, tetapi maklumat daripada kajian ini dapat membantu kami untuk memahami secara mendalam tentang pengalaman mereka menjaga/mengurus remaja ketika mengandung/hamil, khasnya dalam konteks negeri Sarawak.



Kesukarelaan Menyertai Kajian

Anda faham bahawa anda dalam kajian ini adalah secara sukarela. Sekiranya anda bersetuju, anda berhak untuk mengubah fikiran pada bila-bila masa dan boleh menarik diri daripada menyertai kajian ini.

Sulit

Anda akan diberikan nombor rujukan kajian. Segala maklumat identiti anda akan dirahsiakan. Hanya hasil penemuan penyelidikan ini akan dibentangkan dalam persidangan, mesyuarat dan perlaporan Kementerian

Appendix D: Adat Bidayuh Pengesahan Adat Bertunang

 **ADAT BIDAYUH 1994
PENGESAHAN STATUS
BERTUNANG** 

A. Adalah dimaklumkan bahawa Majlis Pertunangan ini telah berlangsung di Kampung /
Taman pada tarikh diantara;

L. BUTIR BUTIR PERIBADI LELAKI

a. Nama :

b. No Kad Pengenalan :

c. Tarikh Lahir : Umur : tahun bulan

d. Status : Bujang/Janda/Duda:

e. Agama : f. Bangsa :

g. Pekerjaan :

h. Alamat Tempat Tinggal:

.....
Tandatangan Lelaki

BUTIR BUTIR PERIBADI PEREMPUAN

. Nama :

. No Kad Pengenalan :

Tarikh Lahir : Umur : tahun bulan

. Status : Bujang/Janda/Duda:

Agama : f. Bangsa :

Pekerjaan :

Alamat Tempat Tinggal:

.....
Tandatangan Perempuan

Appendix E: Adat Iban 1993



- Ngudi hari enggau jelu. **129.** Enti lelaki tauka indu ngudi hari enggau jelu, kena pechara nitih ka Undang-Undang Perintah. Taja pia urang ke salah nya enda tau enda tekala nya ngeluar ka Adat Pelasi Menua Mungkul 100, babi siku, kering semengat enggau kurung semengat.
- (ADAT LAMA NADAI DALAM TT IBAN TAUKA DAL RICHARDS)*
- Ngudi hari. **130.** (1) Enti lelaki ngudi hari enggau diri sama lelaki, kena pechara nitih ka Undang-Undang Perintah. Taja pia urang ke salah nya enda tau enda tekala nya ngeluar ka Adat Pelasi menua Mungkul 100, babi siku, kering semengat enggau kurung semengat.
- (ADAT LAMA NADAI DALAM TT IBAN TAUKA DAL RICHARDS)*
- Betapak. (2) Enti indu ngudi hari enggau diri sama indu dikumbai "Betapak", kena pechara nitih ka Undang-Undang Perintah. Taja pia urang ke salah nya enda tau enda tekala nya ngeluar ka Adat Pelasi Menua Mungkul 100, babi siku, kering semengat enggau kurung semengat.
- (TT IBAN BAGI V, SEC. 4, p. 14)*
- Enda tau bebini lebih ari siku. **131.** Bansa Iban enda tau bebini lebih ari siku. Sebarang sapa agi bisi bini, apin sarak, lalu bebini baru nya ngelanggar adat. Bini iya tau bedawa ka iya ngagai District Officer awak ka iya tau kena pechara dalam court ke patut.
- (TT IBAN BAGI V, SEC. 5, p. 15)*

BAGI IV

ADAT BELAKI-BEBINI

(Pekara kuasa Tual Rumah)

- Ngayap. **132.** Ngayap sigi adat asal Iban. Enti urang bujang bejarit ngayap ngagai indu dara, apai-indai indu nya bisi kuasa nagang lelaki nya ngayap. Enti urang bujang nya agi matang ngayap, apai-indai indu tau bedawa ngagai Tual Rumah. Sebarang sapa enda ngasi ka jaku tangkan Tual Rumah, kena tunggu Mungkul 50.
- (DAL RICHARD BAGI IV, SEC. 4, p. 61)*
- Adat ngayap semina dipegai Iban sama Iban. **133.** Adat begayap semina dipegai bansa Iban aja. Sebarang sapa bansa bukal ngelanggar adat tu, kena tunggu Mungkul 100.
- (ADAT LAMA NADAI DALAM TT IBAN TAUKA DAL RICHARDS)*

134. Sebarang sapa apai-indai indu, nyalam ka bansa bukai bisi udah ngelanggar adat tu, kena tunggu Mungkul 50. Nyalam ka bansa bukai ngayap.
(ADAT LAMA NADAI DALAM TT IBAN TAUKA DAL RICHARDS)
135. Enti apai-indai tauka anembiak-redak udah bedawa ka bansa bukai bisi udah ngelanggar adat tu ngagai Tuai Rumah, lalu Tuai Rumah enda beduli ka dawa nya, iya kena tunggu Mungkul 50. (Kuasa Chiefs Court). Tuai Rumah enda beduli ka dawa.
(ADAT LAMA NADAI DALAM TT IBAN TAUKA DAL RICHARDS)
136. Sebarang sapa nganjung tauka ngulu ka bansa bukai. ngelanggar adat tu, kena tunggu Mungkul 50. Nganjung tauka ngulu ka bansa bukai ngayap.
(ADAT LAMA NADAI DALAM TT IBAN TAUKA DAL RICHARDS)
137. Sebarang sapa ngayap ngerusak pintu tauka kunchi, jenila sekalka dinding tauka utai bukai dalam bilik nya, lebuah ngiga jalai ngayap, kena tunggu Mungkul 50. Nambah ka nya nganti semua pengerusak. . Ngerusak utai lebuah ngayap.
(ADAT LAMA NADAI DALAM TT IBAN TAUKA DAL RICHARDS)
138. Sebarang sapa naban ka indu ngena jalai bujuk tauka pejal, melakang ka apai-indai indu kena ukum sepikul lalu ngisi tunggu Mungkul 150. Naban ka indu ngena jalai pejal.
(DAL RICHARDS BAGI IV, SEC. 5, p. 61)
139. Indu dara majak tauka nama ka diri ngagai lelaki, kena ukum sepikul ngisi tunggu Mungkul 150. Indu dara majak tauka nama ka diri.
(ADAT LAMA NADAI DALAM TT IBAN TAUKA DAL RICHARDS)
140. Sebarang sapa mungkir tunang lalu enggai jadi udah chukup timpuh, nadai enggau kebuah ke patut, enda tau enda mulai ka tinchin tauka keresa bukai ke udah diberi ka tanda tunang, sereta meri adat Pemalu Mungkul 50. Mungkir tunang.
(TT IBAN BAGI III, SEC. 7, p. 6)
(DAL RICHARDS BAGI IV, SEC. 7, p. 61)
141. Enti seduai ke betunang sama enggai agi ka pangan, nadai kena tinggang adat. Tinchin tauka keresa tanda tunang tau disimpan sekalka dipulai ka ngagai pangan diri. Tunang enda nyadi enti sama enggai.
(ADAT LAMA NADAI DALAM TT IBAN TAUKA DAL RICHARDS)
142. Sebarang sapa ninding laki tauka bini iya nadai penerang, dikumbai Ninding Ngapa, lalu kena tunggu Mungkul 50. Ninding Nyapa.
(TT IBAN BAGI III, SEC. 6, p. 6)
(DAL RICHARDS BAGI IV, SEC. 8, p. 61)

Appendix F: Surat Pengesahan Upacara Perkahwinan Mengikut Adat Di Sarawak



SURAT PENGESAHAN UPACARA PERKAHWINAN MENGIKUT ADAT DI SARAWAK

1. Pengesahan Perkahwinan Adat oleh Ketua Kaum :

Nama Penuh : _____
 No.Kad Pengenalan : _____
 Alamat : _____

Mengesahkan bahawa pasangan di bawah telah melangsungkan upacara perkahwinan mengikut Adat _____ :

Lelaki	Perempuan
Nama Penuh : _____	Nama Penuh : _____
No.KP : _____	No.KP : _____
Tarikh Lahir : _____	Tarikh Lahir : _____
Alamat : _____	Alamat : _____
Bangsa/Etnik : _____	Bangsa/Etnik : _____

Tarikh Upacara : _____
 Tempat Upacara : _____

2. Pengesahan Saksi Kepada Pasangan *Lelaki / Perempuan (Saksi Kedua) :

Tandatangan	_____
Nama Penuh	: _____
No. Kad Pengenalan	: _____
Hubungan	: _____
Tarikh	: _____

3. Pengesahan Status Perkahwinan :Sila tandakan ✓ di ruangan yang berkenaan.

(Diisi Untuk Pengesahan Perkahwinan Bagi Pasangan Yang Telah Lama Berkahwin)

<input type="checkbox"/>	Masih berkahwin *sehingga kini / semasa kematian pasangan
<input type="checkbox"/>	Telah bercerai sejak Tarikh:.....No. Sijil Perceraian:.....
<input type="checkbox"/>	Pasangan telah meninggal dunia :Nama : Tarikh meninggal dunia :.....No. Sijil Kematian :.....
<input type="checkbox"/>	Pasangan telah menghilangkan diri : Nama : Tidak dapat dikesan/dihubungi sejak :(Tarikh)

Tandatangan :

Cop Rasmi Ketua Kaum :

Tarikh :

**Potong mana yang tidak berkenaan*

**Saksi bagi pasangan yang telah lama berkahwin dikehendaki mengisi bahagian 2.*

4. Pengesahan Ketua Kaum Tempat Kelahiran Bagi Pasangan Yang Tidak Memiliki Kad Pengenalan Diri (MyKad) :

Sila isi ruangan yang berkenaan sahaja.

<p>Saya mengesahkan bahawa Encik adalah penduduk pribumi Sarawak (Kaum:.....) yang lahir dan tinggal menetap di bawah bidang kuasa saya tetapi sehingga kini *belum memiliki MyKad/masih dalam proses memohon MyKad (No.Resit JPN :.....).</p>	<p>Saya mengesahkan bahawa Puan adalah penduduk pribumi Sarawak (Kaum:.....) yang lahir dan tinggal menetap di bawah bidang kuasa saya tetapi sehingga kini *belum memiliki MyKad/masih dalam proses memohon MyKad (No.Resit JPN :.....).</p>
<p>Ketua Kaum Pihak Lelaki:</p> <p>Tandatangan :</p> <p>.....</p> <p>No.Kad Pengenalan :</p> <p>.....</p> <p>Alamat :</p> <p>.....</p> <p>.....</p> <p>Cop Rasmi :</p>	<p>Ketua Kaum Pihak Perempuan:</p> <p>Tandatangan :</p> <p>.....</p> <p>No.Kad Pengenalan :</p> <p>.....</p> <p>Alamat :</p> <p>.....</p> <p>.....</p> <p>Cop Rasmi :</p>

(*potong mana yang tidak berkenaan)

Nota Kaki :

1. Surat pengesahan ini adalah bukan sijil perkahwinan.
2. Pasangan yang sama-sama memiliki kad pengenalan diri (MyKad) perlu mendaftarkan perkahwinan mengikut Adat di dalam *NAMES* di Pejabat Daerah/Pejabat Daerah Kecil terdekat untuk mendapatkan Surat Tikah (Sijil Perkahwinan) yang sah dalam tempoh enam (6) bulan dari tarikh upacara perkahwinan.
3. Jika salah seorang atau kedua-dua pasangan masih belum memiliki kad pengenalan diri (MyKad), surat pengesahan ini perlu dikemukakan ke Majlis Adat Istiadat Sarawak bersama beberapa dokumen sokongan yang lain untuk tujuan pengiktifan pengesahan perkahwinan adat dan untuk rekod. Setelah pemohon mendapatkan MyKad, pendaftaran perkahwinan perlu dibuat.
4. Saksi mestilah mengenali pasangan, berusia 21 tahun ke atas dan yang turut hadir semasa upacara perkahwinan berlangsung.

Appendix G: Field Works Activities



Interview pregnant teenager



Interview teenagers with their parents



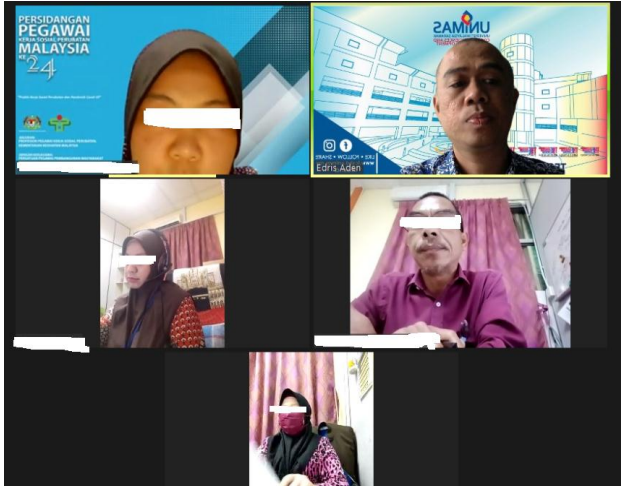
Interview pregnant teenager



One of the pregnant teenager's house



Interview teenagers with their parents



Interviews with government agency



Interviews with NGOs



Interview with Royal Police
(PDRM)



Researchers and NGI

**Appendix H: GANTT CHART 2021 PROFILE OF TEENAGE PREGNANCY
IN SARAWAK**

Pilot test						
Inception report						
Data collection						
Data entry & analysis						
Interim report						
Final draft report						
Presentation of draft report						
Final report						
Pilot test						
Inception report						
Data collection						
Data entry & analysis						
Interim report						
Final draft report						
Presentation of draft report						
Final report						

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